The mission of ADEA is to develop an inclusive, future-ready oral health workforce prepared to improve the health of all people and communities through leadership, education and collaboration.

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To: ADEA Membership

Dear colleagues,

I am writing to express ADEA's support for the Dentist and Dental Hygienist Compact.

Each year, thousands of dentists and dental hygienists move or seek employment in a new state. According to the American Dental Association's (ADA) Health Policy Institute, 5.6% of all dentists in the United States changed states between 2019 and 2022. This percentage more than doubles when discussing newer dentists (those with less than 10 years of experience) to nearly 14%.[i] In order to practice, each of these dentists and dental hygienists must obtain a new license in their new state. Although requirements for obtaining an initial dental or dental hygiene license are similar in every jurisdiction, the process for acquiring a new license often entails qualified oral health professionals to meet requirements that are overly burdensome and unnecessary for ensuring patient safety.

As you know, barriers to obtaining a license in a new state can also create challenges for institutions that train dentists and dental hygienists. Academia is a highly mobile profession, and overly burdensome licensure processes can create a barrier to recruiting new faculty. Potential hires who are not licensed in a state where they are being recruited must consider the burdens associated with obtaining a new license in that state. When those requirements are overly burdensome, they can discourage potential faculty from accepting a new position.

Additionally, these burdens are unfair to our students and recent graduates. As demonstrated by the larger percentage of less experienced dentists who transferred to a new state between 2019 and 2022, many younger oral health professionals are less settled. Life experiences such as marriage, family obligations and exciting job opportunities could take them to a new state. It is unfair that these new and future dentists and dental hygienists should be forced to re-take a clinical exam or spend significant financial resources and time submitting extensive documentation required for licensure by credentials. These are unreasonable requirements that do little to protect the public, as all our institutions are regulated by Commission on Dental Accreditation (CODA), and all our students undergo rigorous training and meet high standards before they are permitted to graduate.

For decades, oral health professionals have been seeking a solution to this problem, and ADEA has long supported the goal of licensure portability. Adopting a proactive approach, in 2018, ADEA co-founded the Coalition for Modernizing Dental Licensure alongside ADA and the American

Student Dental Association (ASDA). One of the Coalition's goals was to increase licensure portability to allow for professional mobility and improved access to care. This goal—alongside the objective of eliminating single-encounter, procedure-based patient examinations—was crafted on the findings reported by the Task Force on Assessment of Readiness to Practice (TARP). ADEA has worked with the Coalition to highlight these issues and advocate for solutions. Since its founding, Coalition membership has grown to include more than 100 associations and institutions.

Recently, two separate proposals seeking a solution have emerged. One of those proposals is a licensure compact created as a collaborative effort among The Council of State Governments (CSG), the U.S. Department of Defense (DOD), ADA, ADEA, the American Dental Hygienists' Association (ADHA), ASDA, the American Association of Dental Administrators and current members of state dental boards. The other proposal is a compact drafted by the American Association of Dental Boards (AADB).

At this time, ADEA will support the dentist and dental hygienist compact that was drafted as a collaborative effort with CSG. This compact has been supported by 13 other dental organizations and is the best option for reducing barriers that prevent or make it difficult for qualified dentists and dental hygienists to practice in a new state. ADEA believes that this compact will do the most to reduce unnecessary barriers to portability, while protecting the public and increasing access to care.

Additionally, ADEA has concerns about the compact that was drafted by AADB. While increased portability is the ultimate goal, two competing compacts have the potential to create confusion for practitioners and policymakers. The compact drafted by AADB could also limit portability in ways that could prove to be unnecessarily burdensome for licensed professionals.

We have received many questions about these compacts. This letter and attached list of frequently asked questions seeks to address those questions and provide clarification surrounding common misunderstandings of the compacts.

1) ADEA Believes That Acceptance of Multiple Pathways to Licensure Elevates Standards and Allows for Innovation.

