DDH Dentist and Dental Hygienist Compact

DDH Compact Full Commission Minutes
February 19th, 2026, 11:00 a.m. – 12:30 p.m. ET

Register for Zoom: https://csg-org.zoom.us/webinar/register/WN_toJEjh8oQdqaxJX1bOOsgA

Public Participation: Opportunity for public comment will be provided at each commission meeting. To request the opportunity to submit written or oral public comment, please fill out this form at least 48 hours prior to the meeting. Please identify which agenda item you are requesting to speak on.

RECORD OF ROLL CALL ATTENDANCE AND VOTES

States	Commissioners	Roll call
Colorado	Yukon Morford	X
Iowa	Jessica O'Brien	X
Kansas	Lane Hemsley	X
Maine	Teaneale Johnson	X
Minnesota	Bridgett Anderson	X
Nebraska	Vonda Apking	Not present
Ohio	Corey Schaal	X
Tennessee	Ailene Macias	X
Virginia	Jamie Sacksteder	X
Washington	Catharine Roner-Reiter	X
Wisconsin	Dr. Matthew Bistan	X
Arkansas	Meredith Rogers	X
	TOTALS	11

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11:00 a.m. ET **Call to Order**

- The Chair called the meeting to order at 11:02 a.m. ET.
- Samantha Nance (Legal Counsel) welcomes Arkansas as a commissioner per being statutorily compliant and enacting the compact.

Roll Call (see above)

- Roll called, 11 commissioners present. Vonda Apking (Nebraska) is not present.

*Adoption of Agenda**

- Corey Schaal seconds. Motion Passes.

*Adoption of Minutes**

- O'Brien makes the motion, Schaal seconds. Motion passes unanimously.

11:05 a.m. ET **Public Hearing on 1.0 Rule on Background Checks**

- Corey Schaal notes a comment submitted, answering that background checks are for initial licensures, not for the compact commission.
- Bridgett Anderson agrees with Schaal, affirming that she believes the rule should be kept as written.
- Legal Counsel notes the compact compliance perspective if a state did not fulfill this rule, resulting in compliance or defaulting.
- Corey Schaal makes motion to accept rule, Anderson seconds. Chair asks Legal Counsel about reading the rule. Bison mentions previous comment from Schaal regarding typo.
    - Schaal iterates rule as 1.0. Chair asks for call for vote. Rule passed unanimously.

11:15 a.m. ET **Vote on 1.0 Rule on Background Checks**

- Chair asks for call for vote. Rule passed unanimously.

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11:25 a.m. ET **Public Hearing on 1.2 Rule on Clinical Assessment Definition**

- The Chair asks for verbal comments regarding the rule. Commentors ensue in this order (2 minutes limit).
- Written comments can be found after minutes in this document.

11:45 a.m. ET **Legal Considerations on Draft Clinical Assessment Rules**

- Public comment ends. Chair introduces Legal Counsel's analysis.
- Bridgett Anderson asks to make a delegate comment. Chair asks for Legal Counsel's analysis to proceed before delegate comments.
- Legal Counsel's notes concern regarding commission is charged with implementing the compact, not determining psycho-validity of exams. Emphasizes the scope of the compact.
  - Pertaining to the Clinical Assessment Definition, notes the requirement function of the assessment. States concern for "narrowing" participation of states and their sovereignty and not being codified in the statute establishing the compact.
  - Cost-benefit analysis per the rulemaking authority of the compact commission.
  - The Chair notes that the rule does not include DLOSCEs, Residencies, PGY1s.

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11:50 a.m. ET **Vote on 1.2 Rule on Clinical Assessment Definition***

- Lane Hemsley thanks the Rule committee for drafting the rule; notes issue for trifurcating certain parts of the definition regarding "examination" in 2D, "alternative pathway", 4A9 "clinical assessment" as being difficult for state processes.
    - Chair asks for clarification.
        - Hemsley notes "examination" as meaning hands-on psycho-motor test in his state's definition. Notes question for what the term may mean in other states regarding "process" and "pathway", and need for enumerated definitions.
        - Legal Counsel notes "alternative pathways" not excluding state participation. Iterates that "Examination" or "process" trifurcated is intentionally inclusive.
- Bridgett Anderson mentions that Rule 1.2 is for the examination component; that "or process" hasn't been discussed extensively. States she is open to withdrawing the rule after further drafting the questioned components.

