

**BOARD OF DENTISTRY
2201 SHANNON PLACE SE – 2ND FL.
WASHINGTON, DC 20020**

**DATE: May 20, 2026
TIME: 9:00 AM**

**OPEN SESSION
MEETING AGENDA**

*****Please be advised that Board Meetings are recorded*****

WEBEX Virtual Meeting

The Board will be utilizing a hybrid schedule of virtual and in-person meetings. Please see the Board Meeting Calendar under the Executive Director’s report for more information.

Information on how to access the public portion of the meeting is listed below:

This meeting is available by web:

<https://dcnet.webex.com/dcnet/j.php?MTID=mfdb8473983deb5f9ebaf6f6e35ce922b>

Meeting number: 2305 307 2741

Password: MjzkbvjG236

This meeting is available by phone:

1-202-860-2110 United States Toll (Washington
D.C.) 1-650-479-3208 Call-in toll number
(US/Canada) Access code: 230 530 72741

Any submissions from the public for the Board’s consideration should be received by Board Staff, tiffany.johnson1@dc.gov, no later than **10 business days before the Board Meeting. **

BOARD MEMBERS:	
Eric Bradshaw, DDS – Chairperson	
Imani Lewis, DDS – Vice Chairperson	
Brittany Campbell, RDH, MSDH – Dental Hygienist Board Member	
Chanelle Roberts, DDS – Dentist Board Member	
Jonelle Anamelechi, DDS – Dentist Board Member	
Vacant – Dentist Board Member	
Vacant – Consumer Member	
BOARD STAFF:	
Ericka L. Walker, MSW - Executive Director	
Aisha Nixon – Associate Director	
Rebecca Odrick-Austin, Board Investigator	
Zaneta Batts – Health Licensing Specialist	
Tiffany Johnson – Health Licensing Specialist	
Lisa Robinson – Complaint Coordinator	
LEGAL STAFF:	
Carla M. Williams, Senior Assistant General Counsel	

BOARD OF DENTISTRY

Open Session Meeting Agenda May 20, 2026.

ROLL CALL AND CALL TO ORDER:**OS-0520-01**

- A. Board Members**
- B. Board Staff**
- C. Legal Staff**
- D. Department Staff**
- E. Public Attendance**

OS-0520-02 OPEN SESSION AGENDA:**BOARD ACTION:**The Board to accept the **May 20, 2026**, Open Session Meeting Agenda.**OS-0520-03 OPEN SESSION MINUTES:****BOARD ACTION:**The Board to approve the **April 15, 2026**, Open Session Meeting Minutes.**STAFF REPORTS:****OS-0520-04 EXECUTIVE DIRECTOR'S REPORT:****Mrs. Ericka Walker**, Executive Director of the Board,

1. **DC Health Updates**
2. **BOD Calendar**
 - October 15, 2025 (Virtual)
 - November 19, 2025 (Virtual)
 - December 17, 2025 (**Changed to Virtual**)
 - January 21, 2026 (CANCELLED)
 - February 18, 2026 (Virtual)
 - March 18, 2026 (**In Person & Virtual**)
 - April 15, 2026 (Virtual)
 - May 20, 2026 (Virtual)
 - June 17, 2026 (**In Person & Virtual**)
 - July 15, 2026 (Virtual)
 - August (Recess)
 - September 16, 2026 (**In Person & Virtual**)

	<p>3. BOD Census Dentists (1238) Dental Hygienists (509) Dental Hygienists with the authority to administer Local Anesthesia (120) Dental Hygienists with the authority to administer Local Anesthesia & Nitrous Oxide (105) Dental Hygienists with the authority to administer Nitrous Oxide (3) Dental Assistant Level 1 (212) Dental Assistant Level 2 (665) Dental Assistant Level 3 (1) Teaching Licenses for Dentists (4) Teaching Licenses for Dental Hygienist (0)</p> <p>4. The Mayor’s Office of Talent and Appointments (MOTA) recruits talented and interested individuals from all eight Wards to serve on District Boards. Link to apply to serve on a Board: https://mota.dc.gov/page/boards-vacancies-or-available-seats</p>																																	
OS-0520-05	<p>BOARD ATTORNEY’S REPORT:</p> <p>Ms. Carla Williams, Senior Assistant General Counsel</p> <p>Public Orders that have been issued since the last meeting:</p> <p>Chelsea Banks</p>																																	
OS-0520-06	<p>BOARD CHAIRPERSON’S REPORT:</p> <p>Eric Bradshaw, DDS, Chairperson of the Board</p>																																	
OS-0520-07	<p>CONSENT AGENDA:</p> <p>The following applications were approved from April 9, 2026 – May 12, 2026:</p> <table data-bbox="300 1438 1201 1852"> <tr> <td>Zahraa</td> <td>Al-Dulaimi</td> <td>DENTAL ASSISTANT- LEVEL I</td> </tr> <tr> <td>Yaman</td> <td>Salha</td> <td>DENTAL ASSISTANT- LEVEL I</td> </tr> <tr> <td>Anjali</td> <td>Lynch</td> <td>DENTAL ASSISTANT- LEVEL I</td> </tr> <tr> <td>Armando</td> <td>Romero Rosales</td> <td>DENTAL ASSISTANT - LEVEL II</td> </tr> <tr> <td>Helly</td> <td>Mengiste</td> <td>DENTAL ASSISTANT - LEVEL II</td> </tr> <tr> <td>J'Naiah</td> <td>Young</td> <td>DENTAL ASSISTANT - LEVEL II</td> </tr> <tr> <td>Davina</td> <td>Kintenga</td> <td>DENTAL ASSISTANT - LEVEL II</td> </tr> <tr> <td>Dawn</td> <td>Newman</td> <td>DENTAL ASSISTANT - LEVEL II</td> </tr> <tr> <td>Asma</td> <td>Akbari</td> <td>DENTAL ASSISTANT - LEVEL II</td> </tr> <tr> <td>Linda</td> <td>Ortega Sandoval</td> <td>DENTAL HYGIENIST</td> </tr> <tr> <td>Kayla</td> <td>Berniard</td> <td>DENTAL HYGIENIST</td> </tr> </table>	Zahraa	Al-Dulaimi	DENTAL ASSISTANT- LEVEL I	Yaman	Salha	DENTAL ASSISTANT- LEVEL I	Anjali	Lynch	DENTAL ASSISTANT- LEVEL I	Armando	Romero Rosales	DENTAL ASSISTANT - LEVEL II	Helly	Mengiste	DENTAL ASSISTANT - LEVEL II	J'Naiah	Young	DENTAL ASSISTANT - LEVEL II	Davina	Kintenga	DENTAL ASSISTANT - LEVEL II	Dawn	Newman	DENTAL ASSISTANT - LEVEL II	Asma	Akbari	DENTAL ASSISTANT - LEVEL II	Linda	Ortega Sandoval	DENTAL HYGIENIST	Kayla	Berniard	DENTAL HYGIENIST
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DISCUSSION ITEMS																												
<p>OS-0520-08</p>	<p><u>LEGISLATIVE UPDATES – OFFICE OF GOVERNMENT RELATIONS</u></p> <p>Ms. Kera Johnson, Legislative Affairs Specialist, to report on the following:</p> <p>DC Health Fiscal Year 2027 Budget Oversight</p> <ul style="list-style-type: none"> ▪ The Mayor released the proposed FY 2027 budget on April 10th and hosted a presentation about it that same day to the Council. <ul style="list-style-type: none"> ○ You can find information about the proposed Fiscal Year 2027 budget here. ▪ DC Health’s had its Budget Oversight hearing on March 28th (public witnesses) and then May 4th (DC Health Director and executive leadership). During the hearing there were many topics raised including food access, animal services, and school health services. <p>Future Smiles Pilot Program Establishment Amendment Act of 2025</p> <ul style="list-style-type: none"> ▪ On October 6, 2025, Councilmember Christina Henderson introduced the <i>Future Smiles Pilot Program Establishment Amendment Act of 2025</i> (B26-0418). <ul style="list-style-type: none"> ○ The legislation establishes a two-year pilot program providing two cohorts of high school students in School Years 2027-2028 and 2028-2029 with the coursework and hands-on experience necessary to become Level II Dental Assistants in the District. ▪ This legislation is in the Committee on the Whole with comments from the Committee on Health. There is currently no scheduled action. 																											
<p>OS-0520-09</p>	<p><u>DENTIST AND DENTAL HYGIENIST COMPACT</u></p> <p>Background: The Board has heard presentations from both the American Association of Dental Boards (AADB) and the Council of State Governments (CSG) regarding the Dentist and Dental Hygienist Compact.</p> <ul style="list-style-type: none"> A. AADB Compact documents B. CSG Compact documents 																											

	<u>BOARD ACTION:</u> Board to provide a recommendation on whether to participate in an compact, and if so, which compact to pursue.
OS-0520-10	<u>DENTAL BOARD SUB-COMMITTEES</u> <ol style="list-style-type: none">1. <u>Credentials & Audits:</u> Dr. Eric Bradshaw, Dr. Chanelle Roberts<ol style="list-style-type: none">a. Recommendations for 50% of the Continuing Education (CE) requirements for licensees who have received less than two (2) years on their license term 2. <u>Communications:</u> 3. <u>Regulatory Affairs:</u> Dr. Imani Lewis, Mrs. Brittany Campbell, Dr. Jonelle Anamelechi<ol style="list-style-type: none">a. Dental Hygienist Collaborative Practice Agreement
OS-0520-11	<u>COLLABORATIVE PRACTICE AGREEMENTS</u> The Capital Coalition of Dental Hygienists & Assistants have provided Stakeholder polling insights on Collaborative Practice Agreements in DC for the Board to review. <ol style="list-style-type: none">1. Stakeholder Polling Insights on Collaborative Practice Agreements2. Poll Results
OS-0520-12	<u>COMMENTS FROM THE PUBLIC</u>

**BOARD OF DENTISTRY
Open Session Meeting Agenda May 20, 2026**

CLOSING		
OS-0520-13	<p><u>MOTION TO CLOSE</u></p> <p>The Board member should move as follows:</p> <p>“Madam Chair, I move that the Board temporarily close the Open Public session portion of the meeting and move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the following purposes: to discuss disciplinary matters pursuant to § 2-575(b)(9); to seek the advice of counsel to the board, to preserve the attorney-client privilege, or to approve settlement agreements pursuant to § 2-575(b)(4); and to plan, discuss, or hear reports concerning ongoing or planned investigations pursuant to § 2-575(b)(14).”</p>	
	ROLL CALL VOTE	
	<p>This temporarily concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion and will return following the Executive Session to provide the Board report, as appropriate, of action taken during the Executive Session.</p>	

OPEN SESSION BOARD REPORT		
OS-0520-14	<p><u>BOARD ACTION:</u> Board report, as appropriate, of actions taken during the Executive Session.</p> <ul style="list-style-type: none"> • Number of applications approved: 0 • Number of complaints closed: 	

MOTION TO ADJOURN

OS-0520-15

MOTION TO ADJOURN

BOARD ACTION

The Board to adjourn the Open Session Meeting.

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

This ends the Open Session Meeting
The next meeting is scheduled for June 17, 2026

INTERSTATE DENTAL AND DENTAL HYGIENE LICENSURE COMPACT



1 INTERSTATE DENTAL AND DENTAL HYGIENE LICENSURE COMPACT

2 The Interstate Dental and Dental Hygiene Licensure Compact is hereby enacted into law and the Governor shall
3 enter into a Compact on behalf of the State of _____ with any jurisdiction legally joined therein, in the
4 form substantially as set forth in this Act.
5

6 Section 1 . PURPOSE.

7 This Compact shall be known as the Interstate Dental and Dental Hygiene Licensure Compact and the purpose of
8 the Compact is to expedite licensure and increase access to dental health care through licensure boards acting in
9 cooperation. The Compact adopts the existing structures most utilized by Dental Boards across the United States,
10 while ensuring the safety of the public through the sharing of documents and information. This Compact ensures
11 that each state retains the right to impose an adverse action on a licensee as a home state or as a practicing state.
12 Each state has an opportunity to share investigations and information with the home state of licensure. The
13 Compact is operated by state dental board members, administrators and other staff, thus allowing for each state
14 to maintain its sovereignty.

15 The Compact:

- 16 (a) Allows for expedited licensure portability and ease of movement of licensees between states;
- 17 (b) Allows each state to continue to regulate the practice of dentistry and dental hygiene within its
18 borders;
- 19 (c) Creates a common goal of protecting the public by ensuring a uniform licensure standard and
20 sharing of information in the Compact;
- 21 (d) Allows for licensure in every participating state by requiring passage of the uniform licensure
22 examination that assesses psychomotor and cognitive dental skills and is currently accepted in fifty
23 state (50) licensing jurisdictions and United States territories;
- 24 (e) Gives licensees one (1) location to maintain professional documentation to expedite license
25 transfers in states, hospitals or institutional credentialing;
- 26 (f) Facilitates a faster licensure process for relocation or separation of military members and their
27 dependent spouses; there are no Compact fees for military members or their spouses;
- 28 (g) Alleviates a duplicative process for licensure among multiple states; and
- 29 (h) Saves applicants money by not having to obtain duplicate documents from a source that charges
30 for the documents.

31
32 Section 2. DEFINITIONS

- 33 (a) "AADB" means the American Association of Dental Boards (AADB) or its named successor, formerly
34 known as the American Association of Dental Examiners (AADE), originally chartered on September
35 10th, 1896 and renewed in 1944, comprised of State Dental Boards in the United States and its territories;
36
- 37 (b) "Attorneys' Committee" means the committee of attorneys who currently represent a Member State
38 Dental Board. The Attorneys' Committee shall designate one of its members to participate in the
39 Commission as a non-voting member. An attorney that has previously served as an attorney for a Member
40 State Dental Board may be invited on a year-to-year basis to serve on the Attorneys' Committee if they
41 have not engaged in an official case against a State Dental Board or have any other conflict of interest.
42 The Attorneys' Committee may assist the investigators in working through joint investigation issues
43 between states;
44
- 45 (c) "Active-duty military person or spouse" means a Licensee in full-time active-duty status in the active
46 uniformed services of the United States, including members of the National Guard and Reserves. The
47 legal spouse of the military member must be recognized by the military unit as a dependent while the
48 service member is on active duty. Spouses shall receive the same privileges as military members for the
49 purpose of this Compact;

- 50
- 51 (d) “Active Investigation” means an active investigation potentially resulting in formal allegations or charges
- 52 precipitating a judicial process by a State Dental Board, oversight agency, or other law enforcement entity;
- 53
- 54 (e) “Adverse Action” means an order issued by a State Dental Board or reported to the clearinghouse pursuant
- 55 to the Commission’s Bylaws and rules that disciplines a Licensee. Adverse Action includes, and is not
- 56 limited to, the suspension, limiting, or revocation of a License or Compact License Privilege; the
- 57 imposition of fees and sanctions; and any temporary emergency order that may be later withdrawn by a
- 58 Board;
- 59
- 60 (f) “ADEX examination” means the initial licensure examinations developed by the American Board of
- 61 Dental Examiners, Inc. or its successor;
- 62
- 63 (g) “Bylaws” means the bylaws passed by the Commission or its named successor commission;
- 64
- 65 (h) “Clearinghouse” means the clearinghouse and databank that houses prior Adverse Action documentations,
- 66 orders and denials of licensure or permits from State Dental Boards that is administered by the AADB or
- 67 its successor;
- 68
- 69 (i) “CODA” means the Commission on Dental Accreditation or its successor as approved by the United States
- 70 Department of Education;
- 71
- 72 (j) “Commission” means the Interstate Dental and Dental Hygiene Compact Licensure Commission created
- 73 pursuant to Section 3 of this Act.
- 74
- 75 (k) “Commissioners” means the two (2) members chosen by each Member State Dental Board to serve as the
- 76 voting members of the Commission;
- 77
- 78 (l) “Compact” means the Interstate Dental and Dental Hygiene Licensure Compact created pursuant to
- 79 Section 3 of this Act;
- 80
- 81 (m) “Compact License Privilege” means the expedited dental or dental hygiene license to practice in a Member
- 82 State that is not the Licensee’s Home State;
- 83
- 84 (n) “Conviction” means an adjudication or formal judgment by a court that an individual is guilty through a
- 85 plea of guilty or no contest, or a finding of guilt by the court. Evidence of a conviction of a criminal
- 86 offense by the court shall be considered final for the purposes of considering or imposing disciplinary
- 87 action by a Member State Dental Board;
- 88
- 89 (o) “Criminal background check” means a criminal background check using the results of fingerprint or other
- 90 biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the
- 91 exception of federal employees who have suitability determination in accordance with 5 C.F.R. 731.202;
- 92
- 93 (p) “Dental hygienist” means any person who:
- 94 1. Has successfully graduated from a CODA-approved dental hygiene school;
- 95 2. Has successfully passed the ADEX dental hygiene licensure examination; or has been in practice 5
- 96 years or more and has successfully passed a Regional Board Examination or equivalent state-
- 97 administered psychomotor licensure examination prior to January 1, 2024;

- 98 3. Has successfully passed the written national dental hygiene board examination administered by the
99 Joint Commission on National Dental Examinations;
100 4. Possesses a full and unrestricted dental hygiene license issued by a Member State;
101 5. Has never been convicted or received adjudication, deferred adjudication, community supervision or
102 deferred disposition for any offense (other than traffic offenses) by a court of appropriate jurisdiction;
103 6. Has never been a subject of discipline by a Licensing Agency through any Adverse Action, order, or
104 other restriction of the Licensee by a Licensing Agency, with the exception of failure to pay fees or
105 failure to complete continuing education;
106 7. Is not currently under Active Investigation by a Licensing Agency or law enforcement authority in
107 any state, federal or foreign jurisdiction; and
108 8. Meets any jurisprudence requirement established by a Member State Dental Board of a Member State
109 in which a Licensee is seeking a Compact License Privilege.

110
111 (q) “Dental Practice Act” means the laws and regulations governing the practice of dentistry within a Member
112 State;

113
114 (r) “Dentist” means any person who:

- 115 1. Has successfully graduated from a CODA-approved dental school;
116 2. Has successfully passed the ADEX dental licensure exam; or has been in practice 5 years or more and
117 has successfully passed a Regional Board Examination or equivalent state-administered psychomotor
118 licensure examination prior to January 1, 2024;
119 3. Has successfully passed the written National Dental Board Exam administered by the Joint
120 Commission on National Dental Examinations;
121 4. Possesses a full and unrestricted dental license issued by a Member State Dental Board;
122 5. Has never been convicted or received adjudication, deferred adjudication, community supervision, or
123 deferred disposition for any offense (other than traffic offenses) by a court of appropriate jurisdiction;
124 6. Has never been a subject of discipline by a Licensing Agency through any Adverse Action, order, or
125 other restriction of the Licensee by a Licensing Agency, with the exception of failure to pay fees or
126 failure to complete continuing education;
127 7. Has never had a state or federal drug registration, permit, or license restricted, suspended, or revoked
128 by the United States Drug Enforcement Administration or any Licensing Agency that oversees
129 scheduled drug registrations;
130 8. Is not currently under Active Investigation by a Licensing Agency or law enforcement authority in
131 any state, federal or foreign jurisdiction; and
132 9. Meets any jurisprudence requirement established by a Member State Dental Board in which a Licensee
133 is seeking a Compact License Privilege;

134
135 (s) “Home State” means the state of primary licensure of a Licensee;

136
137 (t) “License” means the authorization by a Licensing Authority for a dentist or dental hygienist to engage in
138 the unrestricted practice of dentistry or dental hygiene, which would be unlawful without such license;

139
140 (u) “Licensee” means a Dentist or Dental Hygienist who holds an unrestricted License to practice as a dentists
141 or dental hygienist.

142
143 (v) “Licensing Agency” means the agency or other entity of a State that is responsible for the licensing of
144 Dentists and Dental Hygienists. If a Member State Dental Board has such responsibility, it shall be deemed
145 a Licensing Agency.
146

- 147 (w) “Member State Dental Board” means a state agency in a Member State that protects the public through
148 licensure, regulation, and the education of dentist and dental hygienists, as directed by the state law. All
149 actions taken by a Member State Dental Board shall be under the authority of the laws its State and any
150 other rights conferred under this Compact;
151
- 152 (x) “Member State” means a state, the District of Colombia or any other United States territory that has enacted
153 the Compact;
154
- 155 (y) “Regional Board Examination” means initial licensure examinations administered by the Western
156 Regional Examining Board (WREB), the North East Regional Board of Dental Examiners (NERB), the
157 Commission on Dental Competency Assessments (CDCA), Council of Interstate Testing Agencies
158 (CITA), Southern Regional Testing Agency (SRTA), or Central Regional Dental Testing Services
159 (CRDTS) that assess psychomotor skills;
160
- 161 (z) “Repository” means the repository of original documents of a Licensee that may include original
162 transcripts, certification documents, test scores, military training records, previous or current licensing
163 documents and other sources of materials needed for applications and verification administered by the
164 AADB or its successor. The Repository shall receive documents from primary or originating sources
165 and/or verify their authenticity;
166
- 167 (aa) “Scope of practice” means the dental-related procedures that require a License, permit, or training, to
168 undertake the treatment and procedure to be completed on a patient within the Member State’s
169 requirements;
170
- 171 (bb) “State” means a state within the United States or a United States Territory; and
172
- 173 (cc) “State jurisprudence” means the knowledge of a Member State’s laws and rules of dentistry and dental
174 hygiene.
175

176 Section 3. COMPACT AND COMMISSION

- 177 a) The Member States hereby create the Interstate Dental and Dental Hygiene Licensure Compact and the
178 Commission. Each Member State must enact a compact that is not materially different from this Compact,
179 as determined by the Commission.
180
- 181 b) Each Member State Dental Board shall have two (2) voting members who shall serve as Commissioners.
182 Each Commissioner shall have one (1) vote. Member States with separate dental and dental hygiene
183 Licensing Agencies shall appoint one (1) Commissioner from each licensing agency. One Commissioner
184 shall be a current member of a Member State Dental Board. Commissioners may not delegate votes or
185 vote by proxy, however, if a Commissioner is unable to attend, the Member State may substitute a
186 Commissioner who meets the same requirements.
187
- 188 c) Upon five (5) states joining the Compact, the Compact shall become active. The Commission shall adopt
189 Bylaws upon becoming active.
190
- 191 d) The Commission shall meet at least once per calendar year (the “Annual Meeting”) and at additional
192 times as necessary pursuant to the Bylaws and rules.
193
- 194 e) At each Annual Meeting, the Commission shall elect a Chair, Vice Chair, Secretary, and Treasurer from
195 the membership of the Commission (the “Officers.”) The Officers shall be members of the Commission’s
196 Executive Committee (the “Executive Committee.”) The Commission shall also elect representatives

197 from four (4) regional districts established by the Commission to serve on the Executive Committee. All
198 Officers and Executive Committee representatives shall serve one (1)-year terms.