ADEA has long supported multiple pathways to licensure, and many states now accept pathways that do not involve single-encounter examinations. These pathways are reliable and valid measurements of the skills needed to practice as an oral health professional. The compact drafted by CSG will allow multiple pathways to qualify for licensure portability, while the compact crafted by AADB will only allow for one, preventing many qualified dentists and dental hygienists from participating.

The compact crafted by AADB 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. There are currently 40 states that allow pathways to licensure other than the ADEX exam. This includes other regional hands-skills assessments like Central Regional Dental Testing Services (CRDTS) and Southern Regional Testing Agency (SRTA) along with requirements like a post-graduate year residency program (PGY-

1) and the Dental Licensure Objective Structured Clinical Examination (DLOSCE). Naming the ADEX exclusively would require any dentist or dental hygienist who has practiced under five years or who was licensed after Jan. 1, 2024, to complete the ADEX exam or re-test in order to use the compact. This narrow reliance on one examination is unnecessary and would create a barrier for many qualified dentists and dental hygienists who wish to practice in a new state.

Reliance on one examination is also unnecessary because, as you know, the process for obtaining a dental or dental hygiene license is substantially similar in every state. All states have a pathway to licensure that requires a CODA-accredited education. All states require passage of the National Dental Board Examination (NDBE) and a clinical assessment for licensure. The only significant variation in the licensure process is the acceptance of different assessments of clinical skill by different states. 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.

As stated previously, the alternatives to single-encounter examinations are reliable and valid tools for assessing a candidate for licensure's ability to practice. 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 at a single moment, as well as the opportunity to test a wider range of knowledge necessary to practice as a dentist. Individuals who have successfully completed these other assessments have effectively demonstrated clinical ability and should not be restricted from interstate practice. Some of the more common alternatives and their benefits are outlined below:

- *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 numerous 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 CODA 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.
- *Dental Hygiene Licensure Objective Structured Clinical Examination*—This licensure examination is also being developed by the Joint Commission on National Dental Examinations and 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.
- *Portfolio/Compendium of Clinical Competency*—Portfolios are a standardized compilation of clinical competency assessments designed to demonstrate psychomotor skills and practice-relevant patient care knowledge, skills and abilities. This type of assessment is used in some states for dentists and requires applicants to demonstrate

competency in several clinical areas. Procedures are performed on patients of record within the dental school, ensuring follow-up care for patients when necessary.

Additionally, enshrining a requirement to pass only one 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 and require states to adopt substantially similar language.

2) CSG's Compact Will Allow for Greater Mobility Among Faculty Who Trained at CODA-accredited Institutions Than the Compact Drafted by AADB.

As oral health educators, you know that the patchwork of state licensure by credentials and faculty licensure laws can make it difficult to recruit new faculty to states where they are not already licensed. Many states require individuals who seek licensure by credentials or by a faculty license to spend an inordinate amount of time and resources paying fees, tracking down documents, taking or re-taking examinations and sometimes, sitting for interviews with licensing authorities. These barriers create circumstances that can be daunting for individuals who wish to work as dental or dental hygiene faculty in states where they are not licensed; they are often a discouraging factor for individuals when deciding to accept a faculty position in a new state. A good compact will remove many of these barriers, protect public safety and allow for easier interstate movement among qualified oral health practitioners.

AADB's reliance on one examination to qualify for expedited licensure will have a smaller impact on reducing the barriers that create challenges when recruiting U.S.- and Canadian-trained faculty to a state where they are not licensed. While AADB's compact will reduce barriers for individuals who pass their preferred examination, this is only a subset of individuals who are qualified to teach dental and dental hygiene students.

