

ADEA Letter Supporting Dentist and Dental Hygienis

Uploaded by: Chris Borgerding

Position: FAV

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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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January 29, 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 (ADEA), I write to express our support for Senate Bill 21, the Dentist and Dental Hygienist Compact.

Much like the existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Dentist and Dental Hygienist Compact will increase licensure portability for oral health practitioners while allowing member state regulatory boards to better protect consumers through enhanced sharing of licensure information. Existing interstate occupational licensure compacts have been successful in reducing barriers for practitioners who wish to provide services in other states.

This compact, like the many others to which Maryland is a party, was developed in conjunction with the Council of State Governments, and with other key stakeholders including the Department of Defense (DoD), American Dental Hygienists' Association (ADHA), the American Dental Education Association (ADEA), and many others. Representatives from nine different state boards of dentistry were included at every stage of the drafting and review process. This is a compact that the oral health community can, and does, stand proudly behind.

We recognize that the Dentist and Dental Hygienist Compact will benefit consumers, licensure boards and the dentistry profession by:

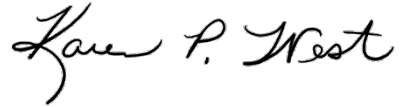
- Enhancing mobility for practitioners who meet uniform licensure requirements,
- Increasing access to care for patients,
- Ensuring continuity of care when patients or practitioners relocate or travel to other states,
- Allowing military personnel and spouses to more easily maintain their licenses when relocating,
- Preserving and strengthening the current system of state licensure,
- Reducing burdens associated with the recruitment of dental and dental hygiene faculty when it is necessary to have a license to teach in school clinics,
- Minimizing financial costs for dentists and dental hygienists and
- Allowing for the acceptance of more than one pathway to licensure that relies on methods of measuring clinical skills that protect public safety.

Importantly, the Dentist and Dental Hygienist Compact preserves each member state's authority to regulate the dental health profession. Oral health

practitioners using the compact must abide by the laws and rules of the state in which they are practicing and adhere to that state's scope of practice.

With these benefits in mind, ADEA supports the Dentist and Dental Hygienist Compact.

Sincerely,

A handwritten signature in black ink that reads "Karen P. West". The signature is written in a cursive, flowing style.

Karen P. West, D.M.D., M.P.H.
President and CEO

Coalition for Modernizing Dental Licensure.pdf

Uploaded by: Chris Borgerding

Position: FAV



COALITION FOR MODERNIZING DENTAL LICENSURE

January 28, 2025

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

Re: SB0021 – DDH Compact Support

Dear Chair Beidle,

On behalf of the Coalition for Modernizing Dental Licensure (CMDL), I am writing to express our strong support for the Dentist and Dental Hygienist (DDH) Compact, an initiative developed to modernize dental licensure and increase portability for dentists and dental hygienists.

The Coalition for Modernizing Dental Licensure, representing over 130 national and state organizations, institutions, and programs in dentistry, dental education, dental specialties, dental hygiene, and nonprofit sectors, fully endorses this compact as a critical step forward. The compact was developed by the Council of State Governments with support from the Department of Defense, the American Dental Association, and the American Dental Hygienists' Association. Its creation involved extensive collaboration with stakeholders, including state board members, board administrators, professional organizations, and licensed dentists and dental hygienists, ensuring a comprehensive and inclusive process.

Like other successful healthcare compacts, the Dentist and Dental Hygienist Compact will enable dentists and dental hygienists holding a license in good standing to practice in other member states without the burden of applying for individual state licenses. This reduces the financial and administrative barriers currently faced by professionals while ensuring that states maintain authority over licensure and regulatory oversight. Compact participants must adhere to the laws, regulations, and scope of practice of the states in which they work, thus preserving and strengthening the existing system of dental licensure.

The compact provides a much-needed solution to the challenges posed by geographic limitations, workforce shortages, and the growing demand for accessible oral health care. By fostering mobility, the compact will help ensure that underserved areas can more readily benefit from the expertise of licensed professionals.

Thank you for considering advancing policies that support the dental profession, licensure mobility, and patient care.

Sincerely,

A handwritten signature in black ink that reads 'JoAnn Gurenlian'.

JoAnn Gurenlian, RDH, MS, PhD, AAFAAOM, FADHA
Chair, Coalition for Modernizing Dental Licensure

CompactLetterOfSupport_MD-Beidle_2025-01-28.pdf

Uploaded by: Chris Borgerding

Position: FAV

February 6, 2025

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

Dear Ms. Beidle:

On behalf of the American Dental Hygienists' Association (ADHA), I write to express our support for the Dentist and Dental Hygienist Compact.

Founded in 1923, ADHA is the largest national organization representing the professional interests of the more than 200,000 registered dental hygienists across the country. ADHA strongly believes dental hygienists should be valued and integrated into the broader health care delivery system to improve the public's oral and overall health. Indeed, oral health is a part of total health. ADHA's advocacy efforts include promoting the oral health of the public, promoting access to oral health care services, and promoting the advancement of the dental hygiene profession.

Much like the existing licensure compacts for physical therapists, physicians, psychologists and EMS personnel, the Dentist and Dental Hygienist Compact will increase licensure portability for practitioners while allowing member state regulatory boards to better protect consumers through enhanced sharing of licensure information. Existing interstate occupational licensure compacts have been successful in reducing barriers for practitioners who wish to provide services in other states.

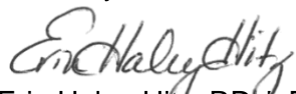
We recognize that the Dentist and Dental Hygienist Compact will benefit consumers, licensure boards, and the dentistry profession by:

- Enhancing mobility for practitioners who meet uniform licensure requirements;
- Increasing access to care for patients;
- Ensuring continuity of care when patients or practitioners relocate or travel to other states;
- Allowing military personnel and spouses to more easily maintain their licenses when relocating; and
- Preserving and strengthening the current system of state licensure.

Importantly, the Dentist and Dental Hygienist Compact preserves each member state's authority to regulate the profession. Practitioners utilizing the compact must abide by the laws and rules of the state in which they are practicing and adhere to that state's scope of practice.

ADHA fully supports the Dentist and Dental Hygienist Compact.

Sincerely,



Erin Haley-Hitz, RDH, BSDH, MS, FADHA, MAADH, President

cc: Lancette VanGuilder, Lancette VanGuilder, BS, RDH, PHEDH, CEAS, FADHA, President-Elect
Jennifer Hill, Interim ADHA Chief Executive Officer
JoAnn Gurenlian, RDH, MS, PhD, AAFAAOM, FADHA, Director, Education, Research & Advocacy

20240207_MCFP_AM_Support_MD_SB_21_Dentistry_v2.pdf

Uploaded by: Christopher Arnold

Position: FAV



MANPOWER AND
RESERVE AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1500

February 11, 2024

Senator Pamela G. Beidle
Chair, Senate Committee on Finance
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401 – 1991

Remarks of
Christopher R. Arnold
Mid-Atlantic Region Liaison
United States Department of Defense-State Liaison Office

Support of: SB 21 – AN ACT concerning Dentist and Dental Hygienist Compact

Testimony

Madame Chair and honorable committee members, the Department of Defense is grateful for the opportunity to support the policies reflected in Maryland Senate Bill 21, which will improve access to care and allow military personnel and spouses to more easily maintain their certifications when relocating.

For the Department, maintaining high standards in occupational and professional licensure is non-negotiable. The Dentist and Dental Hygienist Compact aligns with this ethos, offering a beacon of stability and excellence reinforcing the Department's unwavering commitment to those who serve our nation.