- 199
- 200 f) Quorum for purposes of conducting business shall be a majority of Commissioners attending in person
201 or virtually.
- 202
- 203 g) The Commission shall provide notice of all meetings on its website and in other communications to
204 Member State Dental Boards.
- 205
- 206 h) A vote of two-thirds (2/3) of the Commissioners present shall be required for an executive session to
207 discuss:
- 208 1) Items specifically related to participation in a lawsuit or in anticipation of a legal proceeding;
209 2) Matters specifically exempted from disclosure by federal statute;
210 3) Information or matters involving law enforcement agencies or information that accuses a person
211 of a crime or a public censure;
212 4) Discussions that would include information of a personal nature that would constitute an
213 unwarranted invasion of personal privacy;
214 5) Anything considered internal practices and procedures or a trade secret;
215 6) Other items described in the Commission Bylaws allowing for executive sessions to be called; or
216 7) Advice of Legal Counsel.
- 217
- 218 i) The Commission shall keep minutes and make them available to all Member States.
- 219
- 220 j) The Commission may establish other committees as needed.
- 221
- 222 k) The Commission shall prepare an annual report that shall be made available to the legislatures and
223 governors of the Member States. The annual report shall describe the activities of the Commission during
224 the preceding calendar year. Such reports shall also include reports of the annual financial audit and any
225 actions taken by or rules that were adopted by the Commission.
- 226

227 Section 4. DUTIES OF COMPACT MEMBER STATES

228

- 229 a) Member States shall submit to the Clearinghouse all Member State Dental Board actions and other
230 documents and data as determined by the Commission;
- 231
- 232 b) Member States shall notify the Commission of any Adverse Action taken by the Member State Dental
233 Board, any Active Investigation by the Member State Dental Board, any Active Investigation involving
234 pending criminal charges, or other circumstance as determined by the Commission;
- 235
- 236 c) Any Adverse Action, order, restriction or denial of a license or permit on a Licensee or Compact License
237 Privilege holder shall be reported to the Clearinghouse by the Member State Dental Board;
- 238
- 239 d) Member State Dental Boards may submit to the Clearinghouse nonpublic complaints, or disciplinary or
240 investigatory information not required by Section 4(c). All investigatory material shall be considered
241 confidential and not part of a public record unless otherwise specifically required by state statute;
- 242
- 243 e) Members States shall accept continuing education credits as required or recognized by any other Member
244 State;
- 245

- 246 f) Documents in the Repository shall be treated by a Member State as the equivalent of a primary or original
247 source document for licensure;
248
249 g) Member States shall accept a standardized application for a Compact License Privilege. The standardized
250 application shall be established by the rules enacted by the Commission;
251
252 h) Member States may agree to share information regarding ongoing investigations and actions, including
253 joint investigations between states. All investigatory material shall be considered confidential and not part
254 of a public record unless otherwise specifically required by state statute; and
255
256 i) As part of the Compact enforcement, participating Member States may issue subpoenas and seek
257 testimony of witnesses, which subpoenas shall be enforced in other Member States and enforced by a
258 court of competent jurisdiction where the witnesses or evidence is located.
259

260 Section 5. POWERS AND DUTIES OF THE COMMISSION

261

- 262 a) The Commission shall have the duty and power to:
- 263 1) Oversee and maintain the administration of the Compact, including the organizational needs, the
264 financial activities, the hiring of personnel and ongoing activities or needs of the Commission;
 - 265 2) Promulgate Bylaws and rules to operate the Compact and the Commission;
 - 266 3) Establish a budget and make expenditures;
 - 267 4) Have an annual financial audit performed by an independent certified public accounting firm;
 - 268 5) Issue, upon the request of a Member State Dental Board, advisory opinions concerning the
269 meaning or interpretation of the Compact and its Bylaws, rules, and actions;
 - 270 6) Enforce compliance with Compact provisions, the rules promulgated by the Commission, and the
271 Bylaws, using all necessary and proper means, including but not limited to the use of judicial
272 process;
 - 273 7) Hold an Annual Meeting for the Commission where the elections of the Executive Committee and
274 other issues may be discussed and voted on;
 - 275 8) Establish personnel policies and programs relating to conflicts of interest, and the rates of
276 compensation and qualifications of personnel;
 - 277 9) Accept donations and grants of money, equipment, supplies, materials and services, and to receive,
278 utilize and dispose of them in a manner consistent with the conflict-of-interest policies established
279 by the Commission;
 - 280 10) Report annually to the legislatures and governors of the Member State Dental Boards concerning
281 the activities of the Commission during the preceding calendar year. Such reports shall also include
282 reports of annual financial audits, all actions of the Commission, rules adopted by the Commission,
283 and any recommendations by the Commission; and
 - 284 11) Coordinate education, training and public awareness regarding the Compact, its implementation,
285 and its operation.
- 286
- 287 b) The Executive Committee shall have the power to act on behalf of the Commission, with the exception of
288 rulemaking, during periods when the Commission is not in session. When acting on behalf of the
289 Commission, the Executive Committee shall oversee the administration of the Compact, including
290 enforcement of and compliance with the Compact.
291
- 292 c) The officers and employees of the Commission shall be immune from suit and liability, either personally
293 or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil
294 liability caused or arising out of, or relating to, an actual or alleged act, error or omission that occurred, or
295 that such person had a reasonable basis for believing occurred, within the scope of Commission

296 employment, duties or responsibilities; provided, that such person shall not be protected from suit or
297 liability for damage, loss, injury or liability caused by the intentional or willful and wanton misconduct of
298 such person.
299

- 300 d) The liability of the executive director and employees of the Commission or representatives of the
301 Commission, acting within the scope of such person's employment or duties for acts, errors or omissions
302 occurring within such person's state may not exceed the limits of liability set forth under the constitution
303 and laws of that state for state officials, employees and agents. The Commission shall be considered to be
304 an instrumentality of the states for the purposes of any such action. Nothing in this subsection shall be
305 construed to protect such person from suit or liability for damage, loss, injury or liability caused by the
306 intentional or willful and wanton misconduct of such person.
307
- 308 e) The Commission shall defend the Commission's executive director, its employees, and, subject to the
309 approval of the attorney general or other appropriate legal counsel of the Member State represented by an
310 Commission representative, shall defend such Commission representative in any civil action seeking to
311 impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of
312 Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for
313 believing occurred within the scope of Commission employment, duties or responsibilities, provided that
314 the actual or alleged act, error or omission did not result from intentional or willful and wanton misconduct
315 on the part of such person.
316
- 317 f) To the extent not covered by the state involved, Member State, or the Commission, the representatives or
318 employees of the Commission shall be held harmless by the Commission in the amount of a settlement or
319 judgment, including attorney fees and costs, obtained against such persons arising out of an actual or
320 alleged act, error or omission that occurred within the scope of Commission employment, duties or
321 responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of
322 Commission employment, duties or responsibilities, provided that the actual or alleged act, error or
323 omission did not result from intentional or willful and wanton misconduct on the part of such persons.
324

325 Section 6. APPLICATION, ELIGIBILITY, AND ISSUANCE OF COMPACT LICENSE
326 PRIVILEGE TO A MEMBER STATE.
327

- 328 a) A dentist or dental hygienist applying for Compact License Privileges shall meet the requirements of a
329 Dentist as listed in Section (2)(r) of this Compact or a Dental Hygienist as listed in Section (2)(p) of this
330 Compact and hold a current License in a Member State under this Compact.
331
- 332 b) Each Dentist or Dental Hygienist shall designate a Home State of licensure. The Home State shall be
333 determined by:
334
- 335 1) The State of primary residence for the Dentist or Dental Hygienist, where twenty-five percent
336 (25%) of their practice within one year occurs. An active-duty military member or their spouse
337 may choose a Home State as designated with the military but are not required to meet the
338 requirement of twenty-five percent (25%) practice being within their Home State; or
339
 - 340 2) If no State qualifies under Section 6(b)(1), then the State that the Dentist or Dental Hygienist
341 listed as their state of residence on the previous year's federal tax return.
342
- 343 c) A Dentist or Dental Hygienist may redesignate a Home State no more than one time in a calendar year if
344 the qualifications of a Home State are met.
345

- 346 d) A Dentist or Dental hygienist seeking a Compact License Privilege (the “Applicant”) shall apply to their
347 Home State Dental Board for a letter stating that the Applicant is eligible for Compact License Privileges.
348
- 349 e) The Home State Dental Board shall determine the eligibility of an application for a Compact License
350 Privilege and shall issue a letter of approval or denial of the application for a Compact License Privilege.
351
- 352 f) The letter from the Applicant’s Home State Dental Board approving the application shall be submitted
353 to the Member State Dental Board for the Member State in which the Applicant proposes to practice, and
354 shall include: (i) the Compact application packet; (ii) authorization to seek access to the Applicant’s
355 Repository documents; (iii) any additional information that may be required by the proposed Compact
356 License Privilege state; and (iv) any required fees. The Member State Dental Board shall review the
357 application to confirm compliance with the Member State’s laws and regulations. Following such review,
358 if the Member State Dental Board approves the application, it shall issue a Compact License Privilege
359 from the proposed Member State to the Applicant.
360
- 361 g) Appeals of a denial of a Compact License Privilege application shall be filed with the Member State
362 Dental Board making such determination, and shall be filed within thirty (30) dates of the date of the
363 denial.
364
- 365 h) A Licensee holding a Compact License Privilege shall notify the Commission within ten (10) business
366 days of any Adverse Action taken against a License held in a state that is not a Member State.
367
- 368 i) A Compact License Privilege may be revoked, suspended or limited by the issuing Member State Dental
369 Board if at any time the Licensee’s Home State license is revoked, suspended or limited.
370
- 371 j) The Commission shall issue rules on the duration of a Compact License Privilege, the application and
372 renewal process for a Compact License Privilege, and any application fees.
373
- 374 k) Eligibility or ineligibility to receive a Compact License Privilege shall not limit the ability of a Licensee
375 to seek a state license through the regular process outside of the Compact.
376

377 7. JURISDICTION OVER COMPACT LICENSE PRIVILEGE HOLDERS

- 378 a) Each Licensee holding a Compact License Privilege shall be subject to and comply with the laws and
379 regulations of the Member State in which such Licensee practices under a Compact License Privilege.
380
- 381 b) Each Licensee holding a Compact License Privilege shall be subject to the jurisdiction and authority of
382 the Member State Dental Board of the state in which such Licensee practices, as if they held a license
383 issued from such Member State Dental Board. Such Compact License Privilege holder shall be deemed
384 a “Licensee” of the Member State Dental Board for purposes of such board taking an Adverse Action.
385
- 386 c) Each Licensee holding a Compact License Privilege shall list a current address with the Commission
387 that shall serve as their official address of service.
388
- 389 d) A Licensee holding a Compact License Privilege may have an Adverse Action taken against them by:
390
- 391 1) The Member State Dental Board of the Member State in which they are practicing with a
392 Compact License Privilege;
 - 393 2) The Licensee’s Home State; or

394 3) The State Licensing Authority of a State that is not a Member State from which the Licensee
395 holds a License.

- 396
- 397 e) A Home State may take an Adverse Action against the holder of a Compact License Privilege,
398 regardless of where the actions giving rise to the Adverse Action occurred.
 - 399 f) Any Member State in which the Compact Licensee holds a Compact License Privilege may investigate
400 an allegation of a violation of the laws and rules of the practice of dentistry or dental hygiene in any
401 other State where the Compact Licensee holds a Compact License Privilege.
- 402

403 Section 8. FEES AND MILITARY WAIVER

- 404 a) The Commission shall issue rules regarding the use of the Repository by each holder of a Compact
405 License Privilege.
 - 406
 - 407 b) A Member State Dental Board issuing a Compact License Privilege authorizing practice in its State
408 may impose a fee for a Compact License Privilege, for either initial issuance or any renewal..
 - 409
 - 410 c) No Compact fee shall be required of any active-duty military member and/or their spouse up to one
411 (1) year after separation from the service. Each Member State issuing a Compact License Privilege
412 may waive fees for active-duty military and/or their spouse as required by each individual state statute.
 - 413
 - 414 d) Active-duty military may transfer military training records to the Repository without a fee.
- 415

416 Section 9. JOINT INVESTIGATIONS AND DISCIPLINARY ACTIONS

- 417 a) Each Member State shall name a point of contact for joint investigations between Member State Dental
418 Boards.
 - 419
 - 420 b) Member State Dental Boards may participate with other Member State Dental Boards in joint
421 investigations of Licensees that are subject to this Compact.
 - 422
 - 423 c) Member State Dental Boards may share investigative, litigation or other materials in furtherance of
424 any joint or individual investigation of a Compact License Privilege holder.
 - 425
 - 426 d) A subpoena issued by a Member State or Member State Dental Board shall be enforceable in other
427 Member States as allowed by law.
 - 428
 - 429 e) If a Compact License Privilege holder has an Adverse Action taken against them by any Member State
430 Dental Board, the Compact License Privilege holder, Licensee shall automatically be subject to similar
431 discipline by other Member State Dental Boards.
 - 432
 - 433 f) If a Compact License Privilege holder has an Adverse Action taken against their Home State license,
434 including being revoked, surrendered, or relinquished in lieu of discipline or suspended, then
435 automatically all other Compact License Privileges shall be placed in the same status. The Home State
436 Dental Board shall notify the Commission and the Commission shall issue a notice to all Member
437 State Dental Boards of such Adverse Action.
 - 438
 - 439 g) If discipline or an Adverse Action is taken against a Compact License Privilege holder in a Member
440 State, the Member State Board shall notify the Commission and the Home State of the Compact
441 License Privilege holder. The Home State may deem the action conclusive as a matter of law and fact
442 and may:
- 443

- 444 1) Impose the same or lesser sanction consistent with the Home State’s laws; or
- 445
- 446 2) Pursue separate actions against the Compact License Privilege holder under its laws, regardless
- 447 of the sanctions pursued by the Member State Dental Board.
- 448

449 Section 10. OTHER REQUESTS FOR INFORMATION FROM THE REPOSITORY AND THE
450 CLEARINGHOUSE

- 451 a) Insurance companies and entities verifying documents for the purpose of licenses extended to a Dentist or
- 452 Dental Hygienist may seek information from the Clearinghouse for public record documents;
- 453
- 454 b) A Dentist or Dental Hygienist may submit a request to the Commission to allow any hiring employer,
- 455 entity, or insurance company to access documents from the Repository for the purposes of credentialing,
- 456 licensing or other privileges;
- 457
- 458 c) The Commission shall set a fee schedule for these services.
- 459

460 Section 11. RULEMAKING FUNCTIONS OF THE COMMISSION

- 461 a) The Commission shall promulgate reasonable rules in order to effectively and efficiently implement and
- 462 achieve the purposes and administration of the Compact. Notwithstanding the foregoing, in the event the
- 463 Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of
- 464 the Compact or the powers granted hereunder, then such an action by the Commission may be determined
- 465 to be invalid and have no force or effect.
- 466
- 467 b) Rules validly issued by the Commission shall have the force of law in each Member State.
- 468
- 469 c) Rules deemed appropriate for the operations of the Commission shall be made pursuant to a rulemaking
- 470 process that substantially conforms to the Model State Administrative Procedure Act of 2010, and
- 471 subsequent amendments thereto.
- 472

473 Section 12. OVERSIGHT OF THE COMPACT

- 474 a) The executive, legislative, and judicial branches of state government in each Member State shall enforce
- 475 the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes
- 476 and intent to allow for expedited licensure for the purpose of mobility. The provisions of the Compact
- 477 and the rules promulgated hereunder shall have standing as statutory law but shall not override existing
- 478 state authority to regulate the practice of dentistry and dental hygiene.
- 479
- 480 b) All courts may take judicial notice of the Compact and the rules in any judicial or administrative
- 481 proceeding in a Member State pertaining to the subject matter of the Compact which may affect the
- 482 powers, responsibilities or actions of the Commission.
- 483
- 484 c) The Commission shall be entitled to receive all service of process in any such proceeding and shall have
- 485 standing to intervene in the proceeding for all purposes. Except where the Commission has intervened,
- 486 failure to provide service of process to the Commission shall render a judgment or order void as to the
- 487 Commission, the Compact or promulgated rules.
- 488

489 Section 13. ENFORCEMENT AND DEFAULT PROCEDURES

- 490 a) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the
- 491 Compact.
- 492

- 493 b) The grounds for default under this Compact by a Member State include, but are not limited to, failure of
494 a Member State to perform such obligations or responsibilities imposed upon it by the Compact or by the
495 rules and Bylaws of the Commission promulgated under the Compact.
496
- 497 c) If the Commission determines that a Member State has defaulted in the performance of its obligations or
498 responsibilities under the Compact, or the Bylaws or promulgated rules, the Commission shall:
499 1) provide written notice to the defaulting state and other Member States of the nature of the
500 default, the means of curing the default and any action taken by the Commission. The
501 Commission shall specify the conditions by which the defaulting state must cure its default;
502 and
503 2) provide remedial training and specific technical assistance regarding the default.
504
- 505 d) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact
506 upon an affirmative vote of a majority of the Commissioners and all rights, privileges and benefits
507 conferred by the Compact shall terminate on the effective date of termination. A cure of the default does
508 not relieve the offending state of obligations or liabilities incurred during the period of the default.
509
- 510 e) Termination of membership in the Compact shall be imposed only after all other means of securing
511 compliance have been exhausted. Notice of intent to terminate shall be given by the Commission to the
512 Governor, the majority and minority leaders of the defaulting state's legislature and each of the Member
513 States.
514
- 515 f) The Commission shall establish rules and procedures to address licenses and Compact License Privilege
516 holders that are materially impacted by the termination of a Member State or the withdrawal of a Member
517 State.
518
- 519 g) The Commission shall not bear any costs relating to any state that has been found to be in default or
520 which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between
521 the Commission and the defaulting state.
522
- 523 h) The defaulting state may appeal the action of the Commission by petitioning the state court where the
524 Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation,
525 including reasonable attorneys' fees.
526
- 527 i) The Commission shall not bear any costs relating to any state that has been found to be in default or
528 which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between
529 the Commission and the defaulting state.
530
- 531 j) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may avail
532 itself of any other remedies available under state law or the regulation of a profession.
533

534 Section 14. DISPUTE RESOLUTION

- 535 a) The Commission shall attempt, upon the request of a Member State Dental Board, to resolve disputes
536 which are subject to the Compact and which may arise among Member State Dental Boards.
537
- 538 b) The Commission shall promulgate rules providing for both mediation and voluntary binding dispute
539 resolution, as appropriate.
540

541 Section 15. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

- 543 a) Any state is eligible to become a Member State of the Compact.
544
545 b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by
546 no less than five (5) states. Thereafter, it shall become effective and binding on a state upon enactment of
547 the Compact into law by that State.
548
549 c) The governors of non-member states, or their designees, shall be invited to participate in the activities of
550 the Commission on a nonvoting basis prior to adoption of the Compact by all States.
551
552 d) The Commission may propose amendments to the Compact for enactment by the Member States. No
553 amendment shall become effective and binding upon the Commission and the Member States unless and
554 until it is enacted into law by unanimous consent of the Member States.
555

556 Section 16. WITHDRAWAL

- 557 a) Once effective, the Compact shall continue in force and remain binding upon each and every Member
558 State; provided, however, that a Member State may withdraw from the Compact after giving appropriate
559 notice by specifically repealing the statute which enacted the Compact into law.
560
561 b) The Licensee's Compact License Privilege shall remain in effect for six (6) months from the date of the
562 Member State Dental Board withdrawal.
563
564 c) The withdrawing State shall immediately notify the chairperson of the Commission in writing upon the
565 introduction of legislation repealing the Compact by the withdrawing State, and upon the enactment of
566 such legislation.
567
568 d) The Commission shall notify the other Member States within sixty (60) days of its receipt of notice
569 provided under Section 16(c) of this section.
570
571 e) Reinstatement following withdrawal of a Member State shall occur upon the withdrawing state
572 reenacting the Compact or upon such later date as determined by the Commission.
573
574 f) The Commission shall issue rules to address the impact of the withdrawal of a Member State on Licenses
575 granted by other Member States to dentists and dental hygienists who designated the withdrawing
576 Member State as their Home State.
577

578 Section 17. DISSOLUTION

- 579 a) The Compact shall dissolve effective upon the date of the withdrawal or default of the Member State
580 which reduces the membership in the Compact to one (1) Member State.
581
582 b) Upon the dissolution of the Compact, the Compact shall become null and void and shall be of no further
583 force or effect, and the business and affairs of the Commission shall be concluded and surplus funds
584 shall be distributed in accordance with the Bylaws.
585

586 Section 18. SEVERABILITY AND CONSTRUCTION

- 587 a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence or provision is
588 deemed unenforceable, the remaining provisions of the Compact shall be enforceable.
589
590 b) The provisions of the Compact shall be liberally construed to effectuate its purposes.
591
592

593 Section 19. BINDING EFFECT OF COMPACT AND OTHER LAWS

- 594 a) Nothing herein prevents the enforcement of any other law of a Member State that is not inconsistent
595 with the Compact.
596
- 597 b) All lawful actions of the Commission, including all rules and Bylaws promulgated by the Commission,
598 shall be binding upon the Member States.
599
- 600 c) All agreements between the Commission and the Member States shall be binding in accordance with
601 their terms.
602
- 603 d) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature
604 of any Member State, such provision shall be ineffective to the extent of the conflict with the
605 constitutional provision in question in that Member State.
606

607 Section 20. RULES OF ORDER

608 The most current edition of the *American Institute of Parliamentarians Standard Code of Parliamentary*
609 *Procedure* shall all meetings of the Commission, including its committees, in those situations not
610 otherwise covered in the Bylaws.