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- Legal Counsel notes the "or process"; is comfortable with adding to the text and then allowing for further comment.
- Anderson says that given that the rule could encompass all components under consideration.
- Chair states that if the rule is being withdrawn, moving with efficacy to draft and consider it by the next meeting to move it out of committee.

- Corey Schaal considered the rule to be inclusive, states there is unclarity for how it would be implemented. Asking Legal Counsel regarding the 3B portion and "alternative pathways", as not preventing the state from participation, but only an individual's participation. States he is willing to table the rule to further rework it concerning implementation for states.
  - Legal Counsel notes that rule is drafted broadly to not oust any state regarding this interpretation. Advises retracting perspective towards rulemaking authority. States she agrees with the Chair concerning continuing drafting.
- Bridgett Anderson states that she agrees this component has been discussed in committee, that the current writing requires both types of examinations. States that Minnesota does not currently accept OSCE.

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- Catharine Roner-Reiter mentions that the rule is too narrow and exclusionary and jeopardizes membership into the compact.
- Chair reiterates he would like to have a rule to address all these components, including PGY1 and DLOSCE, reintroducing the language in a later meeting, not necessarily sending back to the committee in the interest of time.
    - Schaal mentions that the rule is not currently inclusive of PGY1s and limits to examinations. Suggests tabling the rule.
    - Legal Counsel reiterates the Rule on Rulemaking per the original intention of the rule being enlarged, and then a discussion with all commissioners and allowance for public comment.
    - Jamie Sacksteder asks to table the rule. Emphasizes getting the rule right, not prioritizing time spent as the determining factor.
    - Teneale Johnson states her agreement on tabling the rule and sending back to committee as the rule does not address all processes of concern.
    - Anderson asks if other commissioners could provide examples regarding the rule's impact on their states due to limited conversation in

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committee. Mentions portfolio process and other components.

- Chair agrees, states its a matter of authority of the commission and interaction with states.
- Anderson states agreement with the Chair's statement. Chair iterates interest in all commissioner's comments on PGY1, DLOSCE, commission authority.
- Legal Counsel states that roll call is of current member states, but to also consider the implementation for potential sovereign member states to join the compact.
    - The Chair notes that legal counsel is stating that the compact is not telling another state that their accepted examination is invalid. Legal Counsel confirms that concern.

- Schaal encourages accepting the PGY1s. Notes need of definition of "clinical competence", and evidence of clinical competence as part of examinations and processes. Stating that other examples may not be accepted. Encourages

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more inclusive language, but tailoring what is accepted.

- Lane Hemsley states agreement with tabling the rule. Chair reiterates ask for comment on processes and definition. Hemsley iterates need for definitions regarding components for implementation, specifically for state board.
- Teneale Johnson states that she feels the current rule is not inclusive.
  - Bridgett Anderson notes that the ruling does consider parts.
- Catharine Roner-Reiter states she wants rule sent back to the rules committee.
- Jessica O'Brien iterates that she wants ability to communicate the rule effectively to her board. Needing further definition.
- Ailene Macias states agreement with needing more information on what other states require and then consult with her board and legal counsel.
- Meredith Rogers no comment.
- Jamie Sacksteder agrees with Bridgett Anderson and that current rule is not exclusionary.

- Corey Schaal makes motion to table the proposed rule. Chair agrees. Jessica O'Brien seconds. Catharine

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Roner-Reiter asks if tabling rule or sending back to committee. Legal Counsel provides explanation.
  - Schaal motions to send the rule back to the Rules Committee. Jessica O'Brien seconds. Motion passes unanimously.

12:15 p.m. ET **Finance Committee Report**

- Schaal reports the tentative financial needs for the remainder of the 2026 fiscal year commission $96,326.16; the 2027 fiscal year budget, heavily focusing on the data system, would need $257,411.32.
- Chair asks for confirmation on numbers and previous decision in the Finance Committee to send out fundraising letter. Schaal agrees. Chair asks to proceed with sending out letters.
- Chair asks for update regarding the progress with the Department of War. Kaitlyn Bison states that there is no update.