I am Christopher Arnold, the Mid-Atlantic Region Liaison at the United States Department of Defense-State Liaison Office, operating under the direction of Under Secretary of Defense for Personnel and Readiness. We represent the Department and establish relationships with State leaders across the country to harmonize state and federal law and regulation on policy problems of national significance. I thank you for the opportunity to address you today and for your support of our service members and their families.

The Dentist and Dental Hygienist Compact uses a mutual recognition model that provides practitioners with a compact authorization through a privilege to practice.¹ The ability to practice a profession in different States without the need for multiple licenses is crucial for warfighters and their families, especially considering their frequent relocations (permanent change of station, or "PCS") relative to civilian counterparts.² Other than an interstate compact, there are no actions a State government can take to support residents of their State who are currently stationed in a different State obtain a license.

¹ <https://ddhcompact.org/>

² "Military spouses are 10 times more likely to move across State lines than their civilian counterparts," *Supporting Our Military Families: Best Practices for Streamlining Occupational Licensing Across State Lines*, U.S. Department of Treasury and U.S. Department of Defense, February 2012, page 7.

Interstate licensure compacts have been instrumental in expanding spousal employment opportunities, and easing the burden on military spouses who must navigate the challenging process of transferring their professional licenses or credentials with each PCS move.³ The streamlined licensure process reduces costs associated with recertification and lost income due to employment gaps, benefitting both military families and increasing force readiness and retention.

The Secretaries of the Military Departments have made the importance of military spouse licensure explicitly clear as they consider the availability of license reciprocity when evaluating future basing or mission alternatives.⁴ Notably, 10 U.S.C. § 1781(b) note requires the military services to produce annual basing scorecards considering military family readiness issues as a function of combat effectiveness.⁵

The Department's commitment to interstate compacts is rooted in addressing the significant burden of occupational relicensing that disproportionately affects military spouses. With an annual 14.5% of military spouses moving across State lines compared to 1.1% for civilian spouses, the need for streamlined licensure processes is critical.⁶

Approximately 34% of military spouses in the labor force require full licensure, and 19% of them face challenges maintaining their licenses.⁷ A 2023 study showed consistent evidence that compacts were proven to significantly improve employment outcomes and increase labor force participation by 5% and the probability of employment by 8% for military spouses.⁸

Congress provided the Department authority to enter into a cooperative agreement with the Council of State Governments to provide grants to professions in order to develop compact law to be approved by States.⁹ The Department has provided funding to ten professions, including Dentistry, and two additional compacts are currently under development.¹⁰

³ Shakya, Shishir, Sriparna Ghosh, and Conor Norris. "Nurse licensure compact and mobility." *Journal of Labor Research* 43, no. 2 (2022): 260-274.

⁴ 10 U.S.C. §1781b (Public Law 116-283, Section 2883).

⁵ Notably, §2883(h) requires the Department and each of the military services to produce annual basing decision scorecards at the state and installation level considering military family readiness issues, including interstate portability of licensure credentials.

The secretaries must consider "whether the State in which an installation subject to a basing decision is or will be located ... has entered into reciprocity agreements to recognize and accept professional and occupational licensure and certification credentials granted by or in other States or allows for the transfer of such licenses and certifications granted by or in other States." (*Id.* (b))

⁶ Corry, Nida H., Rayan Joneydi, Hope S. McMaster, Christianna S. Williams, Shirley Glynn, Christopher Spera, and Valerie A. Stander. "Families serve too: military spouse well-being after separation from active-duty service." *Anxiety, Stress, & Coping* 35, no. 5 (2022): 501-517.

⁷ Brannock, Mary K., and Nicole A. Bradford. "Barriers to licensure for military spouse registered nurses." *Journal of Nursing Regulation* 11, no. 4 (2021): 4-14.

⁸ Kim, Joy J., Michael M. Joo, and Laura Curran. "Social Work Licensure Compact: Rationales, expected effects, and a future research agenda." *Clinical Social Work Journal* 51, no. 3 (2023): 316-327.

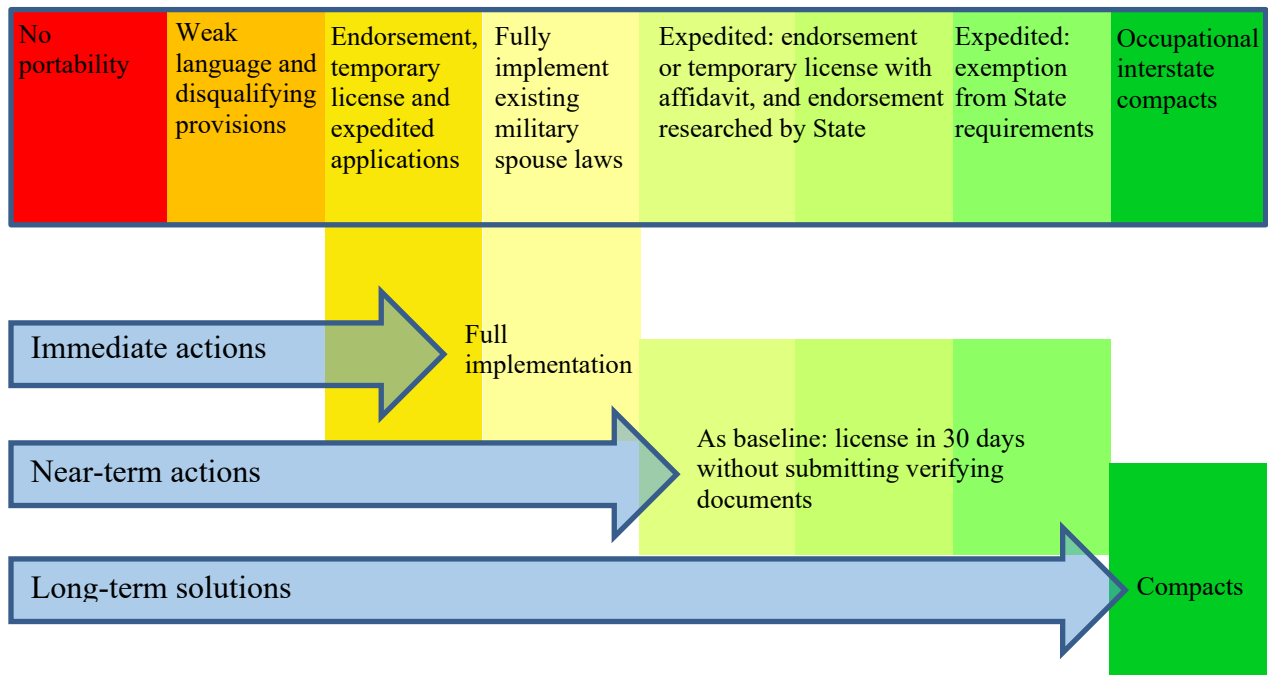
⁹ 10 U.S.C. §1784 (Public Law 116-120, Section 575).

¹⁰ Through a cooperative agreement with the Council of State Governments, grants will allow selected professions to work with CSG's National Center for Interstate Compacts to develop model interstate occupational licensure compact legislation, addressing license portability affecting transitioning military spouses, along with other practitioners in the profession.

In addition to supporting the drafting of model compact laws for professions, federal law authorizes DoD to support professions with developing database systems to make the compacts more efficient and operational.¹¹ These database systems allow States to share information about practitioners using compact provisions to work in member States.¹²

Occupational licensure compacts provide consistent rules for licensed members to work in other States, such as Maryland residents presently domiciled in other states while accompanying their military spouse on active duty. Common misinformation about compacts is that they either lower or raise the standards for the occupation, when in fact, compact states have the option to issue a “compact license” and also a “State-only license” to maintain their State’s standards.¹³

The Department advocates that States should pursue multiple approaches to reciprocity simultaneously. Available alternatives can be categorized as being more immediately attainable, achievable within the near-term, or obtainable in the long-term:



In closing, we are grateful for the tremendous efforts that Maryland has historically made to support our service members and their families. We appreciate the opportunity to support these policies and are grateful Senator Gile for sponsoring this important legislation.