The AADB Dental and Dental Hygiene Licensure Compact:

Streamling Licensure Without Compromise

HOW?

Protects the public

The AADB Interstate Dental and Dental Hygiene Licensure Compact protects the public in three different ways:

 Licenses	 Standards	 Discipline
Persons with Compact Privilege apply for licenses through a portal to each jurisdiction, keeping boards in control of who can practice in their state and holding each licensee accountable to local rules and regulations.	Minimum competency standards include a demonstration of hand-skills, or 5-years in practice with a license in good standing in any/all jurisdictions where currently permitted to do so.	Through the utilization of the existing AADB Clearinghouse of discipline & actions, boards have access to a complete log of any board action or discipline in every Member State, preserving transparency and a quality workforce.

HOW?

Keeps states independent

The IDDHL Compact legislation ensures states maintain governing independence by ensuring that all rule making, the issuance of licenses and disciplinary actions remain within the power of each jurisdictions' board or existing authority. The AADB Compact Commission serves to represent stakeholders in licensure not to intervene.

How?

Uniform Standards

Understanding that all persons issued a Compact License will qualify to practice in any Compact Member State, AADB drafters reviewed the initial licensure requirements of all 35 member boards of dentistry to establish uniform licensure requirements. These requirements pertain to education, disciplinary action, and competency to practice.

Who can participate in the Interstate Dental and Dental Hygiene Compact?

To receive a Compact Privilege a licensee must:

- Graduate from a CODA-approved dental school.
- Pass the American Board of Dental Examiners, (ADEX) licensure exam, or be in practice 5 years having passed a regional licensing examination (NERB/WREB/CDCA/CRDTS/STRA).
- Pass the written National Dental Board Exam administered by the Joint Commission on National Dental Examinations
- Be free of disciplinary actions as defined by the Compact Commission



By 2022, all AADB member boards, and 48 out of 50 US States accepted or required the ADEX licensure examination as the gold standard for establishing readiness to practice. The ADEX exam, administered in every US dental school, is the only examination incorporating both hand-skills and cognitive assessment components to ensure potential licensees can perform dentistry without harm to the public.

Ask Us

how to update your planned legislation
to better protect patients, your state and your board.



American Association of Dental Boards

www.aadbcompact.org

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Dental Hygiene Perspective:

Where the AADB Compact Excels and the CSG Falls Short

› Commission Representation

The Council of State Governments (CSG) Compact states “Participating State shall have and be limited to one (1) Commissioner selected by that Participating State’s State Licensing Authority or, if the State has more than one State Licensing Authority, selected collectively by the State Licensing Authorities⁽¹⁾.”

This is problematic because dental hygienists represent only 27% of membership on state boards of dentistry⁽²⁾, meaning the likelihood a dental hygienist’s perspective will be represented on the commission from any jurisdiction, is slim.

In contrast, the AADB Compact takes Dental Hygienists and split boards into account by ensuring two (2) representatives from each Participating State sit on the established Commission⁽³⁾.

Today, every hygienist can show they’re aptly prepared and well-trained to treat patients. That may change.



› Hand-skills exams are not required

The CSG Compact only requires a “clinical assessment” not a hand-skills examination⁽⁴⁾.

A lack of a clear definition of the components of such an assessment means that the dental hygienists of the future will not be required to perform any scaling exercise, periodontal probing measurement, or calculus detection to demonstrate competency.

AADB Compact requires a hand-skills examination as part of its uniform licensure requirements to protect the public⁽⁵⁾. Anyone who has been in practice 5 years or more and has successfully passed a Regional Board Examination (NERB/WREB/CDCA/CRDTS/SRTA) or equivalent state-administered psychomotor licensure examination prior to January 1, 2024, and meets additional outlined requirements, is eligible to participate⁽⁶⁾.

› Education Programs are undetermined.

The CSG Compact does not require graduation from a CODA-accredited program, rather permits other accrediting agencies recognized by the US Department of Education⁽⁷⁾.

To simplify applications with uniform requirements and ensure dental hygienist continue to provide the highest standards of care to patients, the AADB Compact requires licensees to have graduated from CODA-approved programs.

› **Cost**

The CSG Compact clearly states, “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, to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each fiscal year for which sufficient revenue is not provided by other sources ⁽⁸⁾.”

That’s two different fees of an undetermined amount states will pay just to participate. Costs to obtain Compact Privilege are also undetermined at this time.

States and boards cannot incur additional financial burdens. The AADB understands most of these costs will likely filter to dental hygienists as they apply for licensure. The AADB Compact will not charge jurisdictions to become Member States.

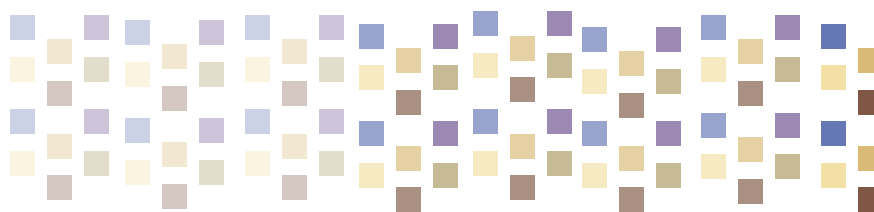


A well-designed compact should equally bring all competent professionals licensure portability with fewer burdens.

Ask Us

how to update your planned legislation to better protect patients, your state and your board.

1. Dental and Dental Hygienist Compact, Model Legislation §3A, §3D (2023); 2. 33rd Edition Composite Book, AADB (2023); 3. AADB Dental and Dental Hygienist Compact Legislation, §2C, 3B (2023); 4. Dental and Dental Hygienist Compact, Model Legislation §2D, §4A (2023); 5. AADB Dental and Dental Hygienist Compact Legislation, §2D, 2Q (2023); 6. AADB Dental and Dental Hygienist Compact Legislation, §2P, 2R (2023); 7. Dental and Dental Hygienist Compact, Model Legislation §3A (2023); 8. Dental and Dental Hygienist Compact, Model Legislation §7E (2023).



The DENTAL COMPACT

The appeal of a licensure compact

Healthcare license compacts are a benefit for both patients and professionals, as long as they offer the highest standard for license and portability. Practitioners benefit with a faster, smoother pathway to licensure.

Licensure requirements protect the public from practitioners who should not be practicing.

The stakeholders in licensure

The main stakeholders in the licensure process are the patients. They are the ones at risk if someone receives a license who is not qualified.

Dentists, dental hygienists, students, educators, and others are communities of interest but are not harmed if a license is given when it should not have been.

Service member benefits

The amendments to the Service Members Civil Relief Act (SCRA) in January 2023 added provisions for service members and their families, portability for their professional licenses. Modern compacts continue to help the military through compact fee waivers.

Current healthcare compacts

The Federation of State Medical Boards (FSMB) Medical Compact covers 36 jurisdictions and approximately 80% of medical practitioners are eligible.

For healthcare professions, the licensing rubric includes a single uniform independent third-party examination, developed by an organization of the state regulatory boards, that serves as a benchmark standard for licensure.

How the CSG, ADA, ADHA Compact misses the mark

1. Rules are promulgated by a simple majority of the member states and have the **force of law** in the participating states. In effect, an unelected commission has quasi-legislative authority in your state⁽¹⁾.
2. The Commission may levy on, and collect an **annual assessment** from each Participating State and impose fees on Licensees of Participating States, in effect, an unelected taxing authority resulting in an unknown fiscal impact⁽²⁾.
3. Participating states **are not required to report** all disciplinary issues⁽³⁾.
4. Independent **third-party licensure examinations are not preserved**; exams without a hand-skills requirement such as the DLOSCE or ADEA Compendium, or a future unknown exam could be recognized and therefore accepted by all compact states.
 - **Examinations are neither required or uniform**
 - A "Clinical Assessment" may be any exam or process and is not clearly defined and does not require hand-skills
 - If a dental school is recognized as a testing agency or process in a compact state, recognition is required by other compact states
 - Requires the majority of states to accept a **lowered standard of licensure examination**

How the AADB Compact, patterned closely after the Federation of State Medical Boards (FSMB) Compact, protects the public

1. Compact rules would exclusively cover the definition of eligible dentists and dental hygienists and be uniform and clearly defined.
 - Compact commission simply serves as the **clearing house for original source verification** and discipline to aid the member dental boards and shorten licensure issue times.
 - All other rule making relating to the professions are left to the individual **sovereign state**.
2. Fees to cover the **expenses are not borne by the state dental board** but only by the compact licensee, military members and their spouses are exempt from fees.
3. States are **required to report all disciplinary actions** allowing dental boards to **access significance independently**. Compact eligibility requires no history of discipline, controlled substance action or criminal history.
4. Independent **third-party licensure examinations are preserved**. The ADEX Examination, recognized by 50 of 53 US jurisdictions, and owned and developed by US dental boards, provides a **uniform standard of performance** for all licensure requirements. Sixteen states exclusively recognize the ADEX examination.

1. Dental and Dental Hygienist Compact, Model Legislation §7C3, 9B, 9K 10J2, 13B (2023); 2. Dental and Dental Hygienist Compact, Model Legislation §7E3 (2023); 3. Dental and Dental Hygienist Compact, Model Legislation §6C, 8B, 8G (2023).

Compacts: a side-by-side analysis

**AMERICAN ASSN OF DENTAL BOARDS (AADB)
INTERSTATE DENTAL AND DENTAL HYGIENE
LICENSURE COMPACT (IDDLC)**

**COUNCIL OF STATE GOVERNMENT (CSG)
DENTAL AND DENTAL HYGIENE COMPACT (DDH)**

CREDENTIALS	
Requires graduation from a CODA-approved program.	Contains open-ended language that permits accrediting agencies other than CODA.
Requires a clinical examination with a hand skills component.	Requires an undefined clinical examination, without requiring a hand skills component.
Continuing education requirements must be met for each state in which the practitioner holds a license	Does not require privileged holders to meet CE requirements beyond those in the stat that issued their compact privilege.
Must possess an unencumbered license in their Home State.	Does not establish a Home State requirement.
FINANCIAL IMPACT	
Applicants will be responsible for privilege costs with no additional fees assessed to participating states.	Participating states will be charged for an annual budget that may include property and personnel.
The existing AADB database can be expanded to serve as an IDDLC Clearinghouse for applicant credentials.	A database will be created or purchased to accommodate all documentation.
Military and family members will not pay any fees while active duty and for one year post-service.	Military and family members will not pay any fees while active duty.
DISCIPLINARY AUTHORITY	
State boards will be required to report all disciplinary actions to the IDDLC Clearinghouse.	Requires states report discipline relating to the practice of dentistry.
A letter from the applicant's Home State Dental Board verifies the applicant is eligible for a Compact License which is reviewed, then granted or denied by a Member State Dental Board.	A state's ability to take disciplinary action against a Compact Privilege holder is questionable as they do not hold a license to practice in a member state.
Applicants with a criminal history are ineligible.	Criminal history may be permitted by an issuing state.
COMMISSION REPRESENTATION	
Considers split dental hygiene and dental boards by allowing two (2) Commissioners per jurisdiction.	Only allows one (1) Commissioner per Participating State.
LICENSURE PROCESS	
A letter from the applicant's Home State verifies the applicant is eligible for a Compact License which is reviewed and granted or denied by a Member State Dental Board	DDH Commission grants a Compact Privilege, not a license.
Compact Licensees will renew their status with the IDDLC Clearinghouse and maintain a Home and Member State Compact License.	Applicants must maintain an active license in the issuing state only.

Ask AADB

how to update your planned legislation
to better protect patients, your state and your board.

NATIONWIDE SURVEY ON Dental Hand Skills

How the Interstate Dentist and Dental Hygienist Licensure Compact supports states in their mission to protect the public and meets citizen expectations.

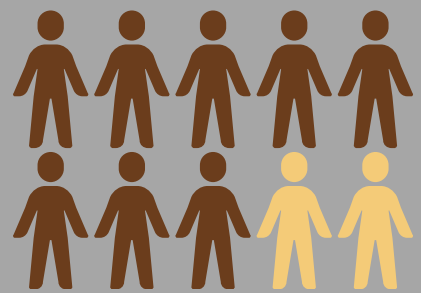
Patients expect the state has protections in place before they see an oral healthcare provider. Here's what they say about licensure standards that could affect their care.

PATIENTS WANT TO KNOW ORAL HEALTHCARE PROVIDERS ARE COMPETENT

It is possible to know all about caring for the mouth, but hand skills exams prove that dentists and dental hygienists are skilled enough to provide care without doing harm.

Do you believe hand skills examinations are necessary to assess a dentist's ability to perform procedures safely?

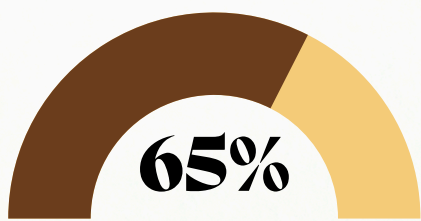
82% of respondents said "yes."



PATIENTS FEAR REDUCING CURRENT LICENSURE STANDARDS

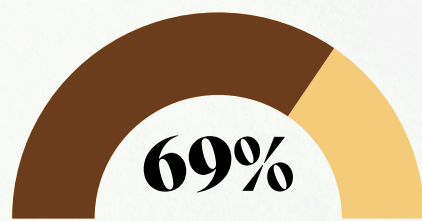
Each state handles its own processes and requirements for dental licensure. There are some common requirements across states, but state boards set requirements specific to the needs of their communities.

Is it okay to make it easier to get a license to practice?
Survey respondents were asked two questions:



Should dentists and dental hygienists licensed under weaker standards in other states be allowed to practice in your state?

65% of respondents said "no."



The current licensing standards of dental professionals in my state should be maintained and not reduced.

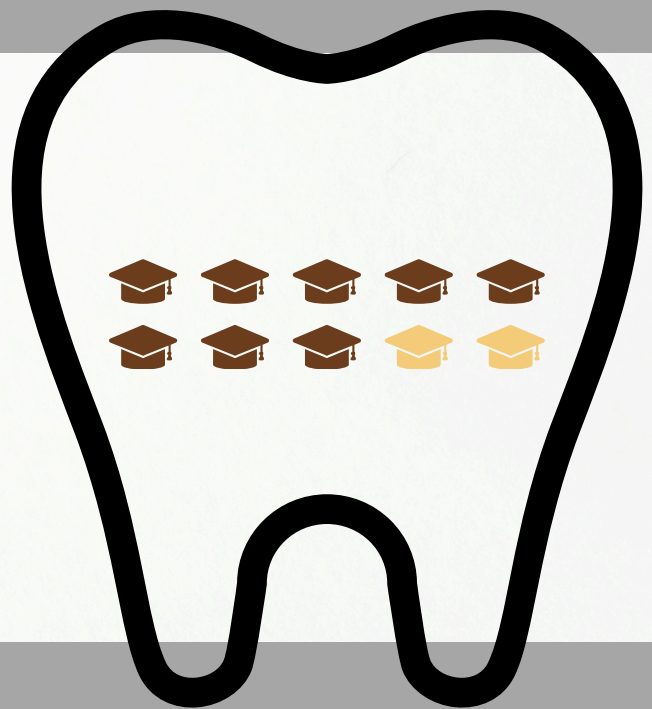
69% agree standards should not be lowered

PATIENTS BELIEVE EDUCATION IS IMPORTANT

Continuing education aims to ensure your dentist and dental hygienist stay up-to-date on practices and methodology.

Should providers be allowed to bypass state-specific continuing education requirements?

83% of respondents said "no."



ABOUT THE IDDHLC

The Interstate Dentist and Dental Hygienist Licensure Compact was created by the **American Association of Dental Boards** to provide a means of improving professional mobility while retaining licensure standards nationwide.



About the survey

Data represented reflects a survey of 1,863 Americans polled between 12/30/2024 and 1/9/2025.

This survey was conducted by Marketing for Change, a Virginia-based organization whose research has shown foundations, state and federal agencies, insurers, and large nonprofits what forces to leverage to create change in the areas of public health, healthcare, sustainability, and culture change.

Negative Impacts of the CSG/ADA Compact

What would happen if the CSG/ADA Compact became reality?

- **The CSG Compact will lower the licensure standards of 44 of 53 US jurisdictions.**

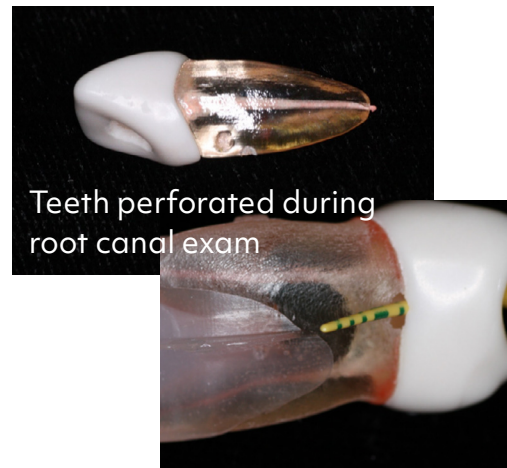
The CSG Model Legislation will allow untested dentists and dental hygienists to practice⁽¹⁾. The requirement of a “clinical assessment” as defined by the CSG does not require any testing of licensure candidates, merely an undefined “process.” Currently, nearly every US state requires an independent hand-skills examination as one component in its requirements for licensure.

ADEX examination failures from select documented PG-Y1 licensed candidates shown here⁽²⁾.

Clearly, hand-skills examinations protect the public from harm as unqualified professionals are not licensed.

- **Public health will be increasingly endangered if the quality of professionals diminishes.**

The CSG Compact will allow unvetted practitioners to become licensed and move around more freely. It isn't unreasonable to expect poorly-skilled dentists and dental hygienists to choose to become licensed in a state that does not require a hand-skills



What would happen if the CSG/ADA Compact became reality?

exam then, with Compact Privilege, practice in a CSG Remote State without a license direct from and outside of the jurisdiction of that state's board.

As the numbers of these untested persons in practice grows, more and more patients will be treated by lesser and lesser regulated providers. Public health is in jeopardy.

› States won't know who is practicing dentistry in their jurisdiction, or have authority over Compact Privilege holders.

State statutes restrict a board's jurisdiction to those persons to whom a license is issued. Member (Remote) States do not issue licenses. Instead, CSG Compact Privilege alone is an authorization to practice⁽³⁾.

Despite the language outlined in the CSG Compact Legislation, stating that boards retain authority over Compact Privilege holders, statutes simply don't allow it. Boards may not know who is performing dentistry in their state, nor will they have authority over them.

As explained in the CSG FAQ's, local licensure is only required for specialists. Additionally, providers are not required to maintain a license where they live.

› Access to care is hurt, not helped by the CSG compact.

The Council of State Governments claims access to care will be improved with their compact. But will it really? Institutions graduate a set number of qualified dental professionals annually. The pool of licensed professionals will not increase because a compact exists.

Instead, the CSG compact may entice dental practitioners to practice elsewhere. Unlike the Interstate Medical Licensure Compact on which the AADB Dental and Dental Hygiene Licensure Compact was modeled, the CSG's compact does not establish a home-state principle. It also does not require providers to be licensed in their state of residency.

Providers can be expected to manipulate Compact Privilege to skirt established rules and regulations, thus shifting the workforce into and out of states and cities nationwide where quality care is needed (for employment opportunities).

how to update your planned
legislation to
better protect patients, your state
and your board.

Ask Us

1. Dental and Dental Hygienist Compact, Model Legislation §3B, §3D (2023); 2. Images courtesy The American Board of Dental Examiners, ADEX Subject to all applicable copyright laws, not for duplication.; 3. Dental and Dental Hygienist Compact, Model Legislation §2G (2023).