12:20 p.m. ET **Officer Nominations and Election***

- Chair entertains considering elections as a slate. Asks for motion.
- Corey Schaal makes motion to accept the slate. Bridgett Anderson seconds. Motion passes unanimously.

12:47 p.m. ET **Delegate Comment and Questions**

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- *None provided.*

Public Comment and Questions *(for agenda items other than the two draft rules)*

- *None provided.*

12:30 p.m. ET **Adjourn**

- Bridgett Anderson makes motion to adjourn. Corey Schaal seconds. Motion passes and meeting adjourns.

* Indicates agenda item requires Commission vote

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DDH Dentist and Dental Hygienist Compact

DDH Special Full Commission Meeting – 2/19/2026

Written Public Comments

Rule on Clinical Assessment

- **Submission 1:** Paul Shadid, Written & Verbal (ADA's Council on Dental Licensure)
  - **Written Comment:** "Dear Members of the DDH Compact Commission, I am writing to submit a public comment in opposition to the proposed rule on clinical assessment currently under consideration, on behalf of the American Dental Association's Council on Dental Education and Licensure (CDEL).

    While the Council supports licensure compacts and efforts to promote mobility and consistency across states, the Council has concerns that the proposed rule conflicts with advancing licensure mobility for dentists and dental hygienists.

    The currently proposed rule does not include multiple pathways to licensure that are currently accepted by states across the country, including a postgraduate year one (PGY-1) residency, the Dental/Dental Hygiene Licensure Objective Structure Clinical Examination (DLOSCE/DHLOSCE), or portfolio.

    In addition, the proposed rule on clinical assessment directly conflicts with the American Dental Association's 2025 Comprehensive Policy on Dental Licensure. Specifically, the proposed rule limits clinical assessment to psychomotor performance examinations with an Objective Structured Clinical Examination (OSCE), and does not recognize completion of a CODA-accredited PGY-1 program or equivalent residency training as a valid pathway to demonstrating clinical competency.
    Additionally, by narrowly defining acceptable assessment pathways, the proposed rule risks undermining innovation in licensure reform and may unintentionally exclude otherwise qualified practitioners who have met rigorous clinical training standards.

We respectfully urge the DDH Compact Commission to reconsider the proposed rule and revise it to align with all acceptable, valid, and reliable assessment pathways to licensure in order to advance the profession, maintain public safety, and address access to care.
Thank you for the opportunity to provide public comment and for your continued work on licensure portability.

Sincerely,

Paul Shadid, Chair, Council on Dental Education and Licensure"

- **Submission 2:** Gregory Jacob, Written
  - **Written Comment:** "Please note Section 1.1 doesn't set a time deadline requirement on states to get an applicant's background check done for expedited licensure. There should be a deadline.

    Regarding Section 1.2, and in any other areas of the document that refer to section 1.2, please be aware that the Compact has no authority to determine or describe anything related to a "psychomotor examination", or any other examination for that matter. The Compact must not name, endorse, list or defer to any testing agencies, organizations or exam standards. Doing this promotes the special interests of testing entities' products and services which are irrelevant and harmful to the compact's intent.

    Besides, Section 1.2 as written omits and excludes other methods of licensing including criteria involving the completion of dental residencies with no licensing exam.

    Consider that Section 1.2 can be very easily revised and simplified. Here is an example:

    EXAMPLE REVISION

    1.2 Clinical Assessment

    As set forth in Section 2-D, satisfaction of the Clinical Assessment requirement shall be interpreted to include pathways that provide licensure based on the successful completion of a CODA educational program, and,

evidence of having fully completed the established requirements specified by the state designated dentist/dental hygienist licensing authority.

Thank you for the opportunity to present these comments, and we look forward to having your finalized documents.

Additional Comments

There is a research article from 2025 on the absolute necessity for all states and territories to join the DDH Compact (https://doi.org/10.5055/jem.0897). Joining the compact is in the national interest and having this compact is a serious matter for everyone. Accordingly, please continue to conduct your work on these documents in a very careful yet timely manner."