¹¹ See *supra* at 10.

¹² The current effort to develop compacts through a cooperative agreement and to approve compacts is a collaboration between the federal government, state governments and non-governmental organizations representing professionals and state licensing boards. Through this collaborative effort, all practitioners within a profession will have greater mobility while sustaining the focus on assuring public safety through licensure.

¹³ Livanos, Nicole. "The Path to Passage: Massachusetts' Journey to Joining the Nurse Licensure Compact." *Journal of Nursing Regulation* 15, no. 4 (2025): 60-63.

As always, as Mid-Atlantic Region Liaison, I stand ready to assist and answer whatever questions you may have.

Yours etc.,

CHRISTOPHER R. ARNOLD
Mid-Atlantic Region Liaison
Defense-State Liaison Office

MMC SB0021 Written Testimony Feb 7 25.pdf

Uploaded by: Jayson Spiegel

Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 7, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

Subject: Request **FAVORABLE Report** – SB0021 – Dentist and Dental Hygienist Compact

Dear Chair Beidle and distinguished members of the Finance Committee:

On behalf of the members of the Maryland Military Coalition (MMC), I write to recommend a **FAVORABLE report** by the Committee on **SB0021 – Dentist and Dental Hygienist Compact**, sponsored by Senator Dawn Gile. This bill would enter Maryland into the Dentist and Dental Hygienist Compact that was developed by the Council of State Governments (CSG) in partnership with the Department of Defense (DoD), the American Dental Association (ADA), and the American Dental Hygienist Association (ADHA) to support the mobility of licensed dentists and dental hygienists.

By passing SB0021, Maryland can join ten other states that have enacted this compact. This compact will benefit practitioners by:

- Facilitating mobility for licensees.
- Easing the burden of applying for and maintaining multiple licenses.
- **Supporting relocating military spouses and families, a key goal of the MMC.**
- Improves continuity of care.

The compact will benefit Maryland's State Board of Dental Examiners by:

- Reducing its administrative burden.
- Creating a compact information system that supports the facilitation of licensure and discipline information for dentists and dental hygienists.
- Allowing the board to retain jurisdiction over licensees practicing in Maryland.

The compact will benefit Maryland by:

- **Enhancing public safety** through a shared interstate data system of licensure and disciplinary information, allowing for rapid verification of licensure status and cooperation with other states.
- **Preserving Maryland's state sovereignty.**

Subject: Request FAVORABLE Report – SB0021 – Dentist and Dental Hygienist Compact

The Maryland Military Coalition **strongly supports SB0021** and asks for a **FAVORABLE** report. Enacting this compact is in line with the DoD's commitment to supporting military spouses as an essential component of supporting military families. The MMC believes, as does the DoD, that interstate compacts are the best solution for occupational license portability for military spouses.

The Maryland Military Coalition is a registered non-profit, non-partisan advocacy organization comprised of 22 prominent Maryland-based veteran and military groups. It represents over 150,000 service-connected individuals, including those currently serving, veterans, retirees and their families, caregivers and survivors. Visit our website at <https://mdmilcoalition.org/>.

We want to thank Senator Gile for sponsoring this legislation and supporting the uniformed services community in Maryland.

Respectfully,

A handwritten signature in black ink, appearing to read "JL Spiegel".

Jayson L. Spiegel
LTC, Army Reserve (Ret.)
President



Member Organizations of the Maryland Military Coalition

Air Force Sergeants Association

American Military Society

American Minority Veterans Research Project

Association of the United States Navy

Commissioned Officers Association of the U.S. Public Health Service

Disabled American Veterans

Fleet Reserve Association of Annapolis

Jewish War Veterans of the U.S.A

Maryland Air National Guard Retirees' Association

Maryland National Association of Retired Federal Employees, Military Veterans

Maryland Veterans Chamber of Commerce

Military Officers Association of America

Military Order of the Purple Heart

Military Order of the World Wars

Montford Point Marines of America

National Association of Black Veterans

Naval Enlisted Reserve Association

NOAA Association of Commissioned Officers

Platoon 22

Reserve Organization of America

Society of Military Widows

Veterans of Foreign Wars

Testimony .pdf

Uploaded by: Kaitlyn Sams

Position: FAV

The Honorable Pamela Beidle, Chair
Senate Finance Committee
Miller Senate Office Building, 3 West
11 Bladen Street
Annapolis, MD 21401

Senate Bill 0021- Dentist and Dental Hygienist Compact

Chair Beidle and Members of the Committee,

How fitting is it that the hearing conducted today, and others with similar subject matter are taking place during National Children's Dental Month. Childhood caries (cavities) is the #1 most prevalent and **preventable** disease among children. According to a Children's Oral Health survey conducted by the Maryland Department of Health in 2023, 43% of children surveyed had experienced tooth decay. Based on population reports from our state in that same year, one can deduce that over 650,000 children in Maryland have experienced cavities.

Dental hygiene to its core is a profession based in prevention through action and education. We are the practitioners that focus on eliminating oral diseases that will, if untreated, affect the rest of the body. The bacteria in our mouths is not limited to our gums and teeth. It enters the bloodstream and affects the whole person and has been proven to lead to heart disease, lung disease, and even Alzheimers.

The registered dental hygienist is a role often overlooked in healthcare, yet generally has the most exposure to the population. You are encouraged to see a hygienist 2 times a year but see a primary care physician annually or as needed. We are in the perfect spot to intervene in early diagnosis of preventable diseases through screenings and referrals, but are underutilized and in short supply.

As some of you have heard last week, there is an almost emergent shortage of hygienists in our state. By providing dental hygienists and dentists with the opportunity to apply for licensure portability across state lines, it would allow for our state to supplement the workforce shortage and encourage compact providers to go where the mission is. There is a huge disparity in access to dental healthcare, and it is only going to get worse. It is frustrating being a provider that is unable to utilize our practitioner status to provide board-certified, state licensed services to a community that is desperately in need of it.

Please consider my testimony in support of the Dentist and Dental Hygienist Compact. With 10 states having already entered the compact (our border state Virginia being one) and 15

more with legislation pending, this is Maryland's chance to be at the forefront of the compact. We should encourage and welcome providers to aid in treating Maryland's underserved communities, and help bridge the gap between prevention and diagnosis.

Thank you,
Kaitlyn Sams RDH

2025 MDAC SB 21 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Finance Committee
Bill Number: Senate Bill 21 – Dental and Dental Hygienist Compact
Hearing Date: February 11, 2025
Position: Support

The Maryland Dental Action Coalition supports *Senate Bill 21 – Dentist and Dental Hygiene Compact*. With this legislation, Maryland would be eligible to participate in the Dentist and Dental Hygienist Compact to support licensure portability for qualified applicants. The Compact was developed by the Council of State Governments through a grant from the U.S. Department of Defense.

Maryland has a shortage of dental providers in nearly every jurisdiction, according to the Health Services and Resources Administration, including: Anne Arundel, Allegany, Baltimore (Co), Baltimore (City), Caroline, Cecil, Carroll, Charles, Dorchester, Frederick, Garrett, Kent, Montgomery, Prince George’s, Queen Anne’s, Talbot, Washington, Wicomico, and Worcester counties.

Licensure compacts are important to providing flexibility so that qualified practitioners from other states can practice in Maryland. Compacts are also important to attract providers to relocate to Maryland, as they know they will have flexibility in practicing over state lines in other Compact states.