INTERSTATE DENTAL AND DENTAL HYGIENE COMPACT

AADB COMPACT

DENTAL LICENSURE TODAY

- 50 OF 53 JURISDICTIONS WITH COMMON LICENSURE REQUIREMENTS
 1. CODA
 2. JOINT COMMISSION NATIONAL BOARD
 3. RECOGNITION OF ADEX EXAM - GIVEN IN EVERY SCHOOL
 4. HAND SKILLS EXAMINATION TAKEN BY 99% OF GRADUATES

IDEAL COMPACT

- PORTABILITY
- PROTECTION OF THE PUBLIC
- NO INCREASE IN FEES
- MAINTAIN STATE SOVERIEGNTY

CONCEPT OF DENTAL COMPACT

DEPARTMENT OF DEFENSE GRANTS AIDING MILITARY HEALTHCARE PROVIDERS AND SPOUSES

SERVICEMEMBERS' CIVIL RELIEF ACT

ALL HEALTHCARE LICENSE RECIPROACITY 2003

AMERICAN ASSOCIATION OF DENTAL BOARDS

- BOARDS OF DENTISTRY MEMBERS PAST AND PRESENT
-
- SPECIALTY BOARDS
- BOARD ADMINISTRATORS
- BOARD ATTORNEYS
- EDUCATORS

MISSION OF AADB

- ASSISTS DENTAL REGULATORY BOARDS WITH THEIR OBLIGATIONS TO PROTECT THE PUBLIC
- PROTECTING THE NATION'S ORAL HEALTH CARE CONSUMERS
- ENCOURAGES STANDARDS IN DENTAL EDUCATION AND PROMOTES HIGHER UNIFORM STANDARDS OF QUALITY PRACTITIONERS

AADB COMPACT

1. SIMPLIFYS LICENSURE PORTABILITY NATIONWIDE
2. DOES NOT COMPROMISE PUBLIC PROTECTION AND DENTAL STANDARDS
3. COPIES FAITHFULLY THE MEDICAL AND NURSING COMPACT MODELS
4. ADDITIONAL SUPPORT TO SCRA -INCLUDES SPOUSE AND AN ADDITIONAL YEAR
5. NO SURCHARGE TO ALL STATE LICENSEES

1. AADB COMPACT

- PROVIDES A LICENSE IN EACH JURISDICTION NOT A PRIVILEGE
- SOLE SOURCE VERIFICATION
- COPIES THE IMLC(MEDICAL COMPACT)
- ENABLES THE PRACTITIONER TO BECOME LICENSED IN A STATE WHERE THEY WANT TO PRACTICE IN AN EXPEDITED MANNER

AADB COMPACT

1. LICENSE IN EACH STATE : ISSUED BY PARTICIPATING STATE BOARD
2. UNDER REGULATORY REQUIREMENTS AND AUTHORITY OF EACH STATE OF LICENSURE
3. DENTAL BOARDS REGULATORY REQUIREMENTS APPLY TO EACH LICENSEE
4. CONTINUING EDUCATION REQUIREMENTS COMPLIANCE FOR EACH STATE
5. AADB CLEARINGHOUSE

AADB COMPACT

- HAND SKILLS TESTING BY INDEPENDENT THIRD PARTY
- CODA ACCREDITED DENTAL OR DENTAL HYGIENE SCHOOL
- NO FISCAL IMPACT TO THE STATE

NATIONAL SURVEY

- PATIENTS EXPECT STATES TO HAVE PROTECTIONS IN PLACE

IS MY ORAL HEALTHCARE PROVIDER COMPETENT ?

- "DO YOU BELIEVE HAND SKILLS EXAMINATIONS ARE NECESSARY TO ASSESS A DENTIST'S ABILITY TO PERFORM PROCEDURES ?"
- 82 % RESPONDENTS SAID " YES "

NATIONAL SURVEY CONTINUED

- “THE CURRENT LICENSING STANDARDS OF DENTAL PROFESSIONALS IN MY STATE SHOULD NOT BE REDUCED ?”
- 69% RESPONDENTS DO NOT WANT STANDARDS REDUCED

NATIONAL SURVEY CONTINUED

- “ SHOULD PROVIDERS BE ALLOWED TO BYPASS STATE SPECIFIC CONTINUING EDUCATION REQUIREMENTS ?”
- 83 % RESPONDENTS SAID “ NO”

AADB COMPACT COST

- USER FEE ONLY
- NO COST TO STATES/DISTRICTS
-
- NO COST TO DENTAL BOARD
- NO SURCHARGE TO ALL STATE LICENSEES

THANK YOU

- QUESTIONS ?
- RENEE A. MCCOY- COLLINS, DDS, FACD, FICD



Dentist and Dental Hygienist Compact

This project is funded by the Department of Defense.

The following language must be enacted into law by a state to officially join the Dentist and Dental Hygienist Compact.

No substantive changes should be made to the model language. Any substantive changes may jeopardize the enacting state's participation in the Compact.

The Council of State Governments National Center for Interstate Compacts reviews state compact legislation to ensure consistency with the model language. Please direct inquiries to Jessica Thomas at JThomas@csg.org.

1 **DENTIST AND DENTAL HYGIENIST COMPACT**

2 **SECTION 1. TITLE AND PURPOSE**

3
4 This statute shall be known and cited as the Dentist and Dental Hygienist Compact. The purposes
5 of this Compact are to facilitate the interstate practice of dentistry and dental hygiene and
6 improve public access to dentistry and dental hygiene services by providing Dentists and Dental
7 Hygienists licensed in a Participating State the ability to practice in Participating States in which
8 they are not licensed. The Compact does this by establishing a pathway for a Dentists and
9 Dental Hygienists licensed in a Participating State to obtain a Compact Privilege that authorizes
10 them to practice in another Participating State in which they are not licensed. The Compact
11 enables Participating States to protect the public health and safety with respect to the practice of
12 such Dentists and Dental Hygienists, through the State’s authority to regulate the practice of
13 dentistry and dental hygiene in the State. The Compact:

- 14
15 A. Enables Dentists and Dental Hygienists who qualify for a Compact Privilege to practice
16 in other Participating States without satisfying burdensome and duplicative requirements
17 associated with securing a License to practice in those States;
- 18
19 B. Promotes mobility and addresses workforce shortages through each Participating State’s
20 acceptance of a Compact Privilege to practice in that State;
- 21
22 C. Increases public access to qualified, licensed Dentists and Dental Hygienists by creating a
23 responsible, streamlined pathway for Licensees to practice in Participating States.
- 24
25 D. Enhances the ability of Participating States to protect the public’s health and safety;
- 26
27 E. Does not interfere with licensure requirements established by a Participating State;
- 28
29 F. Facilitates the sharing of licensure and disciplinary information among Participating
30 States;
- 31
32 G. Requires Dentists and Dental Hygienists who practice in a Participating State pursuant to
33 a Compact Privilege to practice within the Scope of Practice authorized in that State;
- 34
35 H. Extends the authority of a Participating State to regulate the practice of dentistry and
36 dental hygiene within its borders to Dentists and Dental Hygienists who practice in the
37 State through a Compact Privilege;
- 38
39 I. Promotes the cooperation of Participating State in regulating the practice of dentistry and
40 dental hygiene within those States;
- 41
42 J. Facilitates the relocation of military members and their spouses who are licensed to
43 practice dentistry or dental hygiene;
- 44
45

46 **SECTION 2. DEFINITIONS**

47 As used in this Compact, unless the context requires otherwise, the following definitions shall
48 apply:

- 49 A. **“Active Military Member”** means any person with full-time duty status in the armed
50 forces of the United States, including members of the National Guard and Reserve.
51
- 52 B. **“Adverse Action”** means disciplinary action or encumbrance imposed on a License or
53 Compact Privilege by a State Licensing Authority.
54
- 55 C. **“Alternative Program”** means a non-disciplinary monitoring or practice remediation
56 process applicable to a Dentist or Dental Hygienist approved by a State Licensing
57 Authority of a Participating State in which the Dentist or Dental Hygienist is licensed.
58 This includes, but is not limited to, programs to which Licensees with substance abuse or
59 addiction issues are referred in lieu of Adverse Action.
60
- 61 D. **“Clinical Assessment”** means examination or process, required for licensure as a Dentist
62 or Dental Hygienist as applicable, that provides evidence of clinical competence in
63 dentistry or dental hygiene.
64
- 65 E. **“Commissioner”** means the individual appointed by a Participating State to serve as the
66 member of the Commission for that Participating State.
67
- 68 F. **“Compact”** means this Dentist and Dental Hygienist Compact.
69
- 70 G. **“Compact Privilege”** means the authorization granted by a Remote State to allow a
71 Licensee from a Participating State to practice as a Dentist or Dental Hygienist in a
72 Remote State.
73
- 74 H. **“Continuing Professional Development”** means a requirement, as a condition of
75 License renewal to provide evidence of successful participation in educational or
76 professional activities relevant to practice or area of work.
77
- 78 I. **“Criminal Background Check”** means the submission of fingerprints or other
79 biometric-based information for a License applicant for the purpose of obtaining that
80 applicant’s criminal history record information, as defined in 28 C.F.R. § 20.3(d) from
81 the Federal Bureau of Investigation and the State’s criminal history record repository as
82 defined in 28 C.F.R. § 20.3(f).
83
- 84 J. **“Data System”** means the Commission’s repository of information about Licensees,
85 including but not limited to examination, licensure, investigative, Compact Privilege,
86 Adverse Action, and Alternative Program.
87
- 88 K. **“Dental Hygienist”** means an individual who is licensed by a State Licensing Authority
89 to practice dental hygiene.
90

- 91 L. **“Dentist”** means an individual who is licensed by a State Licensing Authority to practice
92 dentistry.
93
- 94 M. **“Dentist and Dental Hygienist Compact Commission” or “Commission”** means a
95 joint government agency established by this Compact comprised of each State that has
96 enacted the Compact and a national administrative body comprised of a Commissioner
97 from each State that has enacted the Compact.
98
- 99 N. **“Encumbered License”** means a License that a State Licensing Authority has limited in
100 any way other than through an Alternative Program.
101
- 102 O. **“Executive Board”** means the Chair, Vice Chair, Secretary and Treasurer and any other
103 Commissioners as may be determined by Commission Rule or bylaw.
104
- 105 P. **“Jurisprudence Requirement”** means the assessment of an individual’s knowledge of
106 the laws and Rules governing the practice of dentistry or dental hygiene, as applicable, in
107 a State.
108
- 109 Q. **“License”** means current authorization by a State, other than authorization pursuant to a
110 Compact Privilege, or other privilege, for an individual to practice as a Dentist or Dental
111 Hygienist in that State.
112
- 113 R. **“Licensee”** means an individual who holds an unrestricted License from a Participating
114 State to practice as a Dentist or Dental Hygienist in that State.
115
- 116 S. **“Model Compact”** the model for the Dentist and Dental Hygienist Compact on file with
117 the Council of State Governments or other entity as designated by the Commission.
118
- 119 T. **“Participating State”** means a State that has enacted the Compact and been admitted to
120 the Commission in accordance with the provisions herein and Commission Rules.
121
- 122 U. **“Qualifying License”** means a License that is not an Encumbered License issued by a
123 Participating State to practice dentistry or dental hygiene.
124
- 125 V. **“Remote State”** means a Participating State where a Licensee who is not licensed as a
126 Dentist or Dental Hygienist is exercising or seeking to exercise the Compact Privilege.
127
- 128 W. **“Rule”** means a regulation promulgated by an entity that has the force of law.
129
- 130 X. **“Scope of Practice”** means the procedures, actions, and processes a Dentist or Dental
131 Hygienist licensed in a State is permitted to undertake in that State and the circumstances
132 under which the Licensee is permitted to undertake those procedures, actions and
133 processes. Such procedures, actions and processes and the circumstances under which
134 they may be undertaken may be established through means, including, but not limited to,
135 statute, regulations, case law, and other processes available to the State Licensing
136 Authority or other government agency.

137
138 Y. **“Significant Investigative Information”** means information, records, and documents
139 received or generated by a State Licensing Authority pursuant to an investigation for
140 which a determination has been made that there is probable cause to believe that the
141 Licensee has violated a statute or regulation that is considered more than a minor
142 infraction for which the State Licensing Authority could pursue Adverse Action against
143 the Licensee.

144
145 Z. **“State”** means any state, commonwealth, district, or territory of the United States of
146 America that regulates the practices of dentistry and dental hygiene.

147
148 AA. **“State Licensing Authority”** means an agency or other entity of a State that is
149 responsible for the licensing and regulation of Dentists or Dental Hygienists.

150 **SECTION 3. STATE PARTICIPATION IN THE COMPACT**

151 A. In order to join the Compact and thereafter continue as a Participating State, a State must:

152 1. Enact a compact that is not materially different from the Model Compact as determined
153 in accordance with Commission Rules;

154
155 2. **Participate fully in the Commission’s Data System;**

156 3. Have a mechanism in place for receiving and investigating complaints about its Licensees
157 and License applicants;

158 4. Notify the Commission, in compliance with the terms of the Compact and Commission
159 Rules, of any Adverse Action or the availability of Significant Investigative Information
160 regarding a Licensee and License applicant;

161 5. **Fully implement a Criminal Background Check requirement, within a time frame**
162 **established by Commission Rule, by receiving the results of a qualifying Criminal**
163 **Background Check;**

164 6. Comply with the Commission Rules applicable to a Participating State;

165 7. **Accept the National Board Examinations of the Joint Commission on National Dental**
166 **Examinations or another examination accepted by Commission Rule as a licensure**
167 **examination;**

168 8. **Accept for licensure that applicants for a Dentist License graduate from a predoctoral**
169 **dental education program accredited by the Commission on Dental Accreditation, or**
170 **another accrediting agency** recognized by the United States Department of Education for
171 the accreditation of dentistry and dental hygiene education programs, leading to the
172 Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

173 9. **Accept for licensure that applicants for a Dental Hygienist License graduate from a dental**
174 **hygiene education program accredited by the Commission on Dental Accreditation or**

175 another accrediting agency recognized by the United States Department of Education for
176 the accreditation of dentistry and dental hygiene education programs;

177 10. Require for licensure that applicants successfully complete a Clinical Assessment;

178 11. Have Continuing Professional Development requirements as a condition for License
179 renewal; and

180 12. Pay a participation fee to the Commission as established by Commission Rule.

181 B. Providing alternative pathways for an individual to obtain an unrestricted License does not
182 disqualify a State from participating in the Compact.

183

184 C. When conducting a Criminal Background Check the State Licensing Authority shall:

185 1. Consider that information in making a licensure decision;

186 2. Maintain documentation of completion of the Criminal Background Check and
187 background check information to the extent allowed by State and federal law; and

188 3. Report to the Commission whether it has completed the Criminal Background Check and
189 whether the individual was granted or denied a License.

190 D. A Licensee of a Participating State who has a Qualifying License in that State and does not
191 hold an Encumbered License in any other Participating State, shall be issued a Compact
192 Privilege in a Remote State in accordance with the terms of the Compact and Commission
193 Rules. If a Remote State has a Jurisprudence Requirement a Compact Privilege will not be
194 issued to the Licensee unless the Licensee has satisfied the Jurisprudence Requirement.

195 SECTION 4. COMPACT PRIVILEGE

196 A. To obtain and exercise the Compact Privilege under the terms and provisions of the
197 Compact, the Licensee shall:

198 1. Have a Qualifying License as a Dentist or Dental Hygienist in a Participating State;

199 2. Be eligible for a Compact Privilege in any Remote State in accordance with D, G and H
200 of this section;

201 3. Submit to an application process whenever the Licensee is seeking a Compact Privilege;

202 4. Pay any applicable Commission and Remote State fees for a Compact Privilege in the
203 Remote State;

204 5. Meet any Jurisprudence Requirement established by a Remote State in which the
205 Licensee is seeking a Compact Privilege;

206 6. Have passed a National Board Examination of the Joint Commission on National Dental
207 Examinations or another examination accepted by Commission Rule;

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7. For a Dentist, have graduated from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;
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8. For a Dental Hygienist, have graduated from a dental hygiene education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs;
- 218
9. Have successfully completed a Clinical Assessment for licensure;
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10. Report to the Commission Adverse Action taken by any non-Participating State when applying for a Compact Privilege and, otherwise, within thirty (30) days from the date the Adverse Action is taken;
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11. Report to the Commission when applying for a Compact Privilege the address of the Licensee's primary residence and thereafter immediately report to the Commission any change in the address of the Licensee's primary residence; and
- 225
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12. Consent to accept service of process by mail at the Licensee's primary residence on record with the Commission with respect to any action brought against the Licensee by the Commission or a Participating State, and consent to accept service of a subpoena by mail at the Licensee's primary residence on record with the Commission with respect to any action brought or investigation conducted by the Commission or a Participating State.
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- B. The Licensee must comply with the requirements of subsection A of this section to maintain the Compact Privilege in the Remote State. If those requirements are met, the Compact Privilege will continue as long as the Licensee maintains a Qualifying License in the State through which the Licensee applied for the Compact Privilege and pays any applicable Compact Privilege renewal fees.
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- C. A Licensee providing dentistry or dental hygiene in a Remote State under the Compact Privilege shall function within the Scope of Practice authorized by the Remote State for a Dentist or Dental Hygienist licensed in that State.
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- D. A Licensee providing dentistry or dental hygiene pursuant to a Compact Privilege in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, by Adverse Action revoke or remove a Licensee's Compact Privilege in the Remote State for a specific period of time and impose fines or take any other necessary actions to protect the health and safety of its citizens. If a Remote State imposes an Adverse Action against a Compact Privilege that limits the Compact Privilege, that Adverse Action applies to all Compact Privileges in all Remote States. A Licensee whose Compact Privilege in a Remote State is removed for a specified period of time is not eligible for a Compact Privilege in any other Remote State until the

248 specific time for removal of the Compact Privilege has passed and all encumbrance
249 requirements are satisfied.

250 E. If a License in a Participating State is an Encumbered License, the Licensee shall lose the
251 Compact Privilege in a Remote State and shall not be eligible for a Compact Privilege in any
252 Remote State until the License is no longer encumbered.

253 F. Once an Encumbered License in a Participating State is restored to good standing, the
254 Licensee must meet the requirements of subsection A of this section to obtain a Compact
255 Privilege in a Remote State.

256 G. If a Licensee's Compact Privilege in a Remote State is removed by the Remote State, the
257 individual shall lose or be ineligible for the Compact Privilege in any Remote State until the
258 following occur:

- 259 1. The specific period of time for which the Compact Privilege was removed has ended; and
- 260 2. All conditions for removal of the Compact Privilege have been satisfied.

261 H. Once the requirements of subsection G of this section have been met, the Licensee must meet
262 the requirements in subsection A of this section to obtain a Compact Privilege in a Remote
263 State.

264 **SECTION 5. ACTIVE MILITARY MEMBER OR THEIR SPOUSES**

265 An Active Military Member and their spouse shall not be required to pay to the Commission for
266 a Compact Privilege the fee otherwise charged by the Commission. If a Remote State chooses to
267 charge a fee for a Compact Privilege, it may choose to charge a reduced fee or no fee to an
268 Active Military Member and their spouse for a Compact Privilege.

269 **SECTION 6. ADVERSE ACTIONS**

270 A. A Participating State in which a Licensee is licensed shall have exclusive authority to impose
271 Adverse Action against the Qualifying License issued by that Participating State.

272 B. A Participating State may take Adverse Action based on the Significant Investigative
273 Information of a Remote State, so long as the Participating State follows its own procedures
274 for imposing Adverse Action.

275 C. Nothing in this Compact shall override a Participating State's decision that participation in an
276 Alternative Program may be used in lieu of Adverse Action and that such participation shall
277 remain non-public if required by the Participating State's laws. Participating States must
278 require Licensees who enter any Alternative Program in lieu of discipline to agree not to
279 practice pursuant to a Compact Privilege in any other Participating State during the term of
280 the Alternative Program without prior authorization from such other Participating State.

281 D. Any Participating State in which a Licensee is applying to practice or is practicing pursuant
282 to a Compact Privilege may investigate actual or alleged violations of the statutes and

283 regulations authorizing the practice of dentistry or dental hygiene in any other Participating
284 State in which the Dentist or Dental Hygienist holds a License or Compact Privilege.

285 E. A Remote State shall have the authority to:

- 286 1. Take Adverse Actions as set forth in Section 4.D against a Licensee's Compact Privilege
287 in the State;
- 288 2. In furtherance of its rights and responsibilities under the Compact and the Commission's
289 Rules issue subpoenas for both hearings and investigations that require the attendance and
290 testimony of witnesses, and the production of evidence. Subpoenas issued by a State
291 Licensing Authority in a Participating State for the attendance and testimony of
292 witnesses, or the production of evidence from another Participating State, shall be
293 enforced in the latter State by any court of competent jurisdiction, according to the
294 practice and procedure of that court applicable to subpoenas issued in proceedings
295 pending before it. The issuing authority shall pay any witness fees, travel expenses,
296 mileage, and other fees required by the service statutes of the State where the witnesses
297 or evidence are located; and
- 298 3. If otherwise permitted by State law, recover from the Licensee the costs of investigations
299 and disposition of cases resulting from any Adverse Action taken against that Licensee.

300 F. Joint Investigations

- 301 1. In addition to the authority granted to a Participating State by its Dentist or Dental
302 Hygienist licensure act or other applicable State law, a Participating State may jointly
303 investigate Licensees with other Participating States.
- 304 2. Participating States shall share any Significant Investigative Information, litigation, or
305 compliance materials in furtherance of any joint or individual investigation initiated
306 under the Compact.

307 G. Authority to Continue Investigation

- 308 1. After a Licensee's Compact Privilege in a Remote State is terminated, the Remote State
309 may continue an investigation of the Licensee that began when the Licensee had a
310 Compact Privilege in that Remote State.
- 311 2. If the investigation yields what would be Significant Investigative Information had the
312 Licensee continued to have a Compact Privilege in that Remote State, the Remote State
313 shall report the presence of such information to the Data System as required by Section
314 8.B.6 as if it was Significant Investigative Information.