- **Submission 3:** Kim Attanasi, Written (ADHA)
  - **Written Comment:** "I urge the Commission to recognize the serious consequences of adopting such a narrow definition of clinical assessment. This rule undermines licensure portability, which is supposed to be the cornerstone of the Compact.States that accept pathways like the DHLOSCE, DLOSCE and PGY1 programs did so to expand opportunities for qualified dentists and dental hygienists. Yet the Compact effectively tells these states their decisions are not valid. This marginalizes the profession, disenfranchises entire groups of licensees, and places unnecessary barriers in the way of practitioners who want to move, practice, or serve in underserved areas.If the Compact excludes practitioners from states with broader assessment pathways, then the Compact is not truly a mobility solution—it becomes another barrier. I ask the Commission to amend the rule to respect state authority and promote genuine portability."
- **Submission 3:** Dr Howard M Notgarnie RDH EdD, Written (New Jersey Dental Hygienist Association)
  - **Written Comment:** "I am submitting this testimony in opposition to the current definition of clinical assessment included in the Compact rule language. As written, the definition is unduly narrow, restricting recognition only to a limited subset of examinations that exclude widely accepted and validated assessment pathways used across the country.

    - Clinical assessment in dental hygiene practice is well established as multidimensional. States acknowledge this by recognizing a variety of national and state-level assessment mechanisms that evaluate both competence and readiness for practice. By defining clinical assessment so restrictively, the Commission has adopted language that does not reflect the diversity of assessment models endorsed by state boards, educational communities, and national testing entities.
    - This definition does not align with contemporary licensure frameworks, nor the breadth of competency evaluations used in accredited dental hygiene programs. Such an exclusionary definition creates barriers without offering evidence demonstrating necessity. For these reasons, I urge the Commission to amend the rule to reflect a broader, profession-validated understanding of clinical assessment."
- **Submission 4:** Dr. Monty MacNeil, Written & Verbal
    - **Written Comment:**
    - "My name is Dr. Monty MacNeil. I am a dentist, past dean at the University of Connecticut School of Dental Medicine (2007-2018), past chair of the Joint Commission on National Dental Examinations (JCNDE, 2004-2005), past chair of the American Dental Education Association (ADEA) and current member of the Coalition for Modernizing Dental Licensure (CMDL)

      I wish to express strong opposition to the proposed rule for Section 1.2 that would unfairly restrict methods for Clinical Assessment to examinations conducted by regional testing agencies. The proposed rule ignores that the legislative language for the Compact not only includes "examinations" but also purposefully includes "processes" (such as the PGY-1 pathway) within the definition of Clinical Assessment. Further, it erroneously portrays ADEX/CRDT/SRTA examinations as the gold standard for identifying clinical competency. They are clearly not. These examinations are but a historical standard. The scant data that is publicly available to analyze the effectiveness of these examinations suggest that they are relatively weak and unreliable measures. In comparison, expert analysis of the JCNDE's more-comprehensive DL-OSCE affirms that it is a stronger assessment tool demonstrating greater validity (the ability to distinguish between stronger and weaker candidates) and reliability (consistency when challenged multiple

times; less randomness). In terms of PGY-1, thousands of new dentists have been licensed in New York state through this pathway and outcomes data from this large cohort indicates equivalency, at minimum, to the NERB/ADEX examination method used prior to 2007.

Many in the community are concerned that some DDH Compact commissioners have not been apprised of the compelling data available on alternative pathways used in many states including several current member states of the Compact. If this is not the case, it begs the question whether their reasoning is clouded by past or current relationships with the same groups that stand to benefit should this arbitrarily restrictive rule be approved. Better informed and more objective thinking should underpin the final decision on this rule. The dental and dental hygiene professions are based on science and integrity. This Compact must hold itself to the same standards."

- **Submission 5:** Jody Berinato, Written (ADHA)
  - **Written Comment:** "Chair and Commissioners,

    Thank you for the opportunity to provide testimony. I am submitting these comments in strong opposition to the proposed rule language, particularly the definition of clinical assessment and the governance concerns arising during this rulemaking process.