Maryland has adopted similar compact models for other professions including registered nurses, occupational therapy practitioners, physical therapists, and registered nurses. Compacts can exist side-by-side with other efforts to streamline licensure processes for applying for licensure in Maryland.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

SB0021_SponsorTestimony

Uploaded by: Senator Gile

Position: FAV

DAWN D. GILE
Legislative District 33
Anne Arundel County

Finance Committee

Chair

Anne Arundel County
Senate Delegation



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Annapolis, Maryland 21401
410-841-3568 · 301-858-3568
800-492-7122 Ext. 3568
Dawn.Gile@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB0021 - Dentist and Dental Hygienist Compact

Chair Beidle, Vice Chair Hayes and members of the Finance Committee:

This bill was created in partnership with the Council of State Governments, the National Center for Interstate Compacts, and the Department of Defense. After a long and rigorous stakeholder review that included the American Dental Association, the American Dental Hygienists Association, and the American Student Dental Association (among others), this compact was released in January of 2023. Since that time, it has become active in ten states, including Virginia, and is pending in fifteen others, including Pennsylvania and New Jersey. The alternative compact you will hear about today is not currently effective in any states.

Similar to many of the health care compacts this Committee has previously passed, the Dentist and Dental Hygienist Compact will enable dentists and dental hygienists to acquire compact privilege and allow them to practice in other active states without having to obtain individual licenses for each state. It will increase license portability for dental professionals, support military families, and improve access to oral health services for many Marylanders.

The compact still requires a background check and once a licensee is deemed eligible to obtain compact privileges, states can take a disciplinary action against a compact privilege holder just as if that person held a license in the state. If any action is taken, it is quickly communicated to all member states and the action will apply to all compact privileges that a practitioner holds. These safeguards maintain the safety of Maryland dental patients and the integrity of the dental practice.

Of particular importance is the support this provides for military families, which are highly mobile and are reassigned to a new duty station every two to three years on average. The DOD supports these compacts as a solution for portability so that military spouses are able to continue to work as they move with their families. A dentist or dental hygienist must apply for a compact privilege in each state where they wish to practice, and States will still retain control over who they license and scope of practice.

Per the Fiscal Note, SB0021 would not require additional state resources.

Thank you for your consideration and I ask you for a favorable report.

Jee Testimony-JSW Edits.pdf

Uploaded by: Arthur Jee

Position: UNF



DATE: February 11, 2025

TO: The Honorable Pam Beidle, Chair, Finance Committee

FROM: Art Jee, President, American Association of Dental Boards (AADB)

RE: SUPPORT--Senate Bill 538—Interstate Dental and Dental Hygiene Licensure Compact
OPPOSE—Senate Bill 21—Dental and Dental Hygienist Compact

On behalf of the American Association of Dental Boards (AADB), I am Art Jee, President of AADB. I have also served as past-president of the Commission on Dental Accreditation (CODA), past-president of the Maryland State Dental Board, am a current member on the Council of Dental Education and Licensure (CDEL), and I just retired as a Board certified Oral Maxillofacial Surgeon practicing in Maryland 38 years. I support Senate Bill 538 and oppose Senate Bill 21.

The core difference in the two compacts is licensure, which is required in the AADB Compact (SB 538) but not in the Council of State Government's compact (SB 21), which provides a compact "privilege" to practice in any state belonging to that compact. The AADB Compact faithfully copies the Interstate Medical Licensure Compact that Maryland entered six years ago and provides expedited license and sole source verification. The goal may be the same—to allow dentists and dental hygienists to move with greater ease among states, but the AADB Compact preserves your ability as a Legislature to regulate the profession in the manner you see fit. The CSG compact does not.

Maryland law specifically states that our dental board has jurisdiction over licensees. The CSG Compact provides a "privilege" and not a license issued by our State Dental Board. Legally and statutorily, a 'privilege' is not a license. There is NO wording of "license" anywhere in the CSG Compact. Without a license, a privilege holder is not required to obey Maryland requirements for licensure, which include a hands-skill examination (ADEX) to validate competency, continuing education requirements, providing a location of practice, and providing proper identification (like license number) in case of patient complaint. These requirements do not apply to a privilege holder. This begs the question, how can a "privilege holder" oversee dental hygienists, have anesthesia permits, apply for Medicaid - all of which require a license according to Maryland statutes?

In short, SB 21 inserts an independent third-party between the Maryland Legislature, the State Dental Board, and patients in our State. Conversely, Senate Bill 538 retains the State existing powers over all dentists and dental hygienists in the State, and best protects dental patients.

Thank you for your attention to these very important bills. We ask for your support for SB 538 and your opposition to SB 21.

SB 0538.pdf

Uploaded by: Barry Cohan

Position: UNF

February 6, 2025

SB0538- Dental Compact

This is a recommendation to support HB0534- dental compact related to the American Association of Dental Boards Interstate dental and dental hygiene licensure compact (IDDLC). I am a constituent in the Baltimore County, Maryland. I have practiced dentistry in Maryland are over 50 years and served eight years of our state board of dental examiners.

I support SB0538 because it serves the citizens of the State of Maryland and protects our citizens. There would be no cost to the state government as a CSG compact would initiate fee for Maryland's treasury.

I support SB0538 because it will allow for our state government to control who practices dentistry within our state and allow the state board to regulate and supervise our dentist and dental hygienist.

I support SB0538 because it has uniform and clear standards consistent with our state laws.

I support SB0538 because it will allow qualified professionals practice across state lines easily.

SB0021 that is a Council of State government (CSG) has many flaws and would not protect the citizens of Maryland. It undermines the authority to regulate dentistry in the State of Maryland. It creates taxing authority for our state treasury and professional that practice in Maryland. SB0021 provides no benefit for dentistry, our citizens, or our state.

I truly believe that our state legislators need to understand the difference between privilege and licensure. Our state legislators should read both compacts and talk to their personal dentists and dental hygienists to get their input.

Thank you for your time in understanding my concerns.



Barry L. Cohan, D.D.S.

ADA-CSG Opposition - Template 1-25 (1).pdf

Uploaded by: BETTY HOWARD

Position: UNF

February 7, 2025

To: Senator Beidle, Chair and Senator Hayes Vice Chair
Finance Committee members

Re: I oppose – SB0021 It presents a public safety risk with diluted language regarding non (CODA) Council on Dental Accreditation educational programs and the lack of a clearly defined hands skills examination needed to validate clinical competency.

Dear Hon. Senator Beidle, Senator Hayes, and distinguished members of the Finance Comm.,

Good afternoon, I am Betty Howard a licensed dental hygienist practicing in Montgomery County for 42 years. I served on Maryland's Board of Dental examiners and was honored to be the first Dental Hygienist to be President of Dental Board. My experience as a dental hygiene examiner for 30 years, has given me great insight. I have often witnessed why the ADEX exam should be used to validate clinical competency.

As a concerned dental hygienist, SB0021, also known as the CSG/ADA Dentist and Dental Hygienist (DDH) Compact, is a threat to public safety. It lowers licensure standards by allowing dental professionals to practice across state lines without completing hand-skills examinations to validate competency. Educational standards maybe diluted by broadening the authority to allow the Department of Education to accredit educational programs. This will open Pandora's Box! There could be mentored preceptorship programs or other non-CODA accredited programs with unknown curriculums.

SB0021 raises major concerns and lessens the current standards that have existed in dentistry in Maryland for decades.

The DDH compact does not give a state dental board authority over persons practicing under a compact privilege. In Maryland rules and regulations grant various permits linked to a practitioner's license. States have different criteria for permits. There are various Continuing Education courses, renewal intervals and processes involved in monitoring special permits. How will someone functioning under a privilege manage differences with a permit to administer General Anesthesia for example? Legislative language of the DDH Compact in Section 13: **Consistent Effect and Conflict with Other State Laws** reads, "Any laws, statutes, regulations or other **legal** requirements in a member state that **conflict** with the compact is **superseded** to the extent of the conflict." This is very concerning. It is unclear if the member state would even know what credentials the 'privileged' practitioner will have.