315 SECTION 7. ESTABLISHMENT AND OPERATION OF THE COMMISSION.

- 316 A. The Compact Participating States hereby create and establish a joint government agency
317 whose membership consists of all Participating States that have enacted the Compact. The
318 Commission is an instrumentality of the Participating States acting jointly and not an

319 instrumentality of any one State. The Commission shall come into existence on or after the
320 effective date of the Compact as set forth in Section 11A.

321
322 B. Participation, Voting, and Meetings
323

- 324 1. Each Participating State shall have and be limited to one (1) Commissioner selected by
325 that Participating State's State Licensing Authority or, if the State has more than one
326 State Licensing Authority, selected collectively by the State Licensing Authorities.
327
- 328 2. The Commissioner shall be a member or designee of such Authority or Authorities.
329
- 330 3. The Commission may by Rule or bylaw establish a term of office for Commissioners and
331 may by Rule or bylaw establish term limits.
332
- 333 4. The Commission may recommend to a State Licensing Authority or Authorities, as
334 applicable, removal or suspension of an individual as the State's Commissioner.
335
- 336 5. A Participating State's State Licensing Authority, or Authorities, as applicable, shall fill
337 any vacancy of its Commissioner on the Commission within sixty (60) days of the
338 vacancy.
339
- 340 6. Each Commissioner shall be entitled to one vote on all matters that are voted upon by the
341 Commission.
342
- 343 7. The Commission shall meet at least once during each calendar year. Additional meetings
344 may be held as set forth in the bylaws. The Commission may meet by
345 telecommunication, video conference or other similar electronic means.
346

347 C. The Commission shall have the following powers:
348

- 349 1. Establish the fiscal year of the Commission;
350
- 351 2. Establish a code of conduct and conflict of interest policies;
352
- 353 3. Adopt Rules and bylaws;
354
- 355 4. Maintain its financial records in accordance with the bylaws;
356
- 357 5. Meet and take such actions as are consistent with the provisions of this Compact, the
358 Commission's Rules, and the bylaws;
359
- 360 6. Initiate and conclude legal proceedings or actions in the name of the Commission,
361 provided that the standing of any State Licensing Authority to sue or be sued under
362 applicable law shall not be affected;

- 363 7. Maintain and certify records and information provided to a Participating State as the
364 authenticated business records of the Commission, and designate a person to do so on the
365 Commission's behalf;
366
- 367 8. Purchase and maintain insurance and bonds;
368
- 369 9. Borrow, accept, or contract for services of personnel, including, but not limited to,
370 employees of a Participating State;
371
- 372 10. Conduct an annual financial review;
373
- 374 11. Hire employees, elect or appoint officers, fix compensation, define duties, grant such
375 individuals appropriate authority to carry out the purposes of the Compact, and establish
376 the Commission's personnel policies and programs relating to conflicts of interest,
377 qualifications of personnel, and other related personnel matters;
378
- 379 12. As set forth in the Commission Rules, charge a fee to a Licensee for the grant of a
380 Compact Privilege in a Remote State and thereafter, as may be established by
381 Commission Rule, charge the Licensee a Compact Privilege renewal fee for each renewal
382 period in which that Licensee exercises or intends to exercise the Compact Privilege in
383 that Remote State. Nothing herein shall be construed to prevent a Remote State from
384 charging a Licensee a fee for a Compact Privilege or renewals of a Compact Privilege, or
385 a fee for the Jurisprudence Requirement if the Remote State imposes such a requirement
386 for the grant of a Compact Privilege;
387
- 388 13. Accept any and all appropriate gifts, donations, grants of money, other sources of
389 revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of
390 the same; provided that at all times the Commission shall avoid any appearance of
391 impropriety and/or conflict of interest;
392
- 393 14. Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed,
394 or any undivided interest therein;
395
- 396 15. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any
397 property real, personal, or mixed;
398
- 399 16. Establish a budget and make expenditures;
400
- 401 17. Borrow money;
402
- 403 18. Appoint committees, including standing committees, which may be composed of
404 members, State regulators, State legislators or their representatives, and consumer
405 representatives, and such other interested persons as may be designated in this Compact
406 and the bylaws;
407
- 408 19. Provide and receive information from, and cooperate with, law enforcement agencies;

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20. Elect a Chair, Vice Chair, Secretary and Treasurer and such other officers of the Commission as provided in the Commission's bylaws;
21. Establish and elect an Executive Board;
22. Adopt and provide to the Participating States an annual report;
23. Determine whether a State's enacted compact is materially different from the Model Compact language such that the State would not qualify for participation in the Compact; and
24. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact.

D. Meetings of the Commission

1. All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least thirty (30) days prior to the public meeting.
2. Notwithstanding subsection D.1 of this section, the Commission may convene an emergency public meeting by providing at least twenty-four (24) hours prior notice on the Commission's website, and any other means as provided in the Commission's Rules, for any of the reasons it may dispense with notice of proposed rulemaking under Section 9.L. The Commission's legal counsel shall certify that one of the reasons justifying an emergency public meeting has been met.
3. Notice of all Commission meetings shall provide the time, date, and location of the meeting, and if the meeting is to be held or accessible via telecommunication, video conference, or other electronic means, the notice shall include the mechanism for access to the meeting through such means.
4. The Commission may convene in a closed, non-public meeting for the Commission to receive legal advice or to discuss:
 - a. Non-compliance of a Participating State with its obligations under the Compact;
 - b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current or threatened discipline of a Licensee or Compact Privilege holder by the Commission or by a Participating State's Licensing Authority;
 - d. Current, threatened, or reasonably anticipated litigation;

- 455
456 e. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real
457 estate;
458
459 f. Accusing any person of a crime or formally censuring any person;
460
461 g. Trade secrets or commercial or financial information that is privileged or
462 confidential;
463
464 h. Information of a personal nature where disclosure would constitute a clearly
465 unwarranted invasion of personal privacy;
466
467 i. Investigative records compiled for law enforcement purposes;
468
469 j. Information related to any investigative reports prepared by or on behalf of or for use
470 of the Commission or other committee charged with responsibility of investigation or
471 determination of compliance issues pursuant to the Compact;
472
473 k. Legal advice;
474
475 l. Matters specifically exempted from disclosure to the public by federal or
476 Participating State law; and
477
478 m. Other matters as promulgated by the Commission by Rule.
479
480 5. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the
481 meeting will be closed and reference each relevant exempting provision, and such
482 reference shall be recorded in the minutes.
483
484 6. The Commission shall keep minutes that fully and clearly describe all matters discussed
485 in a meeting and shall provide a full and accurate summary of actions taken, and the
486 reasons therefore, including a description of the views expressed. All documents
487 considered in connection with an action shall be identified in such minutes. All minutes
488 and documents of a closed meeting shall remain under seal, subject to release only by a
489 majority vote of the Commission or order of a court of competent jurisdiction.
490
491 E. Financing of the Commission
492
493 1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its
494 establishment, organization, and ongoing activities.
495
496 2. The Commission may accept any and all appropriate sources of revenue, donations, and
497 grants of money, equipment, supplies, materials, and services.
498
499 3. The Commission may levy on and collect an annual assessment from each Participating
500 State and impose fees on Licensees of Participating States when a Compact Privilege is

501 granted, to cover the cost of the operations and activities of the Commission and its staff,
502 which must be in a total amount sufficient to cover its annual budget as approved each
503 fiscal year for which sufficient revenue is not provided by other sources. The aggregate
504 annual assessment amount for Participating States shall be allocated based upon a
505 formula that the Commission shall promulgate by Rule.

- 506
- 507 4. The Commission shall not incur obligations of any kind prior to securing the funds
508 adequate to meet the same; nor shall the Commission pledge the credit of any
509 Participating State, except by and with the authority of the Participating State.
- 510
- 511 5. The Commission shall keep accurate accounts of all receipts and disbursements. The
512 receipts and disbursements of the Commission shall be subject to the financial review and
513 accounting procedures established under its bylaws. All receipts and disbursements of
514 funds handled by the Commission shall be subject to an annual financial review by a
515 certified or licensed public accountant, and the report of the financial review shall be
516 included in and become part of the annual report of the Commission.

517

518 F. The Executive Board

- 519
- 520 1. The Executive Board shall have the power to act on behalf of the Commission according
521 to the terms of this Compact. The powers, duties, and responsibilities of the Executive
522 Board shall include:
- 523
- 524 a. Overseeing the day-to-day activities of the administration of the Compact including
525 compliance with the provisions of the Compact, the Commission's Rules and bylaws;
- 526
- 527 b. Recommending to the Commission changes to the Rules or bylaws, changes to this
528 Compact legislation, fees charged to Compact Participating States, fees charged to
529 Licensees, and other fees;
- 530
- 531 c. Ensuring Compact administration services are appropriately provided, including by
532 contract;
- 533
- 534 d. Preparing and recommending the budget;
- 535
- 536 e. Maintaining financial records on behalf of the Commission;
- 537
- 538 f. Monitoring Compact compliance of Participating States and providing compliance
539 reports to the Commission;
- 540
- 541 g. Establishing additional committees as necessary;
- 542
- 543 h. Exercising the powers and duties of the Commission during the interim between
544 Commission meetings, except for adopting or amending Rules, adopting or amending
545 bylaws, and exercising any other powers and duties expressly reserved to the
546 Commission by Rule or bylaw; and

- 547
548 i. Other duties as provided in the Rules or bylaws of the Commission.
549
550 2. The Executive Board shall be composed of up to seven (7) members:
551
552 a. The Chair, Vice Chair, Secretary and Treasurer of the Commission and any other
553 members of the Commission who serve on the Executive Board shall be voting
554 members of the Executive Board; and
555
556 b. Other than the Chair, Vice Chair, Secretary, and Treasurer, the Commission may elect
557 up to three (3) voting members from the current membership of the Commission.
558
559 3. The Commission may remove any member of the Executive Board as provided in the
560 Commission's bylaws.
561
562 4. The Executive Board shall meet at least annually.
563
564 a. An Executive Board meeting at which it takes or intends to take formal action on a
565 matter shall be open to the public, except that the Executive Board may meet in a
566 closed, non-public session of a public meeting when dealing with any of the matters
567 covered under subsection D.4.
568
569 b. The Executive Board shall give five (5) business days' notice of its public meetings,
570 posted on its website and as it may otherwise determine to provide notice to persons
571 with an interest in the public matters the Executive Board intends to address at those
572 meetings.
573
574 5. The Executive Board may hold an emergency meeting when acting for the Commission
575 to:
576
577 a. Meet an imminent threat to public health, safety, or welfare;
578
579 b. Prevent a loss of Commission or Participating State funds; or
580
581 c. Protect public health and safety.

582
583 G. Qualified Immunity, Defense, and Indemnification
584

- 585 1. The members, officers, executive director, employees and representatives of the
586 Commission shall be immune from suit and liability, both personally and in their official
587 capacity, for any claim for damage to or loss of property or personal injury or other civil
588 liability caused by or arising out of any actual or alleged act, error, or omission that
589 occurred, or that the person against whom the claim is made had a reasonable basis for
590 believing occurred within the scope of Commission employment, duties or
591 responsibilities; provided that nothing in this paragraph shall be construed to protect any
592 such person from suit or liability for any damage, loss, injury, or liability caused by the

593 intentional or willful or wanton misconduct of that person. The procurement of insurance
594 of any type by the Commission shall not in any way compromise or limit the immunity
595 granted hereunder.
596

- 597 2. The Commission shall defend any member, officer, executive director, employee, and
598 representative of the Commission in any civil action seeking to impose liability arising
599 out of any actual or alleged act, error, or omission that occurred within the scope of
600 Commission employment, duties, or responsibilities, or as determined by the
601 Commission that the person against whom the claim is made had a reasonable basis for
602 believing occurred within the scope of Commission employment, duties, or
603 responsibilities; provided that nothing herein shall be construed to prohibit that person
604 from retaining their own counsel at their own expense; and provided further, that the
605 actual or alleged act, error, or omission did not result from that person's intentional or
606 willful or wanton misconduct.
607
- 608 3. Notwithstanding subsection G.1 of this section, should any member, officer, executive
609 director, employee, or representative of the Commission be held liable for the amount of
610 any settlement or judgment arising out of any actual or alleged act, error, or omission that
611 occurred within the scope of that individual's employment, duties, or responsibilities for
612 the Commission, or that the person to whom that individual is liable had a reasonable
613 basis for believing occurred within the scope of the individual's employment, duties, or
614 responsibilities for the Commission, the Commission shall indemnify and hold harmless
615 such individual, provided that the actual or alleged act, error, or omission did not result
616 from the intentional or willful or wanton misconduct of the individual.
617
- 618 4. Nothing herein shall be construed as a limitation on the liability of any Licensee for
619 professional malpractice or misconduct, which shall be governed solely by any other
620 applicable State laws.
621
- 622 5. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a
623 Participating State's state action immunity or state action affirmative defense with respect
624 to antitrust claims under the Sherman Act, Clayton Act, or any other State or federal
625 antitrust or anticompetitive law or regulation.
626
- 627 6. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the
628 Participating States or by the Commission.
629

630 SECTION 8. DATA SYSTEM

- 631 A. The Commission shall provide for the development, maintenance, operation, and utilization
632 of a coordinated database and reporting system containing licensure, Adverse Action, and the
633 presence of Significant Investigative Information on all Licensees and applicants for a
634 License in Participating States.
635
- 636 B. Notwithstanding any other provision of State law to the contrary, a Participating State shall
637 submit a uniform data set to the Data System on all individuals to whom this Compact is

- 638 applicable as required by the Rules of the Commission, including:
639
640 1. Identifying information;
641
642 2. Licensure data;
643
644 3. Adverse Actions against a Licensee, License applicant or Compact Privilege and
645 information related thereto;
646
647 4. Non-confidential information related to Alternative Program participation, the beginning
648 and ending dates of such participation, and other information related to such
649 participation;
650
651 5. Any denial of an application for licensure, and the reason(s) for such denial, (excluding
652 the reporting of any criminal history record information where prohibited by law);
653
654 6. The presence of Significant Investigative Information; and
655
656 7. Other information that may facilitate the administration of this Compact or the protection
657 of the public, as determined by the Rules of the Commission.
658
- 659 C. The records and information provided to a Participating State pursuant to this Compact or
660 through the Data System, when certified by the Commission or an agent thereof, shall
661 constitute the authenticated business records of the Commission, and shall be entitled to any
662 associated hearsay exception in any relevant judicial, quasi-judicial or administrative
663 proceedings in a Participating State.
664
- 665 D. Significant Investigative Information pertaining to a Licensee in any Participating State will
666 only be available to other Participating States.
667
- 668 E. It is the responsibility of the Participating States to monitor the database to determine
669 whether Adverse Action has been taken against a Licensee or License applicant. Adverse
670 Action information pertaining to a Licensee or License applicant in any Participating State
671 will be available to any other Participating State.
672
- 673 F. Participating States contributing information to the Data System may designate information
674 that may not be shared with the public without the express permission of the contributing
675 State.
676
- 677 G. Any information submitted to the Data System that is subsequently expunged pursuant to
678 federal law or the laws of the Participating State contributing the information shall be
679 removed from the Data System.
680

681 SECTION 9. RULEMAKING

- 682 A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently
683 implement and administer the purposes and provisions of the Compact. A Commission Rule

684 shall be invalid and have no force or effect only if a court of competent jurisdiction holds that
685 the Rule is invalid because the Commission exercised its rulemaking authority in a manner
686 that is beyond the scope and purposes of the Compact, or the powers granted hereunder, or
687 based upon another applicable standard of review.
688

689 B. The Rules of the Commission shall have the force of law in each Participating State,
690 provided however that where the Rules of the Commission conflict with the laws of the
691 Participating State that establish the Participating State's Scope of Practice as held by a court
692 of competent jurisdiction, the Rules of the Commission shall be ineffective in that State to
693 the extent of the conflict.
694

695 C. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in
696 this section and the Rules adopted thereunder. Rules shall become binding as of the date
697 specified by the Commission for each Rule.
698

699 D. If a majority of the legislatures of the Participating States rejects a Commission Rule or
700 portion of a Commission Rule, by enactment of a statute or resolution in the same manner
701 used to adopt the Compact, within four (4) years of the date of adoption of the Rule, then
702 such Rule shall have no further force and effect in any Participating State or to any State
703 applying to participate in the Compact.
704

705 E. Rules shall be adopted at a regular or special meeting of the Commission.
706

707 F. Prior to adoption of a proposed Rule, the Commission shall hold a public hearing and allow
708 persons to provide oral and written comments, data, facts, opinions, and arguments.
709

710 G. Prior to adoption of a proposed Rule by the Commission, and at least thirty (30) days in
711 advance of the meeting at which the Commission will hold a public hearing on the proposed
712 Rule, the Commission shall provide a Notice of Proposed Rulemaking:
713

- 714 1. On the website of the Commission or other publicly accessible platform;
- 715
- 716 2. To persons who have requested notice of the Commission's notices of proposed
717 rulemaking, and
- 718
- 719 3. In such other way(s) as the Commission may by Rule specify.
720

721 H. The Notice of Proposed Rulemaking shall include:
722

- 723 1. The time, date, and location of the public hearing at which the Commission will hear
724 public comments on the proposed Rule and, if different, the time, date, and location of
725 the meeting where the Commission will consider and vote on the proposed Rule;
726
- 727 2. If the hearing is held via telecommunication, video conference, or other electronic means,
728 the Commission shall include the mechanism for access to the hearing in the Notice of
729 Proposed Rulemaking;

- 730
731 3. The text of the proposed Rule and the reason therefor;
732
733 4. A request for comments on the proposed Rule from any interested person; and
734
735 5. The manner in which interested persons may submit written comments.
736
737 I. All hearings will be recorded. A copy of the recording and all written comments and
738 documents received by the Commission in response to the proposed Rule shall be available
739 to the public.
740
741 J. Nothing in this section shall be construed as requiring a separate hearing on each
742 Commission Rule. Rules may be grouped for the convenience of the Commission at hearings
743 required by this section.
744
745 K. The Commission shall, by majority vote of all Commissioners, take final action on the
746 proposed Rule based on the rulemaking record.
747
748 1. The Commission may adopt changes to the proposed Rule provided the changes do not
749 enlarge the original purpose of the proposed Rule.
750
751 2. The Commission shall provide an explanation of the reasons for substantive changes
752 made to the proposed Rule as well as reasons for substantive changes not made that were
753 recommended by commenters.
754
755 3. The Commission shall determine a reasonable effective date for the Rule. Except for an
756 emergency as provided in subsection L, the effective date of the Rule shall be no sooner
757 than thirty (30) days after the Commission issuing the notice that it adopted or amended
758 the Rule.
759
760 L. Upon determination that an emergency exists, the Commission may consider and adopt an
761 emergency Rule with 24 hours' notice, with opportunity to comment, provided that the usual
762 rulemaking procedures provided in the Compact and in this section shall be retroactively
763 applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days
764 after the effective date of the Rule. For the purposes of this provision, an emergency Rule is
765 one that must be adopted immediately in order to:
766
767 1. Meet an imminent threat to public health, safety, or welfare;
768
769 2. Prevent a loss of Commission or Participating State funds;
770
771 3. Meet a deadline for the promulgation of a Rule that is established by federal law or rule;
772 or
773
774 4. Protect public health and safety.
775

776 M. The Commission or an authorized committee of the Commission may direct revisions to a
777 previously adopted Rule for purposes of correcting typographical errors, errors in format,
778 errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on
779 the website of the Commission. The revision shall be subject to challenge by any person for a
780 period of thirty (30) days after posting. The revision may be challenged only on grounds that
781 the revision results in a material change to a Rule. A challenge shall be made in writing and
782 delivered to the Commission prior to the end of the notice period. If no challenge is made,
783 the revision will take effect without further action. If the revision is challenged, the revision
784 may not take effect without the approval of the Commission.

785
786 N. No Participating State's rulemaking requirements shall apply under this Compact

787 **SECTION 10. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

788 A. Oversight

- 789
- 790 1. The executive and judicial branches of State government in each Participating State shall
791 enforce this Compact and take all actions necessary and appropriate to implement the
792 Compact.
 - 793
794 2. Venue is proper and judicial proceedings by or against the Commission shall be brought
795 solely and exclusively in a court of competent jurisdiction where the principal office of
796 the Commission is located. The Commission may waive venue and jurisdictional
797 defenses to the extent it adopts or consents to participate in alternative dispute resolution
798 proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any
799 action against a Licensee for professional malpractice, misconduct or any such similar
800 matter.
 - 801
802 3. The Commission shall be entitled to receive service of process in any proceeding
803 regarding the enforcement or interpretation of the Compact or Commission Rule and
804 shall have standing to intervene in such a proceeding for all purposes. Failure to provide
805 the Commission service of process shall render a judgment or order void as to the
806 Commission, this Compact, or promulgated Rules.

807 808 B. Default, Technical Assistance, and Termination

- 809
- 810 1. If the Commission determines that a Participating State has defaulted in the performance
811 of its obligations or responsibilities under this Compact or the promulgated Rules, the
812 Commission shall provide written notice to the defaulting State. The notice of default
813 shall describe the default, the proposed means of curing the default, and any other action
814 that the Commission may take, and shall offer training and specific technical assistance
815 regarding the default.
 - 816
817 2. The Commission shall provide a copy of the notice of default to the other Participating
818 States.

819
820 C. If a State in default fails to cure the default, the defaulting State may be terminated from the

821 Compact upon an affirmative vote of a majority of the Commissioners, and all rights,
822 privileges and benefits conferred on that State by this Compact may be terminated on the
823 effective date of termination. A cure of the default does not relieve the offending State of
824 obligations or liabilities incurred during the period of default.