    1. The definition of clinical assessment is overly narrow, exclusionary, and inconsistent with contemporary licensure standards.

    As drafted, the Compact's definition of clinical assessment is far too restrictive and does not reflect the breadth of competency-based models used across the country. States utilize multiple valid, psychometrically sound, and professionally recognized methods to evaluate clinical competence in dentistry and dental hygiene. These include examinations grounded in Objective Structured Clinical Examinations (OSCE), comprehensive competency assessments within CODA-accredited programs, state-approved pathways, and alternative licensure models.

    By limiting the definition to only one category of assessments, the Commission effectively excludes established, legitimate evaluation methods

embraced by states and educational institutions. This approach is not evidence-based, nor is it aligned with the evolving national landscape of clinical competency assessment. It is unnecessarily exclusionary and does not serve the public, the profession, or state licensing authorities.

2. The definition undermines licensure portability and marginalizes states with broader, modern assessment pathways.

An interstate compact should promote—rather than restrict—professional mobility. Yet the current language does the opposite. By refusing to recognize state-approved pathways such as the DHLOSCE or PGY-1 residency programs, the Compact penalizes states that have expanded access to licensure through rigorous, modernized assessment models.

These states acted within their authority to increase licensure flexibility, reduce unnecessary burdens, and respond to workforce needs. The Compact's refusal to honor those state decisions is inappropriate and

counterproductive. Instead of facilitating mobility, the Compact erects new barriers and creates a two-tiered system in which some states' licensees are deemed acceptable while others are marginalized.

If the Compact only supports mobility for practitioners from states with the narrowest requirements, then the Compact is not functioning as a mobility solution. It is functioning as a gatekeeping mechanism that limits portability, contradicting its stated purpose.

Conclusion

For these reasons: the exclusionary definition of clinical assessment, and the negative impact on licensure portability and state authority, I urge you to reconsider and revise the proposed rule language.

A successful compact must reflect the diversity of state licensure pathways and support true practitioner mobility. The current proposal does not meet those standards.

Thank you for the opportunity to provide testimony."

- **Submission 6:** Laura Vanderwerf, Written (ADHA/ ODHA)
  - **Written Comment:** “Chair and Commissioners of the DDH Compact Full Commission,

    I submit this testimony in opposition to the current definition of clinical assessment included in the Compact rule language. I do so not only as a dental hygiene educator and licensed clinician, but also as someone who has seen firsthand how licensure frameworks affect the real-world mobility of qualified professionals.

    As written, the definition is unduly narrow, recognizing only a limited subset of examinations and excluding widely accepted and validated assessment pathways that are currently used across the country. Throughout my career, I have worked with and alongside competent, well-prepared dental hygienists who have demonstrated clinical readiness through a variety of state-approved assessment mechanisms.

    Clinical assessment in dental hygiene has long been understood as multidimensional. State boards recognize this by approving diverse national and state-level pathways designed to evaluate both competence and readiness for practice. By adopting such a restrictive definition, the Commission’s language fails to reflect the breadth of assessment models endorsed by state regulators, educational institutions, and national testing entities.

    This definition does not align with contemporary licensure frameworks or the competency-based evaluations used in accredited dental hygiene programs. More importantly, it creates unnecessary barriers to licensure mobility without clear evidence that such restrictions are needed to protect the public. For these reasons, I respectfully urge the Commission to amend the rule to reflect a broader, profession-validated understanding of clinical assessment—one that supports mobility while maintaining rigorous standards of care.”

- **Submission 7:** Carolynn B. Wahl, Written (ADHA)
    - **Written Comment:** “Chair and Commissioners of the DDH Compact Full Commission,

      I am submitting this testimony in opposition to the current definition of clinical assessment included in the Compact rule language. As written, the definition is unduly narrow, restricting recognition only to a limited subset of examinations that exclude widely accepted and validated assessment pathways used across the country.