I ask that you please take a stand to preserve Maryland's current standards for the profession of dentistry and oppose SB0021.

Very truly yours,

Betty Howard, BSDH, RDH, Potomac, MD 20854 District 15

Opposr SB0021 & Support SB0538 Feb. 7 Testimony.pdf

Uploaded by: BETTY HOWARD

Position: UNF

February 7, 2025

To: Senator Beidle, Chair Finance Committee and Senator Kramer -Sponsor
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

RE: I support - SB0538 **Interstate Dental and Dental Hygiene Licensure Compact**,
IDHLC, protects citizens by upholding state licensure credentials and enables license
portability

I Oppose - Sb0021 Dental **and Dental Hygiene**, DDH compact, there are unexplained
details that are of significant concern to the public safety of Maryland citizens

Dear Senator Beidle, Senator Hayes, Senator Kramer and distinguished members of the
Finance Committee,

I am Betty Howard a registered licensed dental hygienist practicing in Montgomery County
for 42 years. I served on Maryland's Board of Dental examiners and was honored to be the
first Dental Hygienist to be President of Dental Board. My experience as a dental hygiene
examiner for 30 years has given me great insight. I have often witnessed why the American
Dental Exam (ADEX) should be used to validate clinical competency.

Dental Hygienist's in Maryland work under the General Supervision of a dentist. One very
concerning aspect of SB0021 for me as a Maryland licensed Dental Hygienist, is who will
be responsible in an office with a DDH 'privileged' practitioner supervising? The MD State
Board of Dental Examiners, MSBDE, **only** has jurisdiction over licensees. If I am the only
MD licensed practitioner in that practice, will my license be sanctioned if someone is
harmd or has complaints about their care? Who is responsible? If I am at risk of being
responsible, perhaps I would give up my Maryland license and apply through the DDH
Compact for a privilege so as not to be held liable.

How will privileged practitioners be identified and regulated? Will Maryland's Board know
who is practicing in Maryland with a DDH Compact Privilege? What if a patient is harmed or
even loses their life under anesthesia in a facility? What recourse does the Board have to
regulate a compact "privileged" practitioner? There are unexplained situations in the DDH
Compact that are of concern. There is a danger of developing a dual level of dental
providers in MD.

A major difference in the AADB compact, SB0538 requires **ALL** participants to be **licensed**
in each state in which they will practice. They must adhere to the State Statute upholding
the standard of care delineated in their scope of practice and follow all rules and
regulations. A license is a **huge advantage** in protecting Maryland's Citizens.

1. Continuing competency, (CE) is an area MD takes very seriously. All states do not require the same number of Continuing Education for professional development.
2. Another concern is renewals of specialty permits, like general anesthesia, sedation permits or even drug dispensing permits. DH must apply with the required hours of training followed by CE credits for renewals to keep their LA permit.

How will a 'privileged' practitioner demonstrate credentials to hold these permits?

DDH 'privilege' practitioners will only be licensed in ONE state. The DDH Language only requires renewal in the Home State of the 'privilege' practitioner. They are required to only follow renewal guidelines in the **one state of Licensure**.

Section 13 of the DDH Compact states, "Any laws, Statues, regulations or legal requirements, in conflict with the DDH Compact are **SUPERSEDED** by the DDH Compact rules." This does not seem reasonable. The Commission has yet to define terms and develop "guidelines". This clause in the legislation gives a blank check to the Commission as it works to impact the practice of dentistry in all member states.

Maryland has high standards; I refer to them as "gold standards of licensure". Maryland licenses highly motivated and qualified applicants in order to better protect Maryland citizens. Our standards are more rigorous than many states in the country.

I Oppose SB0021 because of its vague language and undefined terms such as "clinical assessment". Serious issues are in question which seems to be unnecessary when requiring a license in each state changes the dynamics and has been protecting the public across the country for decades

I ask legislators to please take a stand to preserve Maryland's current standards. SB0538 clearly states the educational standards, the American Dental Examination as the threshold for validating clinical competency and other criteria Maryland already uses when licensing new applicants.

I urge members of the Finance Committee to vote to support SB0538.

Very truly yours,
Betty Howard, BSDH, RDH
Potomac, MD 20854 District 15

2025 MdAPD SB21 UNF.pdf

Uploaded by: Camille Fesche

Position: UNF



February 11, 2025

The Honorable Pam Beidle, Chair
The Honorable Antonio Hayes, Vice Chair
Maryland Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street, Annapolis, MD 21401

RE: SB21 – Senators Gile – Dental and Dental Hygienist Compact – Unfavorable

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee,

The Maryland Academy of Pediatric Dentistry is the state chapter of the American Academy of Pediatric Dentistry – a nonprofit organization dedicated to the specialty of children’s oral health.

Pediatric Dentists complete four years of dental school and a two to three-year residency focused on treating children. This specialized training is important because children’s teeth and their behavior are different than adults. Additionally, pediatric dentists are trained to work with children who have behavioral differences and medical challenges. Many of these children can only be safely treated in a hospital operating room. Pediatric dentists are committed to ensuring that Maryland’s children have equitable access to dental care. As part of this commitment, seventy percent of Maryland’s pediatric dentists participate in the Maryland Medical Assistance Children’s Program.

While we appreciate the intent of this bill, it fails to ensure that dental professionals practicing in Maryland are held to Maryland’s high standards. Instead, we urge the committee to seriously consider SB538. Most importantly, this proposed compact does not require a dentist to have the same credentials that a Maryland licensed dentist is required to have. In addition, an out-of-state dental professional would be granted a privilege to practice, not a license. The distinction is important because there is uncertainty as to whether the State Board could take disciplinary action against the dental professional who holds a privilege to practice in this State. Further, the States would be limited in whether they can share disciplinary action proceedings. For professionals who work with children, it is of the utmost importance that we ensure they are held to high standards and the State is able to enforce disciplinary proceedings. For these and other reasons, we urge the Committee to vote **Unfavorable** on SB21.

Questions and requests for additional information should be directed to Camille Fesche cfesche@rwillaw.com and Bill Castelli wcastelli@rwillaw.com via email or phone at 410-269-5066.

SB 538 Support, SB 21 oppose, Doring.pdf

Uploaded by: Charles Doring

Position: UNF

SB 538, Support

SB 21, Oppose

Charles Doring DDS

Written Testimony in Support of SB 538 and in Opposition to SB 21

From Charles A. Doring DDS

A Maryland Healthy Smiles (Dental Medicaid) Provider

Submitted 2/7/2025 for hearing 2/11/2025

Dear Members of the Maryland Senate Finance Committee,

Thank you for the opportunity to provide oral and written testimony in support of SB 538 and in opposition to SB 21. I am a general dentist in a small group practice in Rockville that employes a team of 15 dental health providers and support staff. I am also the president-elect of the Maryland State Dental Association (MSDA) as well as Dean's Faculty member at our University of Maryland School of Dentistry. I was a member of the 2022 Maryland legislative Oral Health Care Task Force charged with finding solutions to dental health care disparities. I am speaking to you as an individual and Dental Medicaid provider to you today.

Portability of health care licensure is important for dentists as it allows flexibility in making decisions where to practice dentistry or dental hygiene. I would like to highlight a major difference in the two bills being considered on this topic. SB 21 would allow compact enrolled dentist/dental hygienists from their home state to have the "privilege" to practice in another compact state without the process of "licensure" in the non-home compact state. SB 538 would require the compact dentist/dental hygienist to provide the same licensure requirement in the compact participating state as all the current licensees in that state. Now, the question is: What are the differences between a "privilege" vs. "licensure," and why is it important to patients, dentists and dental hygienists?

