

# **Jee Testimony-JSW Edits.pdf**

Uploaded by: Arthur Jee

Position: FAV



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

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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: FAV

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 (IDDL). 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: FAV

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: FAV



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**, IDDLHC, 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 harmed 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

## **Vague language.pdf**

Uploaded by: BETTY HOWARD

Position: FAV

February 7, 2025

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

RE: I support - SB0538 protects citizens and enables licensure portability

RE: I oppose - SB0021 This compact language is vague, undefined terms dilute  
educational standards & licensing credentials, presenting a risk to public safety.

Dear Honorable Senator Beidle,

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.

I support SB0538 because:

- States can join the AADB IDHHL Compact at no cost, promoting workforce mobility without burdening taxpayers.
- By requiring hand-skills examinations and accredited education, the AADB Compact maintains high standards designed to protect public safety.
- With clear, uniform standards, the AADB Compact enhances regulatory consistency across member states while respecting Maryland laws.

American Association of Dental Board's (AADB) compact language is precise, applicant's qualifying credentials require passing the ADEX exam and completing standardized educational curriculums. Not validating hand skills is irresponsible. Our profession demands accuracy in a very confined space. As Chief at ADEX dental hygiene exams, I have seen practitioners unable to demonstrate clinical competency.

AADB, established in 1898, has required hand skills examinations to validate competency and protect the public for over a century.

I am opposed to Dental and Dental Hygiene (DDH) Compact bill, SB0021, because of undefined terms like "clinical assessment" this will open pandora's box. Will a hand skills component be required? A 3rd party, objective psychometrically sound hand skills examination is designed to validate competency. The DDH Compact would allow individuals with minimal to no validation of competency, to practice with a 'privilege', **NOT A LICENSE** in Maryland. This threatens public protection and compromises Maryland's dental hygiene standards of care. Maryland's Dental Board regulates and disciplines licensees, not privileged practitioners.

I am asking Senators of the Finance Committee to preserve Maryland's high standards and vote to protect the public in the future by supporting SB0538.

Very truly yours,

Betty Howard, RDH  
Potomac, MD 20854  
District 15

# **2025 MdAPD SB538.pdf**

Uploaded by: Camille Fesche

Position: FAV



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: SB538 – Senators Kramer & Hershey – Interstate Dental and Dental Hygiene Compact – **Favorable**

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. Seventy percent of Maryland’s pediatric dentists participate in the Maryland Medical Assistance Children’s Program.

We support this legislation because it creates a comprehensive multi-state system that allows for dental professionals to move across state lines, while ensuring that Maryland can adequately supervise and oversee the dental professionals practicing in Maryland.

This bill ensures the competence of dental professionals seeking to practice in Maryland to graduate from a CODA (Commission on Dental Accreditation) approved program and pass a clinical examination with a hand skills component. Under this legislation, the State Board would issue a Compact License, which gives the State Board the authority to take disciplinary action against a dental professional as compared to a Compact Privilege. It is unclear whether the State Board could take disciplinary action against a holder of a “Compact Privilege” because that dental professional would not hold a license in this State. In addition, State Boards are required to share all disciplinary actions to the Clearinghouse, which will help keep Maryland informed of disciplinary actions taken outside of the State for a dental professional practicing within the state. For these and other reasons, we urge the Committee to move **FAVORABLE** on SB538.

Questions and requests for additional information should be directed to Camille Fesche [cfesche@rwllaw.com](mailto:cfesche@rwllaw.com) and Bill Castelli [wcastelli@rwllaw.com](mailto:wcastelli@rwllaw.com) via email or phone at 410-269-5066.

# **SB 538 Support, SB 21 oppose, Doring.pdf**

Uploaded by: Charles Doring

Position: FAV

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 employs 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.

## **Support - SB538 from Cynthia Zeder.pdf**

Uploaded by: Cynthia Zeder

Position: FAV

February 7, 2025

Re: **Support of SB538** - Interstate Dental and Dental Hygiene Licensure Compact (AADB Bill)

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 today regarding an issue of public safety in our state. SB538, also known as the Interstate Dental and Dental Hygiene Licensure Compact (AADB Bill) supports workforce stability by maintaining high standards while facilitating mobility for qualified professionals, and addressing shortages without compromising quality of care.