      Clinical assessment in dental hygiene practice is well established as multidimensional. States acknowledge this by recognizing a variety of national and state-level assessment mechanisms that evaluate both competence and readiness for practice. By defining clinical assessment so restrictively, the Commission has adopted language that does not reflect the diversity of assessment models endorsed by state boards, educational communities, and national testing entities.

      This definition does not align with contemporary licensure frameworks, nor the breadth of competency evaluations used in accredited dental hygiene programs. Such an exclusionary definition creates barriers without offering evidence demonstrating necessity. For these reasons, I urge the Commission to amend the rule to reflect a broader, profession validated understanding of clinical assessment.

      Sincerely yours,

      Carolynn B. Wahl, BSDH, PHDHP, FADHA

      Director, District II

      American Dental Hygeinists' Association”

- **Submission 8:** Kerri H. Friel, Written
  - **Written Comment:**

    "To Whom It May Concern,

    I am submitting this written comment in opposition to the proposed 1.2 Rule on Clinical Assessment Definition as it relates to inclusion in the DDH Compact for dentists and dental hygienists.

    I have been a licensed dental hygienist for more than 30 years, a dental hygiene educator for 26 years, and an examiner with ADEX (formerly CDCA/NERB) for 13 years.

    While all dental hygiene programs must meet Commission on Dental Accreditation standards, not all programs are created equal. In real academic environments, there is often significant pressure to retain underperforming students due to tuition revenue and enrollment demands. That reality cannot be ignored.

    Independent, third-party clinical assessment is essential to maintaining public safety. External evaluation removes institutional bias and ensures consistent competency standards across jurisdictions. Without this safeguard, we risk lowering the bar for clinical readiness. Clinical competence must be verified by objective, external evaluators. Eliminating or weakening third-party assessment places patients at risk and undermines the integrity of professional licensure.

    For these reasons, I strongly oppose adoption of the 1.2 Rule as currently written and urge reconsideration to preserve independent clinical assessment as a core component of licensure portability.

    Respectfully,

    Kerri H. Friel

    Licensed Dental Hygienist

- **Submission 9:** Phillip Mauller, Written & Verbal Comment (ADEA)
  - **Written Comment:**

    "Dear Commissioners, The American Dental Education Association (ADEA) respectfully submits the following comments in strong support of ensuring that the Dental and Dental Hygienist (DDH) Compact's clinical assessment rules recognize multiple pathways to licensure, as affirmed in the Compact legislation (see below) enacted in twelve states to date.

    As The Voice of Academic Oral Health, ADEA is the sole national organization representing academic dentistry. Our members include all 87 U.S. and Canadian dental schools, more than 800 allied and advanced dental education programs, more than 50 corporations and approximately 15,000 individuals. The following language must be enacted into law by a state to officially join the DDH Compact. No substantive changes should be made to the model language. Any substantive changes may jeopardize the enacting state's participation in the Compact.

    Section 2. Definitions

    D. "Clinical Assessment" means examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.

    Section 4. Compact Privilege

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

    9.Have successfully completed a Clinical Assessment for licensure;

    ADEA has concerns that rule 1.2, as currently proposed, may not be consistent with the definition of clinical assessment that was passed into law by each state represented on the Commission. The definition in the model DDH Compact is broad and ensures that passage of any clinical assessment that is vetted and approved by individual member states will qualify an applicant for Compact privilege. By limiting the examinations that are accepted and excluding pathways like PGY-1 and other examinations or processes (e.g., portfolio assessment)consistent with the statutory language,

the Commission may be adopting qualifications for Compact privilege that were not intended under the model DDH Compact that was adopted by the legislature of each participating Compact state.

Why the Current Rule Is Problematic

Rule 1.2, as currently proposed, would exclude pathways to licensure that are currently accepted by some compact member states. A rule that excludes those pathways would directly conflict with state-level advancements in clinical examinations, and possibly the legislative language passed into law by each member state. The rule would also create unnecessary barriers for dentists and dental hygienists seeking to practice in Compact-approved states, which undermines the Compact's purpose to promote mobility and workforce flexibility while maintaining high standards of care.