Under CSG's compact, barriers to portability will be removed for qualified professionals who train at CODA-accredited programs. Once operational, CSG's compact will grant compact privilege to anyone who applies. In addition, the applicant must:

- Hold an active, unencumbered license from a state that participates in the compact;
- Graduate from a CODA-accredited program;
- Successfully complete a clinical assessment for licensure, with "clinical assessment" currently defined as an examination or process required for licensure as a dentist or dental hygienist, as applicable, that provides evidence of clinical competence in dentistry or dental hygiene;
- Pass a National Board Examination of the Joint Commission on National Dental Examinations or another examination accepted, by rule, as a requirement for licensure;
- Meet any jurisprudence requirements;
- Complete a criminal background check;
- Submit an application and pay applicable fees; and
- Comply with requirements to submit specified information for administrative purposes.

As states continue to accept more pathways to licensure, more oral health professionals will choose to pursue licensure through avenues that do not include AADB's preferred examination. Those individuals should not be required to complete an additional examination or meet burdensome licensure by credentials or faculty licensure standards when they have already proven they are competent professionals and meet a high standard for licensure. The strongest compact will do the most to reduce barriers that allow qualified oral health professionals to teach or practice in a new state, while also protecting the public. ADEA believes that the compact drafted by CSG does the most to accomplish those goals.

3) AADB's Compact Would Create Expedited Licensure, Not Portability.

Under AADB's compact, applicants are not applying for licensure portability, but rather an expedited license by credentials. The model that would be created under this compact 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. In Oklahoma, for example, that state's Board of Medical Licensure & Supervision charges an additional $500 for a compact license for physicians.

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 valuable practice time with patients. It should also be noted that no other licensure compact uses the IMLCC model.

4) CSG's Compact Creates Portability While Maintaining State Sovereignty and Safeguards for the Public.

Under the compact drafted by CSG, individuals who hold an unencumbered license and meet the eligibility standards previously outlined, are permitted to apply for a compact privilege that would allow them to practice in other member states. While a compact privilege is not a full license, it is a recognition that the license held in the other state qualifies an individual to practice in another member state. The process to obtain a compact privilege also ensures an applicant meets high standards to practice, while also creating a record of all individuals authorized to practice in member states.

Under this model, individuals who hold an unencumbered license and meet the qualifications outlined previously, will be granted a compact privilege that will allow them to work in the state where they have applied. This model reduces burdens for qualified practitioners by implementing minimal costs, requiring limited paperwork and by not requiring practitioners to spend valuable time meeting additional continuing education requirements that could be spent in dental clinics or with patients.

State sovereignty will also be maintained under the CSG compact, and the public will be protected, since licensing boards will still maintain full authority over all individuals who practice in their states, including those who practice under a compact privilege. Licensing boards will have the ability to suspend or revoke compact privileges, levy fines or take other disciplinary measures that may be necessary to protect the health and safety of its citizens. Additionally, scope of practice laws in the state where an individual is practicing will apply to those practicing under a compact privilege. For instance, someone who is licensed in Iowa but practicing in Tennessee under a compact privilege would be required to comply with the scope of practice laws in Tennessee.

ADEA believes that the model created under CSG's compact 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, while also maintaining state sovereignty and protecting the public.

Conclusion

The collaborative effort that led to the creation of the CSG compact has resulted in a compact that reduces barriers to licensure portability and protects public safety. Additionally, its flexibility will allow it to stand over time, as it will be able to keep pace with the continued strengthening of methods used to evaluate candidates for licensure.

Additionally, CSG's experience with crafting and helping launch licensure compacts is unmatched, as CSG has worked with professional organizations to create more than 17 licensure compacts—most of which are used by health care professionals. CSG has learned best practices through its experience in crafting these compacts and has developed an expertise in helping them launch.

For these reasons, ADEA supports the compact drafted by CSG and believes it will be the most beneficial to dentists, dental hygienists and the public.

Addendum and FAQs

ADEA is aware that there are many questions, rumors and misstatements about the CSG compact have circulated. An addendum to this letter has been included to answer some of the most frequent questions and to also clarify some of the most common misunderstandings about the CSG compact.

Sincerely,

Karen P. West

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

[i] American Dental Association: Health Policy Institute, Migration of Dentists Within the U.S. 2019-2022, https://www.ada.org/en/resources/research/health-policy-institute/dentist-workforce