825
826 D. Termination of participation in the Compact shall be imposed only after all other means of
827 securing compliance have been exhausted. Notice of intent to suspend or terminate shall be
828 given by the Commission to the governor, the majority and minority leaders of the defaulting
829 State's legislature, the defaulting State's State Licensing Authority or Authorities, as
830 applicable, and each of the Participating States' State Licensing Authority or Authorities, as
831 applicable.

832
833 E. A State that has been terminated is responsible for all assessments, obligations, and liabilities
834 incurred through the effective date of termination, including obligations that extend beyond
835 the effective date of termination.

836
837 F. Upon the termination of a State's participation in this Compact, that State shall immediately
838 provide notice to all Licensees of the State, including Licensees of other Participating States
839 issued a Compact Privilege to practice within that State, of such termination. The terminated
840 State shall continue to recognize all Compact Privileges then in effect in that State for a
841 minimum of one hundred eighty (180) days after the date of said notice of termination.

842
843 G. The Commission shall not bear any costs related to a State that is found to be in default or
844 that has been terminated from the Compact, unless agreed upon in writing between the
845 Commission and the defaulting State.

846
847 H. The defaulting State may appeal the action of the Commission by petitioning the U.S.
848 District Court for the District of Columbia or the federal district where the Commission has
849 its principal offices. The prevailing party shall be awarded all costs of such litigation,
850 including reasonable attorney's fees.

851
852 I. Dispute Resolution

853
854 1. Upon request by a Participating State, the Commission shall attempt to resolve disputes
855 related to the Compact that arise among Participating States and between Participating
856 States and non-Participating States.

857
858 2. The Commission shall promulgate a Rule providing for both mediation and binding
859 dispute resolution for disputes as appropriate.

860
861 J. Enforcement

862
863 1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions
864 of this Compact and the Commission's Rules.

865
866 2. By majority vote, the Commission may initiate legal action against a Participating State

867 in default in the United States District Court for the District of Columbia or the federal
868 district where the Commission has its principal offices to enforce compliance with the
869 provisions of the Compact and its promulgated Rules. The relief sought may include both
870 injunctive relief and damages. In the event judicial enforcement is necessary, the
871 prevailing party shall be awarded all costs of such litigation, including reasonable
872 attorney's fees. The remedies herein shall not be the exclusive remedies of the
873 Commission. The Commission may pursue any other remedies available under federal or
874 the defaulting Participating State's law.

- 875
- 876 3. A Participating State may initiate legal action against the Commission in the U.S. District
877 Court for the District of Columbia or the federal district where the Commission has its
878 principal offices to enforce compliance with the provisions of the Compact and its
879 promulgated Rules. The relief sought may include both injunctive relief and damages. In
880 the event judicial enforcement is necessary, the prevailing party shall be awarded all costs
881 of such litigation, including reasonable attorney's fees.
- 882
- 883 4. No individual or entity other than a Participating State may enforce this Compact against
884 the Commission.

885 **SECTION 11. EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT**

886 A. The Compact shall come into effect on the date on which the Compact statute is enacted
887 into law in the seventh Participating State.

- 888
- 889 1. On or after the effective date of the Compact, the Commission shall convene and
890 review the enactment of each of the States that enacted the Compact prior to the
891 Commission convening ("Charter Participating States") to determine if the statute
892 enacted by each such Charter Participating State is materially different than the
893 Model Compact.
- 894
- 895 a. A Charter Participating State whose enactment is found to be materially different
896 from the Model Compact shall be entitled to the default process set forth in
897 Section 10.
- 898
- 899 b. If any Participating State is later found to be in default, or is terminated or
900 withdraws from the Compact, the Commission shall remain in existence and the
901 Compact shall remain in effect even if the number of Participating States should
902 be less than seven (7).
- 903
- 904 2. Participating States enacting the Compact subsequent to the Charter Participating
905 States shall be subject to the process set forth in Section 7.C.23 to determine if their
906 enactments are materially different from the Model Compact and whether they
907 qualify for participation in the Compact.
- 908
- 909 3. All actions taken for the benefit of the Commission or in furtherance of the purposes
910 of the administration of the Compact prior to the effective date of the Compact or the
911 Commission coming into existence shall be considered to be actions of the

912 Commission unless specifically repudiated by the Commission.

913

914 4. Any State that joins the Compact subsequent to the Commission's initial adoption of
915 the Rules and bylaws shall be subject to the Commission's Rules and bylaws as they
916 exist on the date on which the Compact becomes law in that State. Any Rule that has
917 been previously adopted by the Commission shall have the full force and effect of
918 law on the day the Compact becomes law in that State.

919

920 B. Any Participating State may withdraw from this Compact by enacting a statute repealing
921 that State's enactment of the Compact.

922

923 1. A Participating State's withdrawal shall not take effect until one hundred eighty
924 (180) days after enactment of the repealing statute.

925

926 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's
927 Licensing Authority or Authorities to comply with the investigative and Adverse
928 Action reporting requirements of this Compact prior to the effective date of
929 withdrawal.

930

931 3. Upon the enactment of a statute withdrawing from this Compact, the State shall
932 immediately provide notice of such withdrawal to all Licensees within that State.
933 Notwithstanding any subsequent statutory enactment to the contrary, such
934 withdrawing State shall continue to recognize all Compact Privileges to practice
935 within that State granted pursuant to this Compact for a minimum of one hundred
936 eighty (180) days after the date of such notice of withdrawal.

937

938 C. Nothing contained in this Compact shall be construed to invalidate or prevent any
939 licensure agreement or other cooperative arrangement between a Participating State and
940 a non-Participating State that does not conflict with the provisions of this Compact.

941

942 D. This Compact may be amended by the Participating States. No amendment to this
943 Compact shall become effective and binding upon any Participating State until it is
944 enacted into the laws of all Participating States.

945 SECTION 12. CONSTRUCTION AND SEVERABILITY

946

947 A. This Compact and the Commission's rulemaking authority shall be liberally construed so as
948 to effectuate the purposes, and the implementation and administration of the Compact.
949 Provisions of the Compact expressly authorizing or requiring the promulgation of Rules shall
950 not be construed to limit the Commission's rulemaking authority solely for those purposes.

951

952 B. The provisions of this Compact shall be severable and if any phrase, clause, sentence or
953 provision of this Compact is held by a court of competent jurisdiction to be contrary to the
954 constitution of any Participating State, a State seeking participation in the Compact, or of the
955 United States, or the applicability thereof to any government, agency, person or circumstance
956 is held to be unconstitutional by a court of competent jurisdiction, the validity of the
957 remainder of this Compact and the applicability thereof to any other government, agency,

958 person or circumstance shall not be affected thereby.

959

960 C. Notwithstanding subsection B of this section, the Commission may deny a State's
961 participation in the Compact or, in accordance with the requirements of Section 10.B,
962 terminate a Participating State's participation in the Compact, if it determines that a
963 constitutional requirement of a Participating State is a material departure from the
964 Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any
965 Participating State, the Compact shall remain in full force and effect as to the remaining
966 Participating States and in full force and effect as to the Participating State affected as to all
967 severable matters.

968

969 **SECTION 13. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS**

970 A. Nothing herein shall prevent or inhibit the enforcement of any other law of a Participating
971 State that is not inconsistent with the Compact.

972

973 B. Any laws, statutes, regulations, or other legal requirements in a Participating State in conflict
974 with the Compact are superseded to the extent of the conflict.

975

976 C. All permissible agreements between the Commission and the Participating States are binding
977 in accordance with their terms.

DDH Dentist and Dental Hygienist Compact

Effect and Benefits

This project is funded by the Department of Defense

Effect

There are approximately 200,000 licensed dentists and approximately 215,000 licensed dental hygienists in the United States. Licensees are limited to providing care within state borders. The Dentist and Dental Hygienist Compact seeks to provide licensees with opportunities for multistate practice and increase mobility for individuals who are relocating, improve public safety and promote workforce development by reducing unnecessary licensure burdens.

Benefits for Practitioners

- Facilitates mobility for licensees.
- Expands employment opportunities into new markets.
- Eases the burden of applying for and maintaining multiple licenses.
- Supports relocating military spouses and families.
- Improves continuity of care.

Benefits for State Dentistry Licensing Authorities

- Reduces administrative burden.
- Creates a compact information system that supports the facilitation of licensure and discipline information for dentists and dental hygienists.
- Expands cooperation among state licensure boards on investigations and disputes.
- Allows regulators to retain jurisdiction over licensees practicing in their state.

Benefits for the State

- Promotes workforce development and strengthens labor markets.
- Expands consumer access to highly qualified practitioners.
- Enhances public safety through a shared interstate data system of licensure and disciplinary information, allowing for rapid verification of licensure status and cooperation among states.
- Preserves state sovereignty.

Fact vs. Fiction

Fiction: The compact is establishing a national license for dentistry and dental hygiene.

Fact: The Dentist and Dental Hygienist Compact does not establish a national license. It establishes an optional, additional pathway for practitioners to practice in states where they do not hold a license. The dentist or dental hygienist must apply for a compact privilege in each state where they wish to practice. Compact privilege eligibility is not automatic. States retain control over who they license and scope of practice.

Fiction: The compact will authorize foreign trained dentists to practice via a compact privilege.

Fact: Section 4 of the compact states that to be eligible for a compact privilege a dentist must have graduated from a CODA accredited pre-doctoral dental education program. Earning a post-doctoral specialty degree or completing a residency program at a CODA accredited institution does not meet this requirement.

Fiction: The compact commission will be approving alternative forms of dentistry and dental hygiene education.

Fact: Section 3 of the compact says that states must accept for licensure that dentists and dental hygienists have graduated from programs accredited by CODA or an accrediting agency approved by the United State Department of Education for the accreditation of dental and dental hygiene education programs.

This does not authorize the commission to approve alternative forms of education such as apprenticeships or foreign training. Allowing for the designation of another accrediting body as approved education for the purposes of issuing compact privileges, protects the compact against becoming obsolete should CODA no longer be the prevailing accrediting body of dental and dental hygiene education programs.

Fiction: The compact commission is a third-party non-government organization run by CSG and ADA.

Fact: As established in section 7 of the compact, the commission is the governing body made up of the participating states who have joined the compact. This is a supra-state, sub-federal government entity that serves as an instrumentality of the collective member states. The commission's delegates will be representatives from each state's licensing board. CSG, ADA, nor any outside organization have any role on the commission.

Fiction: My state is delegating regulatory authority over to the commission.

Fact: States have full authority over their own licensing laws and how they license dentists and dental hygienists. By joining the compact, states agree to accept dentists and dental hygienists who are licensed in other compact states and have received a privilege to practice in their state under the compact. States continue to determine licensing requirements and scope of practice for themselves.

Fiction: The compact is promoting the DLOSCE.

Fact: The compact intentionally defines clinical assessment broadly as to encompass all paths to licensure currently allowed in states. To be eligible for the compact, a practitioner must successfully complete a clinical assessment. This includes the DLOSCE but also could be satisfied by the ADEX exam, PGY1 and other clinical assessment pathways to licensure. To join the compact, a state must accept practitioners from other states that may not have identical clinical assessment requirements.

Fiction: The Dentist and Dental Hygienist Compact works like the Interstate Medical Licensure Compact (IMLC).

Fact: The Dentist and Dental Hygienist Compact employs a compact privilege model of multistate practice whereby practitioners obtain compact privileges to work in remote states. Member states are agreeing to mutually recognize each others' licenses so that a practitioner can practice in another member state without needing a license there.

The IMLC employs an expedited licensure model of multistate practice whereby the compact commission is getting the practitioner licensed in every state where they want to practice in an expedited manor.

The two models differ significantly and interested parties should avoid assumptions that the Dentist and Dental Hygienist Compact is based on the IMLC.

Fiction: The compact is a backdoor attempt for the ADA to control licensing.

Fact: The Department of Defense selected the ADA and ADHA to participate with CSG in the development of the Dentist and Dental Hygienist Compact. The ADA continues to partner with CSG on state enactment of the compact. The ADA has no role on the commission nor any control over the administration or governance of the compact.

Fiction: Bad actors will be able to use the compact.

Fact: The compact requires a background check which protects against bad actors entering into the system. 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 an action is taken, that action is communicated quickly to all the member states via the compact data system and the action then applies across all compact privileges that a practitioner holds. These safeguards protect against a scenario where a bad actor could run from state to state undetected.

Fiction: We don't need the compact because we have already addressed the military spouse issue.

Fact: DoD prefers interstate compacts as a long-term solution for spouses. They like the regulatory certainty that a compact provides. The compact covers all licensees, not only military spouses. The compact creates two-way reciprocity. Current endorsement laws might help spouses moving to your state, but they don't provide value for current residents who wish to work in multiple jurisdictions or change residence. Licensees are still needing to re-test in some instances, provide transcripts, wait on the application to be processed. All of that is costly and time out of the workforce.

DDH Dentist and Dental Hygienist Compact

Frequently Asked Questions

This project is funded by the Department of Defense

What is the Dentist and Dental Hygienist Compact?

The Dentist and Dental Hygienist Compact is a legally binding agreement among states that provides a pathway through which dentists and dental hygienists can obtain compact privileges which authorize practice in states where they are not licensed. A state must enact the compact model legislation via a state's legislative process to join.

What are some benefits of the compact?

The compact:

- Facilitates multistate practice.
- Enhances license portability when changing state of residence.
- Expands employment opportunities into new markets.
- Improves continuity of care when patients or providers relocate.
- Expands consumer access to highly qualified practitioners.
- Supports relocating military spouses.
- Reduces burden of maintaining multiple licenses.

How do states join the compact?

States can participate in the compact by passing the compact model legislation through the state's legislature and becoming state law through the governor's signing.

How does the Dentist and Dental Hygienist Compact work?

The Dentist and Dental Hygienist Compact is a mutual recognition model compact similar in form and function to professional licensure compacts for nurses, physical therapists and psychologists. Dentists and dental hygienists who are licensed in one compact member state can practice in another participating state by obtaining a compact privilege.

What is a compact privilege?

A compact privilege is the legal authorization for a dentist or dental hygienist to practice in a remote state where they are not licensed. A dentist or dental hygienist must hold an active and unencumbered license in a compact participating state and meet additional eligibility criteria to be eligible for a compact privilege. A dentist or dental hygienist

applies for a compact privilege and may begin legally working in the new state when eligibility is verified, jurisprudence requirements are met and all fees are paid.

What is a qualifying license?

A qualifying license is an unrestricted license to practice dentistry or dental hygiene that has been issued by a state participating in the compact. The license must be currently active and unencumbered.

How do practitioners qualify for the compact?

To be eligible to obtain a compact privilege in a remote state, a dentist or dental hygienist must have:

- An unencumbered license in a state that has joined the compact.
- Graduated from a predoctoral dental education program accredited by the Commission on Dental Accreditation; or a dental hygiene education program accredited by the Commission on Dental Accreditation.
- Passed the National Board Examination.
- Completed a clinical assessment for licensure.
- No disqualifying criminal history.
- Passed any jurisprudence requirements established by the remote state.
- Pay all required fees.

Can foreign trained dentists with a CODA accredited residency or specialty program use the compact?

The compact specifies that dentists who use the compact must have completed a CODA accredited predoctoral program leading to a Doctor of Dental Surgery or Doctor of Dental Medicine degree. Dentists who are not able to satisfy this requirement, such as foreign trained dentists, are not eligible to apply for compact privileges.

What does a compact privilege allow me to do in a remote state?

A licensee providing dentistry or dental hygiene services in a remote state under a compact privilege will function within the scope of practice as individuals who are licensed in that state. If a remote state requires a specialty license in order to limit practice to that specialty, the practitioner would also be required to obtain that specialty license in order to limit practice to the specialty in that remote state.

Are other oral health professionals eligible to use the compact?

The compact intends to include the general dentistry and dental hygiene licenses. Anyone who holds a general dentistry or dental hygiene license is eligible to use the compact if the other criteria outlined in the compact are met. The compact would

authorize a practitioner to perform the functions outlined in the state's practice act as a general dentist or dental hygienist.

If a state requires additional testing, training, or permits/certifications to perform certain procedures (e.g., sedation/anesthesia permits for dentists, or administration of local anesthesia for dental hygienists), practitioners would be required to complete those requirements.

What exams meet the compact's definition of clinical assessment?

Section 4 of the compact requires that practitioners successfully complete a clinical assessment for licensure in order to obtain a compact privilege. As defined in the compact, the clinical assessment can be an examination or process that provides evidence of clinical competence in dentistry or dental hygiene. This includes all pathways accepted by a participating state such as hands-based skills assessments, the DLOSCE, and dental residency programs.

If a state requires a specific clinical assessment for licensure by statute, rule or regulation, can it join the compact?

Yes. States can join the compact regardless of what clinical assessment their statute requires. This allows states to retain their sovereignty over licensure requirements. The compact defines clinical assessment broadly to encompass all valid measures of clinical competence allowed by states for licensure. In joining the compact, participating states are agreeing to accept practitioners from other states who may not have the identical clinical assessment requirements.

What is the compact commission?

The commission is a government agency established by the compact. The commission will be comprised of one delegate from each participating state. The commission writes rules and bylaws to administer and implement the compact. As stated in section 7 of the compact, commissioners will be a designee from each participating state's licensing authority. The commission is not a dental board. It cannot affect state licensing requirements or take action against a licensee.

Will dentists and dental hygienists need to complete continuing education units for each state?

Practitioners must complete the continuing education requirements in the state where they hold a qualifying license in order to maintain their qualifying license. They do not complete continuing education in remote states where they hold compact privileges.

Will dentists and dental hygienists need to complete jurisprudence examinations for each state?

Practitioners will need to complete a jurisprudence assessment if it's required by the remote state where they are seeking a compact privilege.

How will state regulators know who is practicing in their state?

Because dentists and dental hygienists need to obtain individual compact privileges in each state where they want to practice, regulators will know who has compact privileges in their state. They will see this information via the commission's data system that the participating states have access to. Just as a regulator can currently see who has a license in their state, regulators will be able to know who has compact privileges to practice in their state.

Won't the compact facilitate "venue shopping" where licensees will go to the state with the least rigorous requirements?

The compact does not require licensees to be licensed in their state of residence. Although there is some concern that new license seekers will apply for a license in the state with the "least rigorous" requirements, there is significant uniformity among the states in regard to licensing requirements. All states have a pathway to licensure which requires CODA accredited education. All states require the National Dental Board Examination. All states require a clinical assessment for licensure. Because there is no variation in the states around these standard requirements, it is unlikely that license seekers will be incentivized to "shop" for which state to obtain their license. As specified in sections 3 and 4 of the compact, all practitioners must meet these standard requirements to use the compact.

How can interested parties get involved?

The compact model legislation has been finalized. Each state must enact the compact model legislation via a state's legislative process to join. To read the model legislation, educational materials and learn how to get involved, visit the dentist and dental hygienist compact webpage at www.ddhcompact.org.

The Dentist and Dental Hygienist Compact is the result of a partnership between The Council of State Governments, the American Dental Association and American Dental Hygienist Association, and Department of Defense.

Reach out directly to CSG email: dentalcompact@csg.org

Reach out directly to ADA email: CDEL@ada.org

Reach out directly to ADHA email: Gov-affairs@adha.net

DDH Dentist and Dental Hygienist Compact

Summary of Key Provisions

This project was funded by the Department of Defense

Section 1: Title and Purpose

The purposes of this Compact are to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by providing dentists and dental hygienists licensed in a participating state the ability to practice in participating states in which they are not licensed.

This Compact is designed to achieve the following objectives:

- Enhance states' abilities to protect the public's health and safety
- Facilitate the exchange of licensure, investigative and disciplinary information among member states
- Requires practitioners to practice within the scope of practice authorized by the state in which they are practicing
- Support active-duty military personnel and their spouses
- Encourage the cooperation of member states in regulating multistate practice for licensed dentists and dental hygienists
- Create a streamlined pathway for licensees to practice in participating states increasing the mobility of duly licensed dentists and dental hygienists
- Increase public access to dentistry services

Section 2: Definitions

This section establishes the definitions of key terms and concepts as used throughout the compact. Defined terms are capitalized throughout the document. The Dentist and Dental Hygienist Compact uses the term "Compact Privilege" to describe a licensee's permission to work in a remote state.

Section 3: State Participation in the Compact

This section establishes the requirements for states to be eligible to participate in the compact, and what is required of participating states to continue to maintain eligibility.

To be eligible to participate in the compact a participating state must:

- Accept the National Board Examinations of the Joint Commission on National Dental Examinations
- Accept for licensure that applicants for a dentist license graduate from a predoctoral dental education program accredited by the Commission on Dental

Accreditation and that applicants for a dental hygienist license graduate from a dental hygiene education program accredited by the Commission on Dental Accreditation

- Require for licensure that applicants successfully complete a clinical assessment
- Have continuing professional development requirements
- Have a mechanism to receive and investigate complaints about Licensees practicing in that state
- Enact a compact that is not materially different from the model compact
- Participate fully in the compact data system
- Notify the compact commission of any adverse action or the availability of significant investigative information regarding a licensee or applicant
- Implement procedures for requiring the background check of applicants for a privilege to practice
- Comply with the rules of the commission, the governing body of the compact
- Accept licensees from other participating states as established by the compact

Section 4: Compact Privilege

This section describes the requirements for a dentist or dental hygienist to obtain a compact privilege to practice in remote states.