**I support SB538** because:

- By requiring hand skills examinations and accredited education, the AADB Compact maintains very high standards to protect public safety.
- With clear, uniform standards, the AADB Compact enhances regulatory consistency across member states while respecting Maryland laws.
- The AADB Compact improves access to dental care for constituents by allowing qualified professionals to practice across state lines more easily.

**I also support SB538** because:

- It considers split dental hygiene and dental boards by allowing two (2) individuals per jurisdiction to serve on the Compact Commission. This is beneficial as dental hygiene representation is critical because without it policies and regulations could be created that do not adequately reflect the specific needs, training and scope of practice of dental hygienists.
- States can join the AADB IDHLC Compact at no cost, promoting workforce mobility without burdening taxpayers.

For these reasons, I respectfully ask you to preserve our current standards for the profession of dentistry and **support SB538**.

Sincerely,

Cynthia Zeder, RDH

## **2025 MSDA Opposition to SB 21 - CSG Compact and Su**

Uploaded by: Daniel Doherty

Position: FAV



**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

## **SB538\_SponsorAmendment**

Uploaded by: Senator Kramer

Position: FAV



**SB0538/153025/1**

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

10 FEB 25  
11:52:21

BY: Senator Kramer

(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 538

(First Reading File Bill)

On page 18, in line 1, strike “**RULES**” and substitute “**SUBJECT TO SECTION 12(A), RULES**”.

On page 22, in line 6, strike “**ALL**” and substitute “**SUBJECT TO SECTION 12(A), ALL**”.



# **2025-2-11 Written Testimony for SB 538.pdf**

Uploaded by: SHARI KOHN

Position: FAV

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 538 Interstate Dental and Dental Hygiene Licensure 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 SUPPORT of SB 538 – the Interstate Dental and Dental Hygiene Licensure Compact referred to subsequently as IDDLIC.

This compact closely follows similar compacts that currently exist in medicine.

This compact is the **safest** of the two compacts being presented today and will allow better protection the citizens of Maryland.

It requires graduation from a CODA (Commission on Dental Accreditation) approved Program. This compact also requires a “hands on” clinical examination – something everyone would want their dentist or dental hygienist to have completed.

This compact allows the applicant to obtain a license from the state of Maryland and as such allows the state dental board to require satisfaction of the states continuing education requirement.

This compact also allows the state board to have disciplinary actions for the licensed dentist or dental hygienist as they will be considered to be within their jurisdiction. This compact is divided into both dental and dental hygiene boards which allows two (2) commissioners per jurisdiction.

It specifies that Military personnel and their family members will be exempt from fees while on active duty and ONE (1) year following the completion of their service.

A Compact licensee will renew their status with the IDDLIC and maintain a license in their home state as well as Maryland.

As with both compacts fees are required to join. This compact has much more detail about fees as compared to the other compact. Thus leaving no open checkbook for the state, the dental board OR the licensed dentist or dental hygienist.

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 in Maryland. I would be fearful of someone from another state, who does not possess the proper training working on my child or yours.

For these reasons, I urge you to vote in FAVOR of SB 538 – the Interstate Dental 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 538 - Dental Board - FIN - LOS.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: FAV



*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

February 11, 2025

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401-1991

Re: Senate Bill 538 – Interstate Dental and Dental Hygiene Licensure Compact - Support

Dear Chair Beidle and Members of the Senate Finance Committee:

The Maryland State Board of Dental Examiners respectfully submits this support for SB 538 - Interstate Dental and Dental Hygiene Licensure Compact. The bill adopts the American Association of Dental Boards ("AADB") compact. The compact requires the Dental Board to issue a "compact license privilege" to dentists and dental hygienists who are either licensed in or have a compact license privilege in other states if they meet certain academic and hand motor skills.

The Board firmly believes that the requirements of the AADB Compact and this bill will help ensure that dentists and dental hygienists in Maryland have the requisite skills to adequately treat our states' citizens.