- 1) Licensure allows a practicing dentist to apply to the Maryland Controlled Substance Administration license to prescribe. A privilege would not.
- 2) Licensure allows a practicing dentist to utilize e-Prep to apply to become a Maryland Healthy Smiles Dental Medicaid Program provider. A privilege would not.
- 3) For licensure, an applicant in Maryland must go through a Maryland background check. Under a privilege, the compact governing body would set limits and be responsible for notifying compact states of any background check discrepancies.
- 4) Licensees must abide by the regulations set forth by the Maryland State Board of Dental Examiners. Those with privileges would not be under the jurisdiction of the dental board but under the rules of the compact. Licensure requirements vary wildly state to state. Under SB 21, lesser standards than current licensure requirement in Maryland, would allow a compact dentist to practice in Maryland.

SB 21 also has a fiscal impact to the State which would likely filter down to increased licensing fees to all dentists'/ dental hygienists' whether they elect to be in the compact or not. These fees unfortunately passed on to the patients in most cases as the cost of providing care increases. In Maine, the Council on

State Governments (CSG)(model for SB 21) has a State fiscal impact of \$251,358 by fiscal year 2026-27. In Colorado, the CSG is adding \$100 to each dental licensee and \$50 to each dental hygiene licensee whether they are a compact participant or not. SB 538 does not have these fiscal impacts as compact fees are paid by those who participate in the compact.

For these reasons to the above comparison in the two bills before you, I ask for an unfavorable report on SB 21 and a favorable report on SB 538.

Oppose - SB21 from Cynthia Zeder.pdf

Uploaded by: Cynthia Zeder

Position: UNF

February 7, 2025

Re: **Oppose SB21** - Dentist and Dental Hygienist (DDH) Compact

Dear Esteemed Chair Beidle, Vice-Chair Hayes, and Distinguished Members of the Senate Finance Committee,

As a concerned Registered Dental Hygienist, Maryland State Board of Dental Examiners Member, and constituent, I am writing to you regarding an issue of public safety in our state. SB21, also known as the Dentist and Dental Hygienist (DDH) Compact, is a threat to public safety. SB21 raises major concerns and lessens the current standards that have existed in dentistry in Maryland for decades.

I **oppose SB21** because it would threaten public safety by:

- Potentially allowing untested dental professionals to practice in Maryland.
- Lowering licensure standards by allowing dental professionals to practice across state lines without completing hand-skills examinations.
- Allowing unvetted practitioners to become licensed and move around more freely.
- Failing to mandate full reporting of disciplinary issues and all criminal history, limiting Maryland's ability to protect patients effectively.

I also **oppose SB21** because it would:

- Undermine state authority by giving an unelected commission quasi-legislative powers in Maryland.
- Potentially allow the selection of non dental professionals as Compact Commissioners, which would be detrimental as decisions regarding licensure, regulation and professional standards could be made by these individuals without proper knowledge or expertise in the field of dentistry.
- Create an unelected taxing authority with the power to levy annual assessments on participating states, resulting in unpredictable fiscal impacts.

For these reasons, I respectfully ask you to preserve our current standards for the profession of dentistry and **oppose SB21**.

Sincerely,

Cynthia Zeder, RDH

2025 MSDA Opposition to SB 21 - CSG Compact and Su

Uploaded by: Daniel Doherty

Position: UNF



Testimony of Daniel T. Doherty, Jr. on behalf of the Maryland State Dental Association *in Support of SB 538 – Interstate Dental and Dental Hygiene Licensure Compact, and in Opposition to SB 21 – Dentist and Dental Hygienist Compact*

From its inception, the purpose of the Maryland Dentistry Act has been to assure the safe and competent providing of dental care to the citizens/dental patients of Maryland. Dentistry is the one health profession whose scope of practice is primarily surgical (90%+). SB 538 does provide for the public safety and health of dental patients, while SB 21 fails in a number of ways to provide needed protections.

Licensure vs Privilege:

A. SB 21 – The Compact proposed under this bill allows a dentist or dental hygienist licensed in another state to be granted a privilege to practice in any remote state that has joined the Dentist Dental Hygienist Compact (DDH Compact). This means that the remote state must allow the dentist to practice dentistry WITHOUT:

1. Having the right to conduct a criminal background check;
2. Reviewing the dentist or dental hygienist’s clinical qualifications;
3. Assuring that the dentist or dental hygienist has passed a hands-skill examination;
4. Verifying that the applicant is a graduate of a CODA accredited school; or
5. Having direct jurisdiction over the delivery of dental care, as a remote dental board has no jurisdiction over non-licensees.

B. SB 538 – Under Interstate Dental and Dental Hygiene Licensure Compact (“the Licensure Compact”), a dental board in a remote state grants a dentist or dental hygienist a license on an expedited basis, but only after:

- a. Conducting a criminal background check;
- b. Reviewing whether or not the dentist or dental hygienist has satisfied the independent testing of clinical skills and other competency testing;
- c. Determining that the dentist or dental hygienist has graduated from a CODA accredited dental or dental hygiene school; and
- d. The board has direct authority over the licensee, and may suspend, revoke or take other disciplinary action against the licensee as may be necessary and appropriate.

Effect of Compact Rules on State law:

- A. SB 21 provides that any rule of the DDH Compact Commission shall supersede state law, except as to state laws that establish a scope of practice: [(Section 9 (A) on pgs. 22-23 and

Section 13 (B) on pg. 31)].

- B. Conversely, the Interstate Licensure Compact provides “**THE PROVISIONS OF THE COMPACT AND THE RULES PROMULGATED HEREUNDER SHALL HAVE STANDING AS STATUTORY LAW BUT SHALL NOT OVERRIDE EXISTING STATE AUTHORITY TO REGULATE THE PRACTICE OF DENTISTRY AND DENTAL HYGIENE**”. (Section 12(A) on page 18).

For these reasons the MSDA requests that SB 21 receive an Unfavorable Report, and that SB 538 receive a Favorable Report.

Daniel T. Doherty, Jr.
February 7, 2025

Jennifer C. Gaglione Written Testimony Senate Bill

Uploaded by: Jennifer Gaglione

Position: UNF

Jennifer C. Gaglione
1207 Adams Court
Waldorf, MD 20602
Jennifer.c.gaglione@gmail.com
301-653-9577

February 7, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Re: Senate Bill 21 – Dentist and Dental Hygienist Compact - Oppose

I am writing to express my concerns regarding Senate Bill 21 (SB21), known as the “Dentist and Dental Hygienist Compact,” which seeks to join Maryland with an interstate compact, enabling dentists and dental hygienists to practice across participating states under specific scope-of-practice rules. While I support efforts to increase workforce mobility in our profession, I have significant reservations about the potential impact on dental hygienists, the quality of care in Maryland, and patient safety.

My first concern pertains to the vague distinction between a "privilege to practice" and a "license." This ambiguity raises questions about how regulatory authority will be maintained in Maryland. Current state regulations are designed to oversee and discipline licensed dental hygienists. However, the unclear language in SB21 could create loopholes, limiting the Maryland Board of Dental Examiners' ability to enforce disciplinary actions against out-of-state practitioners operating under the compact.

Additionally, there is concern about practitioners who graduate from non-CODA-accredited programs and may not be required to pass a hands-on clinical exam. Maryland's licensure requirements ensure that dental hygienists meet rigorous educational, examination, and clinical competency standards. The hands-on clinical examination is a critical component of this process, ensuring that practitioners possess the necessary skills before treating patients. SB21 does not clarify whether out-of-state practitioners will be subject to the same standard, which could compromise patient safety and the overall quality of care.