To obtain and exercise a compact privilege under the compact a licensed dentist or dental hygienist must:

- Hold a qualifying license¹ in a participating state
- Have passed a National Board Examination of the Joint Commission on National Dental Examinations
- Have graduated from a predoctoral dental education program accredited by CODA, leading to a D.D.S. or D.M.D. degree (for dentists)
- Have graduated from a dental hygiene education program accredited by CODA (for dental hygienists)
- Have successfully completed a clinical assessment
- Have not been convicted or found guilty, or have entered into an agreed disposition, of a felony offense under applicable state or federal criminal law, within five (5) years prior to the date of their application;
- Apply to the commission through the participating state where the licensee holds a qualifying license
- Pay any applicable fees
- Meet any jurisprudence requirements established by the remote state in which the licensee is seeking a compact privilege
- Report to the commission any adverse action taken by any non-participating state

¹ The compact defines Qualifying License as an active, unencumbered license issued by a participating state.

- Report to the commission the licensee's primary address and any change in address

Section 5: Active-Duty Military Personnel or their Spouses

This section specifies that active-duty military members and their spouse shall not be required to pay the commission fee for a compact privilege. If a remote state chooses to charge a fee for a compact privilege, it may choose to charge a reduced fee or no fee to active-duty military and their spouses.

Section 6: Adverse Actions

This section establishes a disciplinary framework between the compact participating states. Remote states may take adverse action against a licensee's compact privilege in that state and may issue enforceable subpoenas for witnesses and evidence from other participating states.

Participating states must report any adverse action and the existence of significant investigative information to the compact data system, which then promptly alerts the other participating states of this information. Any participating state may take adverse action based on the factual findings of a remote state. This section also directs the compact participating states to work together on joint investigative activities related to licensees using the compact.

Section 7: Establishment and Operation of the Commission

This section outlines the composition and powers of the compact commission.

- Each participating state is entitled to one delegate
- The Commissioner will be a member or designee of the State Licensing Authority
- Each delegate has one vote on commission rules and bylaws
- The commission may establish a term of office, code of ethics, bylaws, rules, a budget and financial records in order to carry out the compact.

Section 8: Data System

This section establishes the commission's shared information system. Participating states are required to share licensing information on practitioners with compact privileges. Participating states will submit a uniform dataset to the data system on all practitioners to whom this compact is applicable as required by the rules of the commission. This database will allow for the expedited sharing of disciplinary and investigative information.

Adverse action information pertaining to a licensee in any participating state will only be available to other participating states. A participating state may designate information submitted to the data system that may not be shared with the public without the express permission of that participating state.

Section 9: Rulemaking

This section establishes the rulemaking authority of the commission to carry out the provisions of the compact.

- Rules carry the force of law in all participating states.
- A simple majority of participating state legislatures may veto a rule of the commission.
- Changes to rules require a 30-day notice of proposed rulemaking, with an opportunity for a public hearing.
- If the commission takes an action that is beyond the scope of the compact, the action is invalid and has no force and effect.

Section 10: Oversight, Dispute Resolution and Enforcement

This section ensures compliance with the compact by member states and details the procedures to be followed in the event a participating state fails to comply with the compact.

- A period of technical assistance in remedying the situation.
- Dispute resolution, including mediation and binding processes.
- Termination from the compact if no other means of compliance is successful.
- The commission shall attempt to resolve any compact-related disputes that may arise between states.

Section 11: Effective Date, Withdrawal and Amendment

This section establishes the effective date of the compact and includes provisions for states withdrawing from the compact and the member states collectively amending the compact.

- The compact takes effect on the date of enactment by the seventh state.
- States that join after this date are subject to the rules of the commission as they exist on the date when the compact becomes law in that state.
- Participating states may enact a law to repeal their membership in the compact. A state's withdrawal takes effect 180 days after enactment of such law.

Section 12: Construction and Severability

The compact is to be liberally construed to effectuate its purposes.

The compact's provisions are severable, meaning that:

- If a provision is declared to conflict with the United States Constitution, all other provisions remain valid for all participating states.

- If a provision is held contrary to a participating state's constitution, the compact retains its full force in all other states, and all other provisions remain valid in the affected state.

Section 13: Consistent Effect and Conflict with Other State Laws

Participating states retain sovereignty over all laws, and nothing shall inhibit or prohibit enforcement of laws that are not in conflict with the compact. Any laws, statutes, regulations or other legal requirements in a member state that conflict with the compact are superseded to the extent of the conflict.

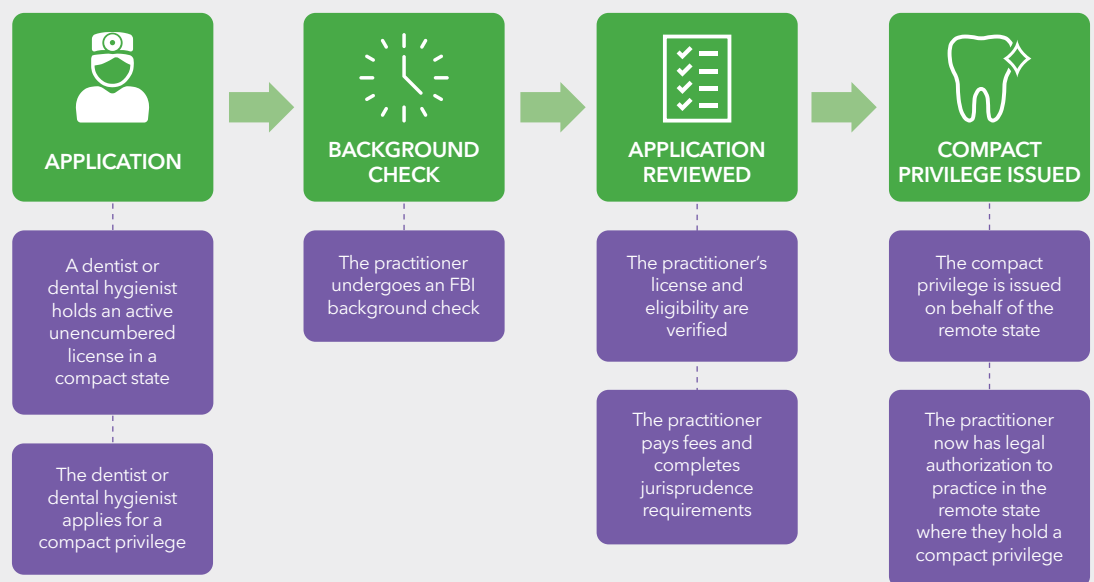


DDH Dentist and Dental Hygienist Compact

This project is funded by the Department of Defense

What is the Dentist and Dental Hygienist Compact?

The Dentist and Dental Hygienist Compact is an interstate occupational licensure compact. Interstate compacts are constitutionally authorized, legally binding, legislatively enacted contracts among states. This compact enables licensed dentists and dental hygienists to practice in all states participating in the compact, as opposed to them obtaining an individual license in every state they want to practice.



What other professions have an interstate compact?

Interstate Medical Licensure Compact (IMLC)

Nurse Licensure Compact (NLC) and Advanced Practice Nurse Compact (APRN Compact)

Emergency Medical Service Officials Licensure Compact (EMS Compact)

Physical Therapists Licensure Compact (PT Compact)

Psychology Interjurisdictional Compact (PSYPACT)

Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)

Occupational Therapy Interstate Licensure Compact (OT Compact)

Counseling Interstate Licensure Compact



National Center for Interstate Compacts
THE COUNCIL OF STATE GOVERNMENTS

Who can use the Dentist and Dental Hygienist Compact?

A dentist or dental hygienist is eligible to participate in the compact if they have:

- An active, unencumbered license in any state participating in the compact.
- Passed the National Board Examination or other exam accepted by the compact commission.
- Completed a clinical assessment.
- Graduated from an education program accredited by the Commission on Dental Accreditation.
- No disqualifying criminal history.

BENEFITS OF THE DENTIST AND DENTAL HYGIENIST COMPACT FOR LICENSEES:



Facilitates multistate practice.



Enhances license portability when changing state of residence.



Expands employment opportunities into new markets.



Improves continuity of care when patients or providers relocate.



Supports relocating military spouses.



Reduces burden of maintaining multiple licenses.

BENEFITS OF THE DENTIST AND DENTAL HYGIENIST COMPACT FOR REGULATORS:



Reduces administrative burden.



Facilitates practitioner mobility during public health emergencies.



Ensures retention of jurisdiction over practitioners working in their state.



Expands state licensure board cooperation on investigations and disputes.



Enhances public safety through shared data system.

BENEFITS OF THE DENTIST AND DENTAL HYGIENIST COMPACT FOR STATES:



Promotes workforce development and strengthens labor markets.



Expands consumer access to highly qualified practitioners.



Preserves state sovereignty.



Increases collaboration among states.

What's Next?

The Council of State Governments (CSG) has facilitated the development of the Dentist and Dental Hygienist Compact model legislation. This legislation has been finalized for introduction during 2023 legislative sessions. Each state must enact the model legislation to join the compact. Supporters of the compact can contact the state chapter or national office of their professional membership association and state legislature to advocate for the interstate compact.

To get involved or learn about advocating for the interstate compact, please visit ddhcompact.org.

Myths vs. Truth About Dental Education, Testing, and the DDH Compact

This document is prepared in reference to repeated questions raised about the impact of the Dentist & Dental Hygienist Compact on education and testing standards. It endeavors to rebut misinformation and provide clarity as to the standards expected across dentistry.

1. “Dentistry is unique and requires hands skills testing because there is no requirement for residency or supervised practice before a dentist is licensed. Physicians don't need hands-skills testing because there is a required residency component to their training.”

Not true! Making this claim demonstrates a misunderstanding of the rigors of dental education and how an “in-clinic” environment is incorporated into its curriculum, much like a residency. After completing two years of hand-skills training on manikin models, third- and fourth-year dental students provide “hands-on” care to patients in dental school clinics directly supervised by faculty. The last two years of providing care to patients under supervision with frequent clinical assessments is analogous to a medical residency.

2. “There is consensus by state dental boards that a single-encounter hand-skills assessment is the best method for screening out an incompetent practitioner and thus, protecting the public.”

Not true! Currently, fourteen states require a single-encounter hand-skills clinical assessment in statute or state dental board rules, while ten states accept alternative clinical assessments, either DLOSCE, PGY-1, or both. There are several accepted pathways to obtaining a dental license. The DDH Compact ensures that all recognized pathways are valid for use of the Compact, to ensure maximum portability.

3. “A “hand-skills” exam is “harder” or “more robust” than computer-based examinations, such as the Dental Licensure Objective Structured Clinical Examination (DLOSCE).”

Not true! The published validity and reliability evidence for dental licensure computer-based exams, like the DLOSCE, is much stronger than for any of the current single-encounter, “hand skills” clinical assessments. That means the computer-based DLOSCE is better at screening out an incompetent practitioner and thus, is substantially better at protecting the public.

4. “The currently available computer-based competency assessment, the DLOSCE, is a “simple, online-test”.’

Not true! The DLOSCE is a state-of-the-art, computer-based examination which tests dentists on the clinical knowledge, skills, and judgement needed to practice safely. **It has never been administered online.** Dentists must take the exam at secure Prometric Testing Centers which utilize strict security procedures (e.g., finger printing, metal detectors, security wands, and video monitoring). It takes approximately 7 hours to complete the test and includes numerous clinical questions involving sophisticated 3-D models that can be rotated and magnified by the test-taker.

5. “Disciplinary action taken against dentists by dental boards is mostly due to “hand-skill” deficiencies.”

Not true! Most disciplinary actions taken by dental boards are related to deficiencies in clinical knowledge/judgment, ethics violations, fraud, and/or substance abuse. The reasons for discipline can be complex and multi-faceted. Further, there is absolutely no evidence that students who

Myths vs. Truth About Dental Education, Testing, and the DDH Compact

receive their initial license by taking the DLOSCE are disciplined more frequently for “hand-skill” deficiencies when compared with dentists who receive their initial license through a single encounter “hand-skills” clinical assessment.

6. “Accredited dental schools do not do a good job in evaluating the hand-skills of their graduates.”

Not true! The majority of curriculum hours in the first two years of dental school is dedicated to hand-skills training on manikin models. It is estimated that dental schools average close to 100 hand-skills assessments on these manikin models before the students even begin to treat patients.

7. “There is no independent analysis that the DLOSCE is an appropriate clinical assessment in dentistry.”

Not true! Recently, the California Department of Consumer Affairs-Office of Professional Examination Services (DPA-OPES) completed a comprehensive analysis and evaluation of the DLOSCE. The conclusion of the report was that DCA-OPES “...generally supports the Board’s potential use of the DLOSCE for licensure in California, as an alternative to the ADEX, and in addition to the INBDE and the LEX.”

For further information, please contact Dr. Tony Ziebert, Senior VP of Education and Professional Affairs (zieberta@ada.org), or Chad Olson, Senior Director of State Government Affairs (olsonc@ada.org).

DDH Compact Implementation Timeline

On April 22, 2024, the Dentist and Dental Hygienist Compact (DDH Compact) was enacted in its seventh state. The compact legislation specifies that it will come into effect upon enactment of its seventh state. See the [DDH Compact Map](#) for an updated list of participating states. Although the compact has been enacted by seven states, applications for compact privileges are not yet available. Below is a timeline of implementation activities that must take place before the compact can be used by dentists and dental hygienists. The compact will not be fully operational for an estimated 18-24 months.

April 22, 2024 – DDH Compact enacted in 7th state.

The DDH Compact legislation specifies it is effective upon the enactment of the 7th state.

Summer 2024 - Formation of Compact Commission

Each member state must appoint a one representative to serve on the compact commission. The commissioner is selected by the state's dental licensing board. The compact specifies that the commissioner must be a representative of the state licensing board.

Fall 2024 – Inaugural Commission Meeting

The state commissioners will convene for the inaugural meeting of the DDH Compact Commission where they will elect an executive committee, vote on initial rules and bylaws, and take other steps for the compact to move towards being fully operational. Commission meetings will be open to the public.

2025 Ongoing – Creation of Compact Data System

The compact commission will continue to work on operationalizing the compact by acquiring a data system. The data system is a foundational piece of compact operations. Compact member states communicate licensure and compact privilege information via the data system. It is expected that the data system process will take 10-12 months. Once the data system is available, states will be tasked with onboarding to the system. States will have varying timelines to onboard.

2025 Ongoing – Additional Commission Meetings

The compact commission will hold commission meetings throughout 2025 for additional rulemaking. The commission will also hire staff, develop a budget, approve a fee structure, select a secretariat organization and take additional steps for the compact to be fully operational.

Privilege Applications Open

Once the data system is up and running and an application process is established, the compact commission will open applications for compact privileges to dentists and dental hygienists.

The application process will involve verifying the dental professional has a qualifying license and is eligible for compact participation. Once the application has been reviewed, the applicant will receive confirmation that they have been issued compact privileges in the member state(s) they selected. After a privilege is issued, the dentist or dental hygienist can practice in those member states in which they hold a privilege.

TITLE 17. BUSINESS, OCCUPATIONS, AND PROFESSIONS

CHAPTER 43. DENTISTRY

4313 DENTAL HYGIENIST COLLABORATIVE PRACTICE AGREEMENTS

4313.1

A dental hygienist practicing under a collaborative practice agreement shall not perform any act requiring diagnosis, treatment planning, surgical or cutting procedures on hard or soft tissue, or the prescribing of medications, except as expressly authorized under the District of Columbia Health Occupations Revision Act (D.C. Official Code § 3-1201.01 et seq.) and regulations issued by the Board of Dentistry.

4313.2

A dental hygienist practicing under a collaborative practice agreement shall maintain documented completion of a Board-approved course in the management of medical emergencies for each continuing education cycle, as required by 17 DCMR § 4306.

4313.3

A dental hygienist practicing under a collaborative practice agreement shall:

- (a) Hold a valid license issued by the Board of Dentistry;
- (b) Complete all training required by the Board for public health practice; and
- (c) Possess at least three (3) years of full-time clinical experience or an equivalent of four thousand five hundred (4,500) hours of clinical practice prior to entering into a collaborative practice agreement.

4313.4

A dental hygienist practicing under a collaborative practice agreement may provide dental hygiene services, including the placement of dental sealants, without a prior examination by a dentist, when operating under:

- (a) A written collaborative practice agreement that complies with this section; or
- (b) A standing order issued under the general supervision of a dentist licensed in the District.

4313.5

Before providing services under a collaborative practice agreement, a dental hygienist practicing under a collaborative practice agreement shall obtain written informed consent from the patient or the patient's legal representative. The consent shall:

- (a) Comply with all Board regulations;
- (b) State that services provided by the hygienist are not a substitute for a dental examination by a dentist; and
- (c) Inform the patient that they should obtain, or should have obtained, a dental examination by a dentist within ninety (90) days.

4313.6

A dentist who enters into a collaborative practice agreement with a dental hygienist may, but is not required to, provide subsequent dental treatment to patients served under the agreement.

Requirements for Written Collaborative Practice Agreements

4313.7

A written collaborative practice agreement shall, at a minimum, include:

- (a) The name(s) of the dentist(s) available to provide communication and consultation necessary to ensure patient health and safety;
- (b) A description of the method, frequency, and means of communication and consultation between the dentist and the hygienist, including backup arrangements during periods when the dentist is unavailable;
- (c) The names, license numbers, addresses, telephone numbers, and emergency contact information for all parties to the agreement;
- (d) An attestation, signed under penalty of perjury, describing the hygienist's qualifications, including required training and clinical experience;
- (e) Identification of the entities and locations in which services will be provided;
- (f) A list of dental hygiene procedures authorized under the agreement and the populations to be served;
- (g) Assignment of responsibilities for creating, maintaining, storing, retrieving, and ensuring confidentiality of patient records in accordance with District and federal law;

- (h) Assignment of responsibilities for compliance with all applicable Board regulations, including requirements for mobile or portable dentistry, where applicable;
- (i) Assignment of responsibilities for developing, implementing, and maintaining emergency medical protocols, including periodic review and training;
- (j) Any age-specific or procedure-specific protocols deemed necessary by the dentist or hygienist;
- (k) Any considerations for medically compromised patients;
- (l) Responsibilities for billing and reimbursement for services rendered, if applicable;
- (m) A process for legally obtaining prescription products necessary for dental hygiene services; and
- (n) The term of the collaborative practice agreement.

Review, Notification, and Recordkeeping

4313.8

The dentist and dental hygienist shall review and update the collaborative practice agreement at least annually.

4313.9

The dentist and dental hygienist shall immediately notify each other, and any participating agency or institution, of any disciplinary action taken against their license by the Board or any governmental authority.

4313.10

A copy of the collaborative practice agreement shall be maintained by:

- (a) The public health facility or program;
- (b) The supervising dentist; and
- (c) The dental hygienist.

4313.11

Upon written request, the agreement shall be made available to the Board or to any patient treated under the agreement, or the patient's legal representative.

Memorandum

To: District of Columbia Board of Dentistry

From: Shavonne R. Healy, MSDH, RDH, Capital Coalition of Dental Hygienists & Assistants (CCDHA)

Date: April 13, 2024

Subject: Stakeholder Polling Insights on Collaborative Practice Agreements (CPAs) in DC

Purpose

This memo summarizes key findings from a stakeholder audience polling session on Collaborative Practice Agreements (CPAs) and provides insight into stakeholder perspectives to inform regulatory development in the District of Columbia.

Summary of Key Findings

Stakeholder feedback demonstrates strong support for a **balanced CPA framework** that expands access to care while maintaining appropriate clinical safeguards.

1. Strong Support for Expanding Access Through CPAs

- 100% of respondents supported allowing hygienists to enter CPAs with state or local government agencies.
- 100% supported recognizing collaborative hygienists as Medicaid providers.

These findings highlight a clear priority: CPAs should enable care delivery in public health settings and ensure reimbursement pathways that make expanded access viable.

2. Preference for Flexible Supervision Models

- 88% of respondents opposed requiring a prior dentist exam before care (with the remainder supporting limits only for specific procedures).
- Strong support was expressed for allowing hygienists to supervise dental assistants.

This indicates stakeholders favor a model where hygienists can initiate preventive care and operate within team-based structures, while reserving dentist involvement for clinically necessary situations.

3. Support for Qualified, Experienced Providers

Stakeholders consistently emphasized that expanded authority should be paired with appropriate qualifications:

- Continuing education focused on emergencies and medical issues was strongly supported (avg. 4.2/5).
- 88% favored requiring at least 2,000 hours of prior clinical experience.
- 67% supported requiring a bachelor's degree for CPA participation.

These results suggest that CPAs should be accessible to well-prepared, experienced hygienists rather than newly licensed providers.

4. Balanced Approach to Oversight and Structure

- 80% supported limiting dentist collaboration to 3–5 hygienists, with flexibility in public health contexts.
- 56% preferred a broad, general authorization for allowable functions, with an additional 33% favoring a hybrid approach.

Stakeholders appear to favor regulatory clarity and accountability without overly restrictive, procedure-by-procedure limitations.

Policy Implications for the Board

The polling results support a CPA framework in DC that:

- Expands access to care, particularly in underserved and public health settings;
 - Allows hygienists to initiate care within defined collaborative agreements;
 - Recognizes hygienists as Medicaid providers to ensure implementation feasibility;
 - Establishes eligibility standards based on education, continuing education, and clinical experience; and
 - Uses a flexible, principle-based scope of practice supported by clear guardrails.
-

Limitations

This polling reflects a small sample ($n \approx 7-12$ per question) and should be interpreted as directional stakeholder input rather than a statistically representative survey.

Conclusion

Overall, stakeholders support a **measured, access-oriented CPA model** that balances flexibility with accountability. The findings provide a consistent signal that expanding hygienist practice through structured collaboration can improve access to care in DC while maintaining patient safety through appropriate standards.

