

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.