Lastly, the scope of practice for dental hygienists varies significantly across states. Maryland has carefully outlined the procedures that hygienists are permitted to perform in order to safeguard patient health. SB21 does not address how these discrepancies will be managed, leaving the possibility that out-of-state providers entering Maryland through the compact could practice under less restrictive standards that do not align with our state's established regulations.

In conclusion, while interstate practice is a worthy goal, it is essential that SB21 is evaluated with consideration for its potential impact on the quality of dental care and professional standards in Maryland. I urge the committee to thoroughly assess these concerns and prioritize the well-being of both Maryland's residents and dental professionals.

Sincerely,
Jennifer C. Gaglione, RDH
Legislative Chair – Maryland Board of Dental Examiners

2025-2-11 Written Testimony for SB 21.pdf

Uploaded by: SHARI KOHN

Position: UNF

Written Testimony for 2/11/25

To: The Senate Finance Committee
Senator Pamela Beidle, Chair
3 East Miller State Office Building
Annapolis, Md. 21401

RE: SB 21 Dentist and Dental Hygiene Compact

Dear Madame Chair and Finance Committee:

I am Dr. Shari Kohn, a board-certified Pediatric Dentist in Maryland. I am representing the Maryland State Board of Dental Examiners in OPPOSITION of SB 21 – the Dentist and Dental Hygiene Compact referred to subsequently as DDH.

This compact does NOT follow compacts that currently exist in medicine.

This compact has the most danger and risk of the two compacts being presented today and could potentially put the citizens of Maryland in danger. It grants the Dentist and Dental Hygienist a Privilege and NOT a license in our state.

It never mentions the word LICENSE and only uses the word PRIVILEGE.

It DOES NOT require graduation from a CODA (Commission on Dental Accreditation) approved Program. CODA is the gold standard in dental education. This compact also DOES NOT require a “hands on” clinical examination for licensees.

Since this compact allows the applicant to obtain a PRIVILEGE from the state of Maryland – NOT a license, and as such it does NOT allow the state dental board to require that the holders of this privilege satisfy the states continuing education requirements.

This compact will also NOT allow the state board to have disciplinary actions against these privilege holders for they are not licensed dentist or dental hygienist and so they will not be considered to be within the state board’s jurisdiction.

Military personnel and their family members will be exempt from fees ONLY while on active duty – no longer.

A Compact privilege will renew their status with the DDH not the state. This compact does NOT require a Home state. An applicant can get a license from another state, get a privilege in Maryland, and ultimately drop their home state license – where they can be disciplined.

As with both compacts fees are required to join. This compact SB 21 has loose, non-specific language about fees. See section 7 (E) (3) *“The commission may levy on and collect an annual*

assessment from each participating state and impose fees on licensees of participating states when a compact privilege is granted..." Thus, essentially leaving an open checkbook for the state, the dental board, and the licensed dentist or dental hygienist. As opposed to SB 538 Section 8 (B) *"A member state dental board issuing a compact license privilege authorizing practice in its state may impose a fee for a compact license privilege, for either initial issuance or any renewal."* This compact has the potential to increase fees for every dentist and dental hygienist whereas the other compact will only incur fees to those who choose to participate.

Lastly, as a Pediatric Dentist, we are responsible for the well-being and safe care of the children of our state. Pediatric Dentists employ the use of Nitrous Oxide, sedation, general anesthesia and other behavior management techniques. I am aware that many other states take these treatment alternatives less seriously than we do here in Maryland. We have strict guidelines and permits are needed in our state to perform these services. I would be fearful of someone from another state, who does not possess the proper training or certification working on my child or yours. There is no defined rule as to whether or not privileged dentists or dental hygienists need to obtain said permits or certifications.

While we all agree that facilitating the interstate practice of dentistry and dental hygiene is important, we MUST agree that we need to do this safely and with the citizens of Maryland protected.

For these reasons, I urge you to vote in OPPOSITION of SB 21 – the Dentist and Dental Hygiene Compact.

Respectfully,

Dr. Shari C. Kohn

Member – Maryland State Board of Dental Examiners

Fellow - American Academy of Pediatric Dentistry

Diplomat - American Board of Pediatric Dentistry

Fellow - American College of Pediatric Dentistry

Fellow – International College of Pediatric Dentistry

Clinical Instructor – University of Maryland School of Dentistry

SB 21 - DENTAL - FIN - LOO .docx.pdf

Uploaded by: State of Maryland (MD)

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland State Board of Dental Examiners

Spring Grove Hospital Center - Benjamin Rush Bldg.
55 Wade Ave/Tulip Drive
Catonsville, MD 21228

January 28, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

Re: Senate Bill 21 – Dentist and Dental Hygienist Compact - Oppose

Dear Chair Beidle and Members of the Senate Finance Committee:

The Maryland State Board of Dental Examiners respectfully submits this opposition for SB 21 – Dentist and Dental Hygienist Compact. The bill adopts the “Dentist and Dental Hygienist Compact” and requires the Dental Board to issue a “compact privilege” to dentists and dental hygienists who are either licensed in or have a compact privilege in other states, notwithstanding Maryland’s existing dental laws and regulations. The compact would be administered through a Commission whose membership consists of the participating states that have enacted the Compact. Amongst other powers, the Commission has the authority to levy and collect an annual assessment from each participating state and impose fees on licensees of participating states when a compact privilege is granted. The annual assessment amount for participating states will be allocated based upon a formula that the Commission is to promulgate by rule.

Military Personnel and Spouses are Already Practicing in Maryland

The Board notes that the primary reason for the creation of the Dentist and Dental Hygienist Compact was to facilitate licensure mobility for those in the military and their spouses. Under the Veterans Auto and Education Improvement Act, effective January 5, 2023 (Public Law No. 117-333), a dental compact is not necessary. Since January 2023, 13 service members or their spouses with out-of-state licenses have been practicing in Maryland under the Act at no cost.

The administrative process is extremely efficient and handled in an expedited manner. Service members and their spouses are extremely satisfied with this process.

Examination Requirements Under the Compact are Not Sufficient

The Board believes that the Compact does not serve the best interests of our citizens. It can potentially harm Marylanders by allowing out-of-state dentists who do not possess the requisite qualifications to obtain a “compact privilege,” which is essentially a Maryland dental license.¹ The compact permits an individual licensed as a dentist or dental hygienist in a participating compact state to receive a compact privilege in Maryland regardless of the licensure examination they took or their experience level.

Under the present law, a dentist or dental hygienist must either pass the American Dental Licensing Examination (ADLEX) or the American Dental Hygiene Licensing Examination (ADHLEX) administered by the American Board of Dental Examiners, Inc. (ADEX). If an individual has not passed the ADEX examinations, they must have 5 years’ experience as a dentist or 3 years’ experience as a dental hygienist. Md. Ann. Code, Health Occupations Article, § 4-306. The ADEX examinations are considered to be the most highly regarded examinations in the nation. Under the Compact, Maryland must accept the National Board Examinations of the Joint Commission on National Dental Examinations (which it presently does) “or another examination accepted by Commission Rule as a licensure examination.” In addition, the bill provides that applicants only need to “successfully complete a Clinical Assessment.” These loosely defined requirements will allow the Commission to accept any written examination for licensure, whether presently existing or not, as well as any clinical assessment, regardless of how poorly it measures a candidate’s clinical skills. Licensure standards that now exist in statute would be left to a Commission with plenary power to devise whatever licensing standards they wish, fueled by expediency or political motivation.

In addition, there are states that pose a concern. In New York, a candidate may receive a dental license without having taken a clinical examination, and in Delaware, candidates for a dental license must take a state-administered examination. Both situations raise clinical concerns. The Board does not believe that it is in the public interest to allow dentists who have not completed a rigorous clinical examination as part of the application process to practice in Maryland. Although a candidate may excel in academics and critical thinking, examining hand motor skills is essential to determine if a candidate may properly treat a patient within the confines of the oral cavity.

