SUMMARY OF DISTINCTIONS BETWEEN DENTAL COMPACT PROPOSED OPTIONS

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Key similarities:

- Allows dentists and dental hygienists to practice in multiple participating states
- Improve access to dental care in limited access areas
- Establishing an oversight commission

Key Differences

HB 534 - AADB	HB 45 - CSG
Licensure Model: Expedited licensure process	Privilege Model: Privilege to practice in
for dentists and hygienists from member states	member states without obtaining an additional
Example: https://www.mbp.state.md.us/forms/Compact_FAQs.pdf	license for the state
	Example: https://ptcompact.org/How-to-Get-Privileges
-ADEX Assessment (standard in 51 states and	- Multiple types of assessments accepted for
US states and Territories) Required for	licensure, types not specified ->
Licensure ->	not all are psycho-motor (concern that without
opportunity to add additional assessment	this examination does not adequately test key
models if they meet standards	motor skills for dentistry)
-Immediate rescinding of licensure and halt of	-Judicial process for privilege rescission ->
practice if malpractice suspected	could delay prompt action and allow time for
	additional harm
-Criminal background check data available to	-Background check by resident state (data not
every licensed state	available to other states), with relevant
	malpractice data shared in the national
	database

^{*}Note: Concern about cost of additional licensure, especially for dental hygienists

Licensure vs Privilege Concerns:

- -Only licensed state standards are required
- -Board can only provided oversight for licensed, privileged are only overseen by compact who can contradict board decisions -> only leaves state police there for enforcement
- -Flat costs of compact charge state or all dentists, not only those who opt in -> compare fiscal not to compact states like Maine and Colorado
- -PT model which relies on prescriptions for guidance rather than diagnosing themselves is not a good model for comparison
- -ADEX is a gold standard psychomotor exam that is verified by a third party, reviewed, and approved for use in 51/53 states and territories