Recommendation for Inclusive Language We urge the Commission to adopt a more inclusive definition of 'Clinical Assessment' that recognizes multiple pathways vetted and approved by individual member states. This approach respects state sovereignty, supports workforce mobility and ensures public safety without imposing unnecessary restrictions. Proposed Alternative Definition

As set forth in Section 2.G1, satisfaction of the Clinical Assessment requirement shall includ pathways vetted and approved by individual member states for initial licensure tonsure the clinical competence of licensure candidates, including successful completion of one of the following examinations or processes:

- Qualifying examinations conducted by regional testing agencies (e.g., ADEX, CRDTS-SRTA)
- The JCNDE's DLOSCE and DHLOSCE (Dental and Dental Hygiene Licensure–Objective Structure Clinical Examinations)
- Completion of a PGY-1 dental residency experience, including clinical assessments conducte therein
- Other examinations or processes (e.g., portfolio assessment) consistent with the statutory language for 'Clinical Assessment'

Additional Comments

This language provides flexibility while maintaining rigorous standards. It acknowledges that states have long-standing authority and expertise in determining licensure requirements and ensures that the Compact does not inadvertently exclude qualified professionals.

Conclusion

We strongly encourage the Commission to revise the proposed rule to reflect this inclusive approach. Doing so will advance the Compact's goals of improving access to care, strengthening the dental workforce and supporting public health across member states.

Thank you for the opportunity to comment. ADEA appreciates the Commission's work and looks forward to a Compact that supports a modern, responsive and inclusive licensure framework."

- **Submission 10:** Richael Cobler, Written & Verbal Comment (CRDTS)
  - **Written Comment:**

    "The vast majority of states in the US require a hand skills examination and believe it to be the cornerstone of a clinical licensure examination. Every year 1-3% of graduates are unable to pass a clinical hand skills assessment proving that graduation from an accredited school and written examination alone does not prove competency in hand skills. The dental profession must not lose sight of the fact that didactic knowledge does not transfer to hand skills automatically. A written only examination cannot assess one's manual dexterity or the ability to apply didactic knowledge to practice.

    Public Safety MUST be the priority for state dental boards and a dental compact MUST support the ability to adequately prove competence. The hand skills assessment has proven to be the best indicator of minimal competency and must remain a requirement for clinical licensure.

    CRDTS supports this rule as written."

- **Submission 11:** Lynn Radler, Written (AZDHA)
  - **Written Comment:**

    "I speak in opposition to the Compact's narrow definition of clinical assessment because it implicitly elevates regional, manikin based clinical examinations as the default or preferred standard. These examinations are not—and have never been—recognized as the gold standard for evaluating clinical competence. Their reliability and validity have been repeatedly questioned in the research literature and by professional organizations. Manikin based exams lack the authenticity, clinical realism, and competency based evaluation necessary to determine whether a practitioner can perform successfully in actual patient care settings.

    By contrast, pathways such as the PGY1 residency and the Dental Licensure Objective Structured Clinical Examination (DLOSCE) and Dental Hygiene OSCE offer substantially stronger measures of competence. These models assess clinical judgment, diagnostic reasoning, treatment planning, professionalism, and procedural readiness in a far more comprehensive and psychometrically defensible manner. They are aligned with contemporary standards of competency based education and reflect the progression of dental and dental hygiene licensure away from single encounter, high stakes examinations.

    Because the Compact's definition of clinical assessment excludes these more rigorous and validated pathways, it reinforces outdated assessment mechanisms while dismissing modern, evidence supported methods. This exclusion further demonstrates why the definition is too narrow and does not reflect a legitimate or accurate representation of clinical competency evaluation within the profession."
- **Submission 13:** Betty J. Howard, Written
  - **Written Comment:** *"Clinical Assessment shall include completion of a psychomotor performance examination that involves hand skills, along with successful completion of an objective structured clinical examination."*

    I support the public protections this rule aims to ensure.

Hello, I am Betty J. Howard, RDH, BSDH, a licensed dental hygienist practicing since 1983. As a former member of the Maryland State Board of Dental Examiners and Past President, I support the DDH Compact Rules Committee's proposal to require psychometric, hand skills, and clinical assessments, including an OSCE, for all licensees applying for a DDH compact privilege. These practical and didactic examinations are a standard credential accepted in the United States and used by states as a measure of minimal competency to issue a dental license for professionals to practice dentistry in their state.