Most Licensure Candidates Have Completed the ADEX Examination

As previously stated, obtaining a dental or dental hygiene license in Maryland is not burdensome. The ADEX examinations are accepted in 48 states and other jurisdictions,

¹ The Compact treats dentists and dental hygienist in the same fashion. Therefore, references to dentists throughout this position paper also includes dental hygienists.

including Jamaica, Puerto Rico, and the Virgin Islands. Most dentists and dental hygienists have taken the ADEX, including those serving in the military. For a number of years, all initial licensure applications from military personnel, veterans, and their spouses have been given priority by the Board's licensure staff and are issued in 5 days or less.

Current law in Maryland requires that candidates for dental or dental hygiene licensure pass a clinical hands-on examination through the ADEX (initial licensure) or another testing service (those licensed in another state who have not passed the ADEX). Candidates who cannot pass the required clinical examination would be incentivized to seek a compact privilege in a compact member state that does not require a clinical hands-on examination. Once they received the privilege, they could freely move to Maryland and practice on Maryland citizens. Therefore, those who have taken the ADEX examination or another examination with a hands-on clinical component would be required to meet higher testing standards.

Fees are Indeterminable

Fees also pose a concern. Under the Compact, fees for dentists, dental hygienists, and the Board are indeterminable. The Compact requires an applicant to pay a fee to the Commission for both licensure and renewal. What are those fees? Under the Compact, the Board is also permitted to charge a licensure and renewal fee and would do so to cover administrative costs. The fee to the Commission is determined solely by the Commission and could prove excessive. In addition, there are unknown costs to the Board in the form of an annual assessment that the Board must pay to the Commission.

Like other health occupation boards in the State, the Dental Board is specially funded and relies entirely upon licensure fees to maintain its budget. Any compact that the Board enters into should clearly provide for the specific fees necessary for licensure as determined by the Maryland Dental Board. The language in the CSG Compact does not provide any fees that will be imposed on the Board or licensees. The delegation of fee-making authority should not be in the hands of a third-party commission. So, too, with any compact that allows a commission to levy an assessment on the Board. It is not prudent to join an organization where initial and ongoing costs cannot be reasonably determined, and a proper budget is prepared. Irrespective of the Compact, the Board must continue to maintain a licensing unit.

Amendments Would be Burdensome

Finally, any future amendments to the compact proposed by the Maryland General Assembly or any other general assembly may prove troublesome. Amendments are not effective until the legislatures of all participating states enact them, a process that is unwieldy and could take years to accomplish.

In short, The Dental Board believes that the bill adds unnecessary bureaucracy. Obtaining a Maryland dental or dental hygiene license is not a burdensome process and is accomplished in a matter of days. Fees are not excessive. They are paid only to the Dental Board, not to the Board

and the Commission. Requiring reasonable educational and examination requirements under the State's existing law helps ensure protection for its citizens. Relaxing those requirements is not beneficial.

For the foregoing reasons the Board requests that SB 21 receive an unfavorable report.

I hope that this information is helpful. If you would like to discuss this further, please contact me at 202-997-2606 or chiyo.alie@maryland.gov.

The opinion of the Maryland State Board of Dental Examiners expressed in this opposition does not necessarily reflect that of the Department of Health or the administration.

Sincerely,
Chiyo Alie, D.D.S.
Chiyo Alie, D.D.S.
Board President

2025 Compact Senate 2.pdf

Uploaded by: Thomas a'Becket

Position: UNF

SB 021 OPPOSED SB 538 SUPPORT DENTAL COMPACTS

Submitted by Dr Thomas R. a'Becket Legislative Chair Maryland State Dental Association and Past President of the Maryland State Dental Association

Dear Members of the Senate Finance Committee

Thank you for the opportunity to provide testimony in SUPPORT of SB 538 Interstate Dental and Dental Hygiene Compact (American Association of Dental Boards) and in OPPOSITION to SB 021 Dentist and Dental Hygienist Compact (CSG).

I will highlight and contrast the major differences, showing the superior aspects of SB 538.

LICENSURE SB 538 requires an expedited license so that every dentist has the same license and is subject to the rules and regulations of the Maryland State Board of Dentistry, so the Board has direct authority over the licensee. SB 021 provides a privilege from the Compact Commission that has direct control of the licensee, creating a two-tier system.

TESTING SB 538 requires hands skill testing by an independent third party showing Clinical Competency vs SB 021 that only utilizes written/computer Clinical Assessment. Dentists by the scope of practice spend the majority of their time performing surgery on either hard tissue or soft tissue so demonstrating hands skills is important.

FISCAL SB 538 Minimal as the infrastructure exists within the American Association of Dental Boards as a collaborative of 51 Licensing Boards and each applicant applying through the compact would be responsible for the costs. SB 021 will require each member state to contribute to the start up costs and maintain the Compact Commission. In my research, the State of Maine, with 530 dentists had the fiscal note of approximately \$250,000 for each of the first 3 years. In Colorado, with 5400 dentists, the is projected at \$ 900,000 per year. Colorado will be surcharging each dentist and dental hygienist to cover the cost, not just the applicants.

SB 538 is modeled on the Interstate Medical Compact (Physicians) which Maryland has adopted and is working as projected.

Thank you for your consideration of these competing bills, I ask for a FAVORABLE REPORT on SB 538 and an UNFAVORABLE REPORT on SB 021.

SB21 - INFORMATIONAL - MDHA Letter of Information

Uploaded by: Caitlin McDonough

Position: INFO



The Honorable Pamela Beidle, Chair
Senate Finance Committee
Miller Senate Office Building, 3 West
11 Bladen Street
Annapolis, MD 21401

INFORMATIONAL LETTER
SENATE BILL 21 – DENTIST AND DENTAL HYGIENIST COMPACT

Dear Chair Beidle and Members of the Committee:

The Maryland Dental Hygienists Association (MDHA) is the professional association for dental hygienists providing services in Maryland. As an organization, MDHA seeks to improve the public's total health by advancing the art and science of dental hygiene, including ensuring access to quality oral health care, increasing awareness of the cost-effective benefits of preventative dental services, promoting the highest standards of dental hygiene education, licensure, practice and research, and representing and promoting the interests of dental hygienists in Maryland.

In keeping with those goals, MDHA takes this opportunity to provide informational testimony on Senate Bill 21, which would enter Maryland into the Interstate Dental and Dental Hygiene Licensure Compact and authorize a dentist or dental hygienist to practice in a member state and, conversely, authorize eligible licensees from other members states to practice in Maryland. While MDHA is conceptually supportive of the development and participation by the State of Maryland in a licensure compact for dental service practitioners, it seeks to ensure that the compact requires appropriate levels of education and training, testing, and regulation to ensure that preventative and restorative dental services are delivered in a safe and effective manner that protects patients and Maryland's licensees. It also essential to ensure that whatever licensure compact Maryland enters into is effective in addressing oral health workforce shortages and service delivery needs, meaning that the level of participation by member states is such that Maryland is positively impacted by its participation.

At this time, MDHA is carefully reviewing proposed compacts and all related proposed legislation before the Maryland General Assembly to ensure that the needs of patients and practitioners are met. Therefore, MDHA does not take a formal position on either proposed compact legislation. As a professional association and advocate for effective patient care, MDHA is committed to working with all the sponsors and the members of this Committee to carefully review all relevant legislation and make an informed decision on the best path forward for the dental hygiene profession and the State of Maryland.

MDHA thanks the Committee for the opportunity to submit these comments and participate in any subsequent legislative work on this important and impactful matter.