Your Voice Matters: Collaborative Practice Agreements in DC

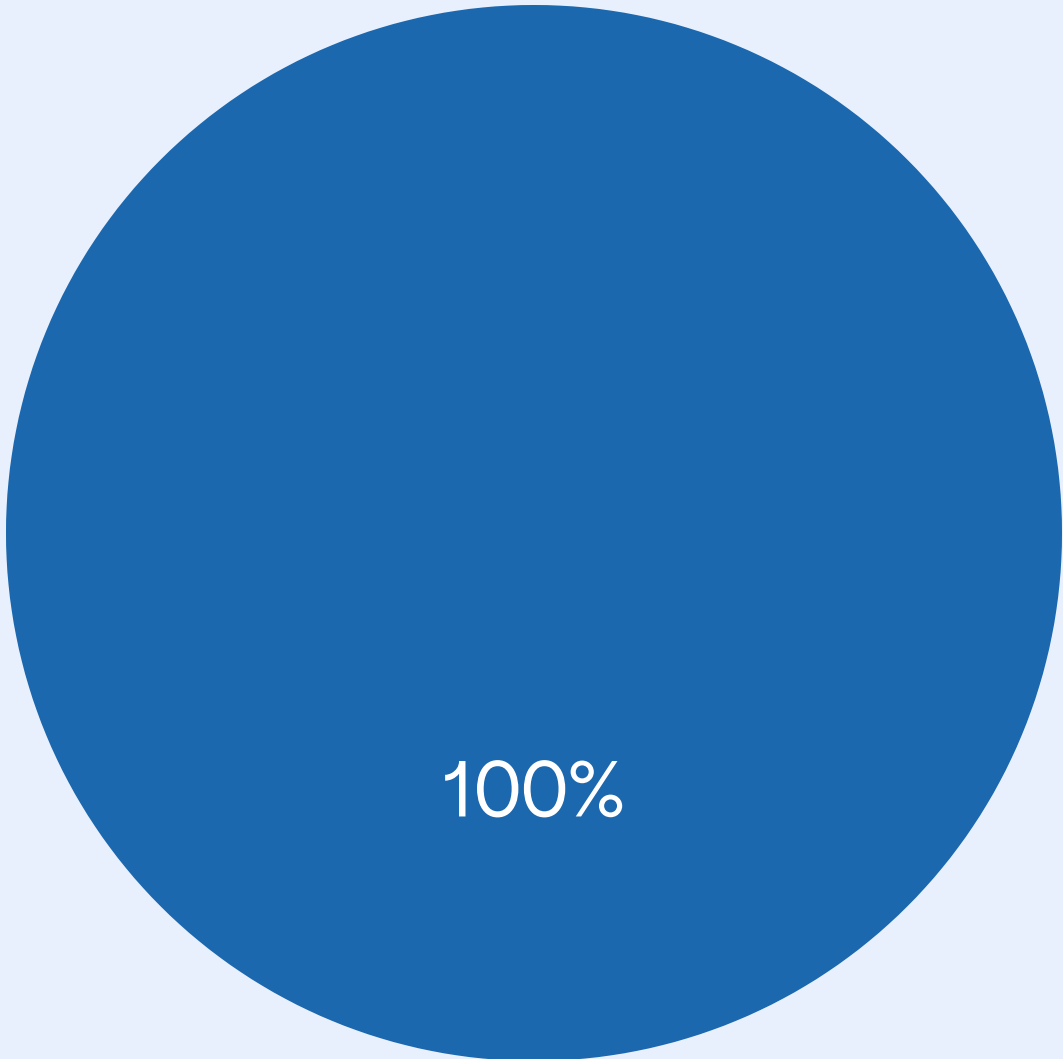


Audience Polling Session

Forms of Collaboration

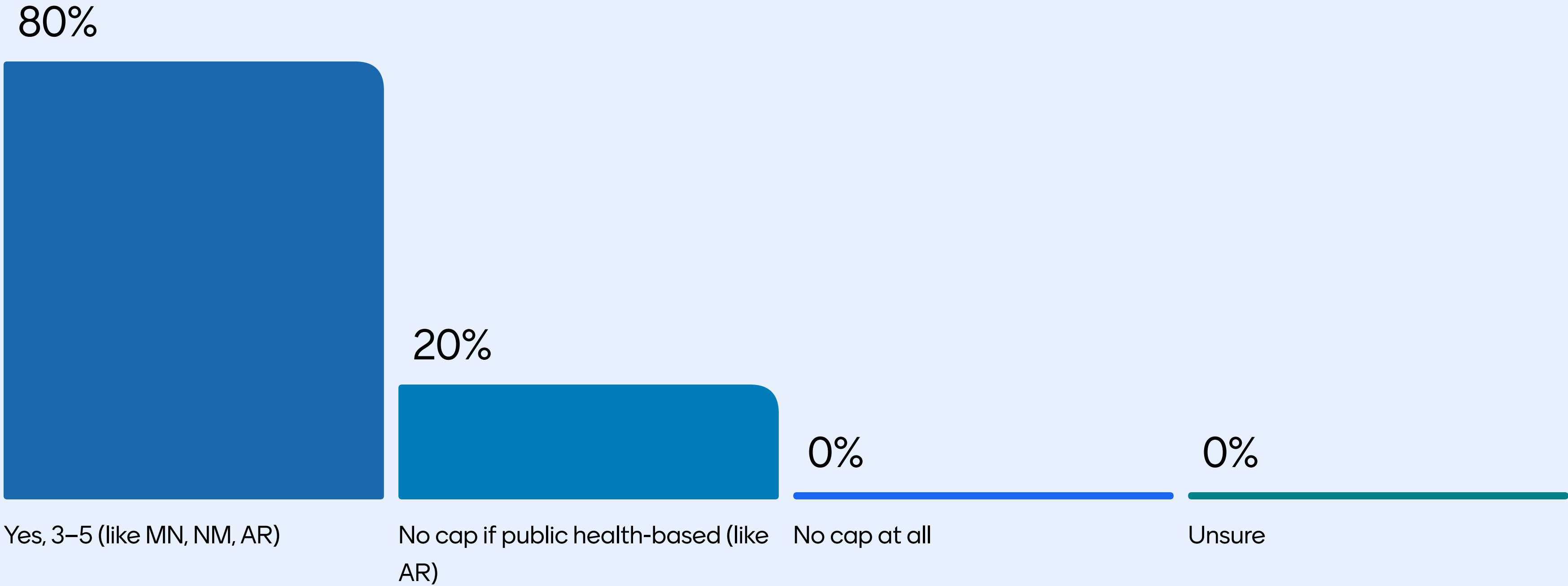


Should DC hygienists be able to enter CPAs with state or local government agencies (not just dentists)?



- 100% Yes
- 0% No
- 0% Abstain

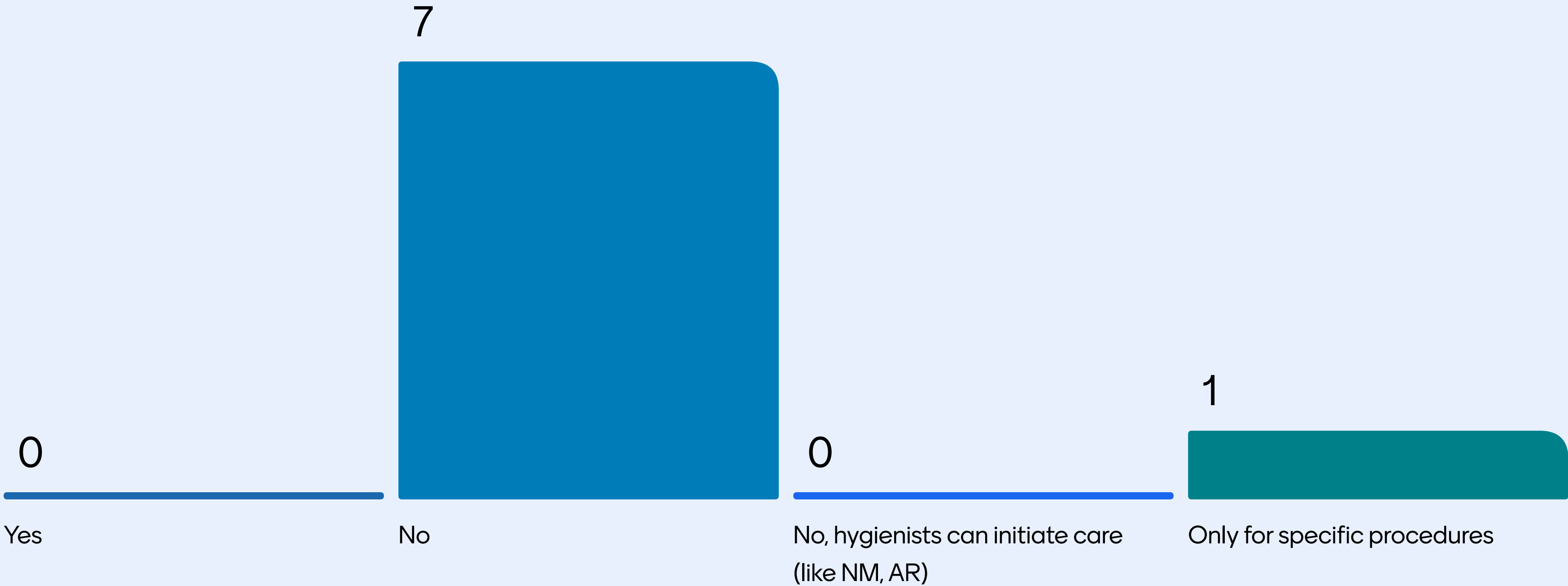
Should there be a cap on how many hygienists a dentist can collaborate with?



Supervision Requirements



Should CPAs in DC require a prior dentist exam before a hygienist provides care?



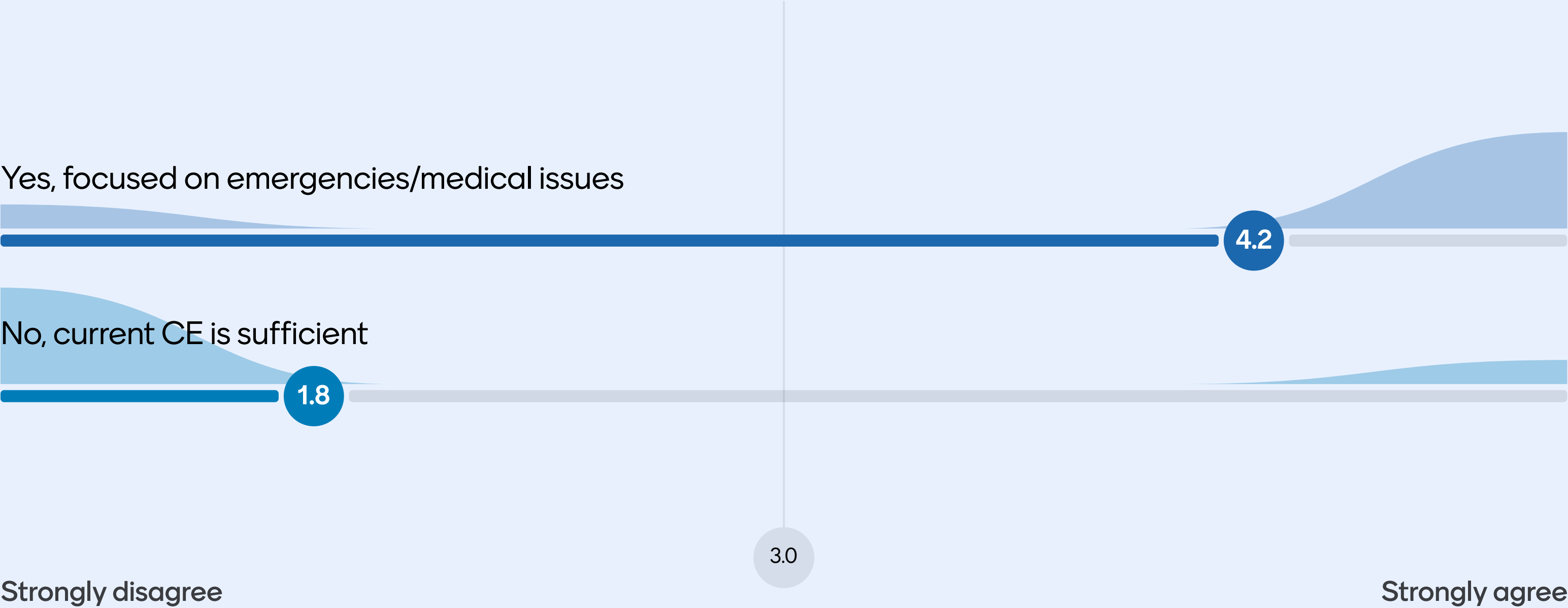
Type Yes, No or Abstain: Should collaborative hygienists be allowed to supervise dental assistants (as in IN and NM)?

yes
abstain

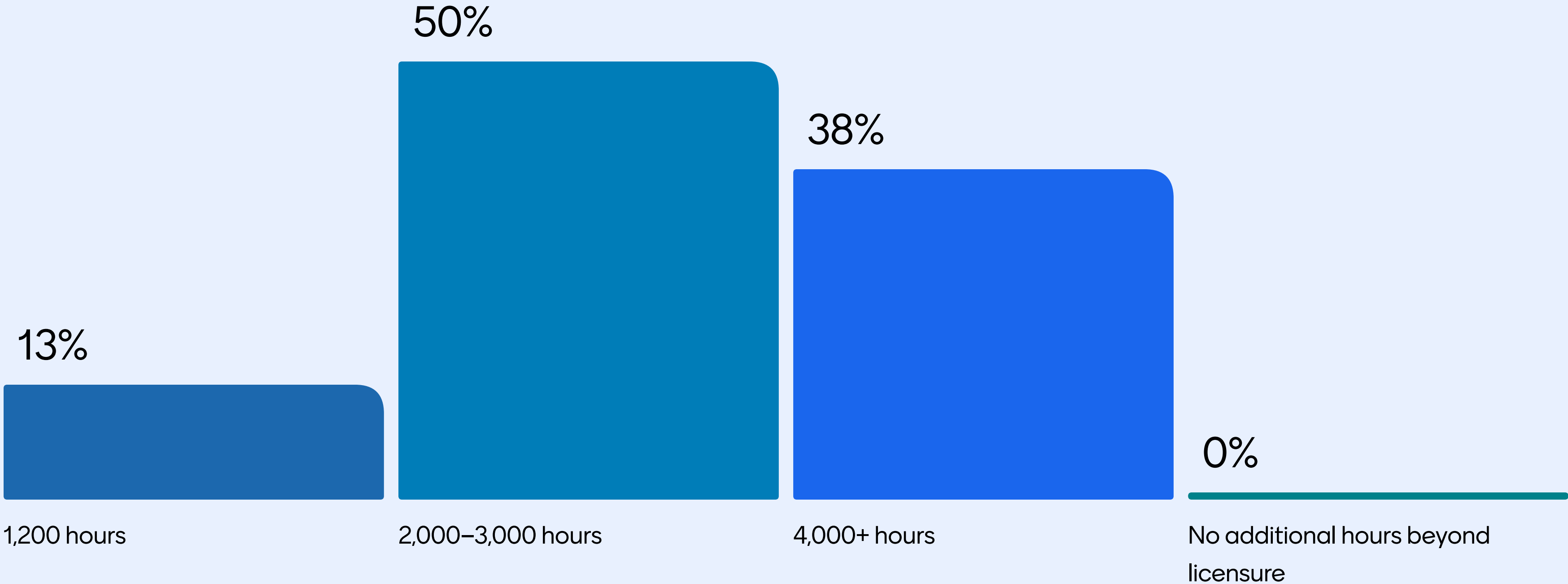
Education & Experience



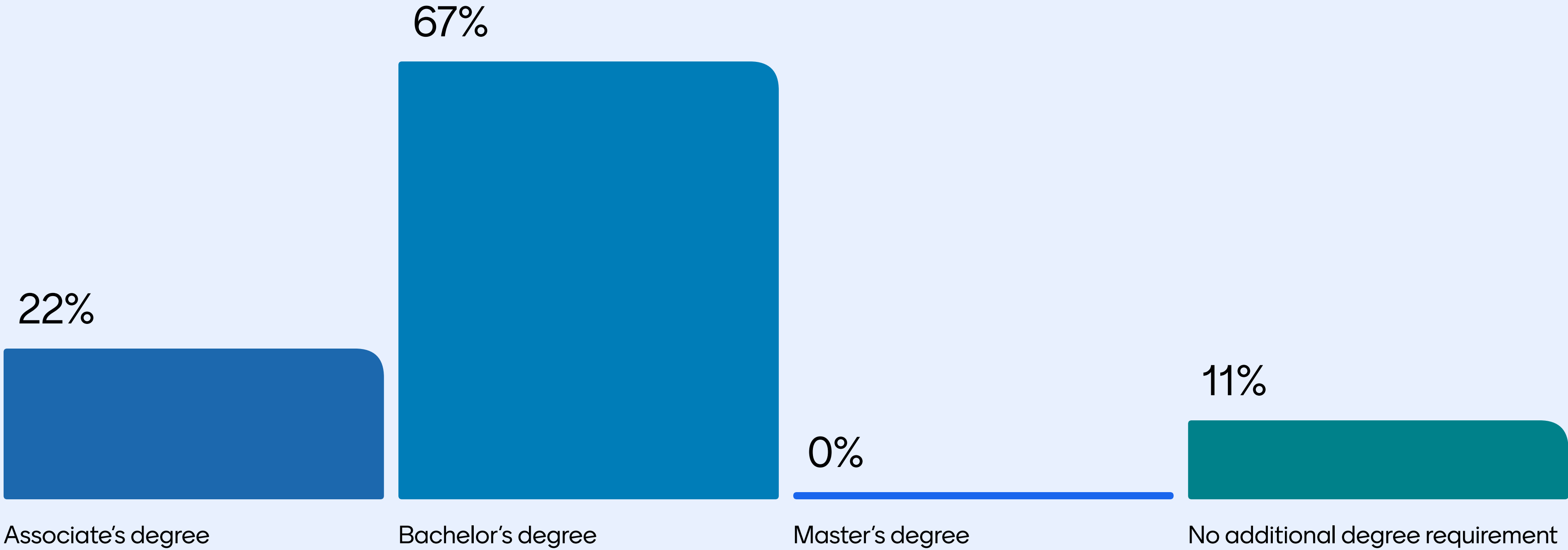
Should DC require additional CE for collaborative hygienists?



What should the minimum experience requirement be for DC hygienists under CPAs?



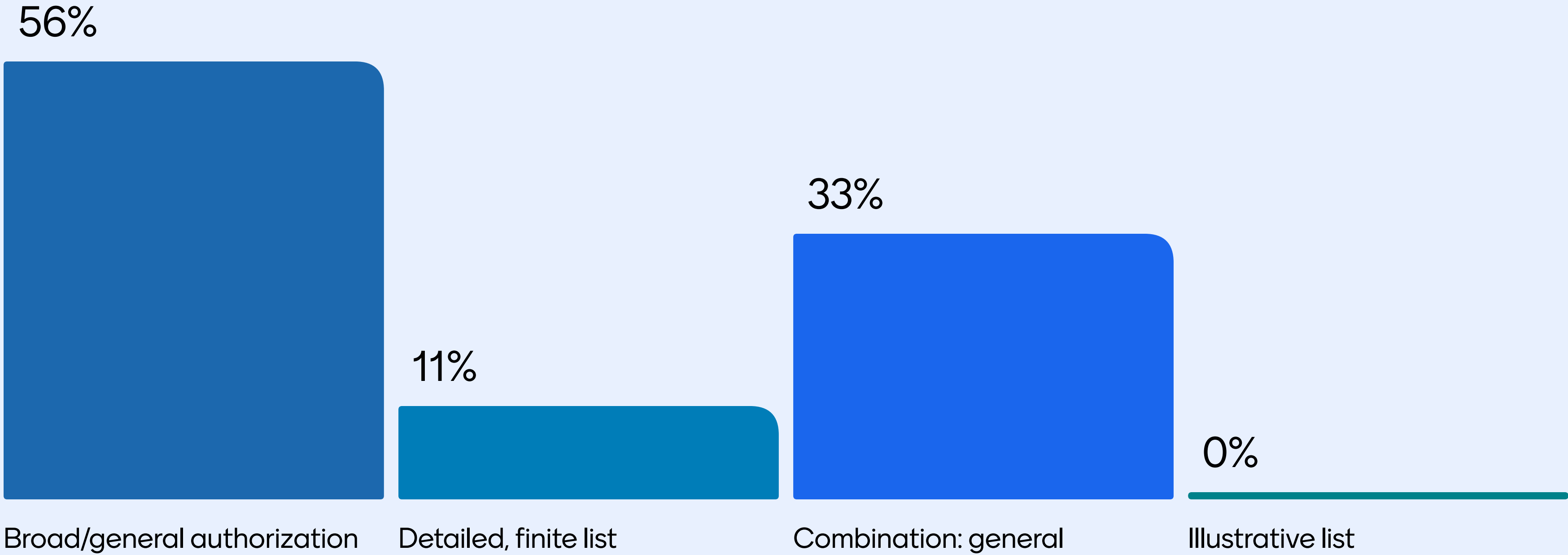
What degree should be required for a hygienist to enter a CPA in DC?



Functions & Scope



Which approach should DC take for defining functions under CPAs?



Type Yes, No or Abstain: Should collaborative hygienists in DC be recognized as Medicaid providers?

yes