Under the Compact to receive a compact license privilege a dentist and a dental hygienist must have successfully graduated from an American Dental Association Commission of Dental Accreditation approved school ("CODA"). To receive accreditation the school undergoes an extensive assessment of its program effectiveness, clinical facilities, faculty qualifications, research capability, student assessment, and systems for ongoing evaluation and improvement, to ensure that graduates are prepared to practice dentistry at a high level of competence. CODA schools are subject to site visits and undergo periodic reevaluations.

In addition, dentists and dental hygienists must pass the American Dental Licensing Examination (ADLEX) or the American Dental Hygiene Licensing Examination (ADHLEX) administered by the American Board of Dental Examiners, Inc. The ADEX examinations extensively test psychomotor skills and didactic performance and are considered to be the most highly regarded examinations in the nation. The ADEX examinations are available for licensure in 48 states and in other jurisdictions, including Jamaica, Puerto Rico, and the Virgin Islands. Most dentists have taken the ADEX examination.

Under the Compact if an individual has not passed the ADEX examinations, they must have graduated from a CODA accredited school, passed a regional Board examination, and have 5 years' experience as a dentist or dental hygienist. The educational and examination requirements under current Maryland law are substantially similar.

The Board notes that HB 45 and SB 21 titled Dentist and Dental Hygienist Compact, are other compact bills which were previously introduced and which the Board opposes. Under HB 45 and SB 21 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 need to "successfully complete a Clinical Assessment." Unfortunately, by providing that a dentist or dental hygienist may pass "another examination accepted by Commission Rule" and by providing that a dentist or dental hygienist need only "successfully complete a Clinical Assessment" the door is left open for the Commission to accept any examination and any clinical assessment, no matter how lacking in its ability to adequately measure clinical competency. Although a candidate may be competent 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. Licensure standards should not be placed in the hands of a compact Commission with plenary power to devise whatever licensing standards they wished, fueled by expediency or political motivation.

For the foregoing reasons, the Board requests that SB 538 receive a favorable 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](mailto:chiyo.alie@maryland.gov).

The opinion of the Maryland State Board of Dental Examiners expressed in this support position paper 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: FAV

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.

# **ADEA Letter Opposing MD SB 538.pdf**

Uploaded by: Chris Borgerding

Position: UNF



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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  
Page 4

A handwritten signature in blue ink, appearing to read "BT Leeth" followed by a checkmark.

Tim Leeth, CPA  
Chief Advocacy Officer

# **MD Opposition Testimony\_CMDL\_Senate[99].pdf**

Uploaded by: Chris Borgerding

Position: UNF



## COALITION FOR MODERNIZING DENTAL LICENSURE

February 7, 2025

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

Re: Testimony in Opposition to SB 538

Dear Chair Beidle,

The Coalition for Modernizing Dental Licensure represents over 130 national and state organizations, institutions, and programs representing dentistry, dental education, dental specialties, dental hygiene, and nonprofit groups working to ensure patient safety, increase access to care, and promote professional mobility.

While the Coalition strongly endorses the concept of compacts, we are writing today in opposition to SB 538.

In support of its founding principles, the Coalition has championed work at the national level to establish a common core of credentials for licensure in the form of the [Dentist and Dental Hygienist Compact \(DDH Compact\)](#). Unlike the legislation in SB 538, the DDH Compact was developed in a transparent and inclusive process with the Council of State Governments and with the support of the Department of Defense. Stakeholders in the profession including state dental board members, board administrators, licensed dentists and dental hygienists, and members of professional organizations, collaborated on the DDH Compact legislation that was released in January 2023. The DDH Compact has been passed in ten states and fourteen additional states have pending legislation.

The legislation in SB 538 was developed and introduced by the American Association of Dental Boards after the organization declined to participate in the development of the DDH Compact. The legislation does not reflect best practices in compact drafting, lacks inherent public accountability and safeguards, and should be rejected as model legislation.

While we applaud the consideration given to increasing licensure mobility through compacts, we request that the committee not move forward with SB 538.

Sincerely,

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



## **SB538 - 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 538 – INTERSTATE DENTAL AND DENTAL HYGIENE LICENSURE 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 538, 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 member 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 is 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.