Thank you for clarifying "clinical Assessment".

Sincerely,

Betty J. Howard, RDH, BSDH"

- **Submission 14:** Maxine Feinberg, Written
  - "I am in favor of both the hands skills assessment and an OSCE. Clearly much of dental education today is simulated and not on patients and lacking substantial clinical experience. Making a third part impartial assessment of clinical essential to insuring patient safety."

Hands-on Skill Assessment

- **Submission 15:** Kimber Cobb, Written & Verbal (American Association of Dental Boards)
  - **Written Comment:**

    "AADB & its stakeholders are very much in favor of the rule proposed by the Rules Committee to include a hand skill exam requirement in addition to an OSCE."

- **Submission 16:** Amy Adair, Written
    - **Written Comment:**

      "I support the requirement of a hands-on skill assessment as part of the clinical assessment requirement for DDH Compact privileges. A hand skills assessment serves as a necessary layer of protection for patient safety. Otherwise the "Swiss Cheese Effect" would become a very real phenomenon given the current CODA accreditation standards for dental schools and since there are no "years in practice" requirements in the DDH Compact.

      Without a hands-on skill assessment, a dentist could be licensed in a state such as Washington or Colorado, then granted Compact privileges to work in multiple states, having never completed a crown on a tooth on their own in dental school. Every individual in this Commission voting should ask themselves if they would be comfortable being a patient in this situation. This is a significant patient safety concern and should not be ignored."

- **Submission 17:** Craig C. Spangler, Written
    - **Written Comment:**

      "In order to protect the public, candidates for licensure must demonstrate minimal competency on a realistic, hand skills exam such as the ADEX examination. A hand skills test, administered by a third party agency with no affiliation to the ADA, ADEA or CODA is necessary to assure independent evaluation of a candidate. In the case of the ADEX exam, it has proven to be an accessible, fair, well calibrated exam that is forward looking in testing

      candidates on the procedures they will be performing in day to day clinical practice. The ADEX organization, along with it's predecessor organizations, have proven that this test can be the gold standard in proving competency in performing dental procedures.

      As a former GPR Program Director, I have interviewed and worked with many new graduates over the last decade. As one Dean frequently says, "our new graduates are practice ready." I assured him that not all of their graduates were practice ready. Without specific testing language, including who administers the test, dental schools can decide they are the "testing agency." The vested interests of the schools in "pushing' students out the door,

whether they are competent or not, is too great. That is why the inclusion of the "ADEX test or its equivilant successor" is essential to protecting the public from incompetent practitioners no matter where they are licensed."

- **Submission 18:** Nanette Kosydar Dreves, Written
  - **Written Comment:**

    "I strongly submit my opinion that psychomotor skills should be a part of the the examination for graduation dental hygienists and dentists. The work that we do clinically is primarily fine motor skills in the hands, fingers and wrists. This testing is not a roadblock, but a passage into the world of dentistry that we all should welcome. Pilots take flight tests, Driver's take driver's test -- so should all of the dental professionals."

- **Submission 19:** David Owsiany, Written & Verbal (Ohio Dental Association)
  - **Written Comment: "**Proposed Clinical Assessment rule must be withdrawn or rewritten because it is not consistent with the Compact statute."
- **Submission 20:** Bonnie Flanagan, RDH, Written (Oklahoma Dental Association)
  - **Written Comment: "**As a Legislative Co-Chair for our State Association, I have been instrumental in getting the DDH Compact, SB 540, through the Senate Committee and through the Senate floor vote to the House, where it is currently is set to be heard in the House Committee. Our Dental Hygienists' Association has specifically chosen to support the DDH Compact over the AADB Compact with the understanding that the Commission would word the language in the Rules to support a hand skills exam. We are actively supporting your Compact as we speak, based on that assurance. I do not think our Association will pursue the legislation if that is not to be the case."
- **Submission 21**: McAllister Castelaz, DMD, MS, Written
  - **Written Comment:** "I appreciate the opportunity to comment on the proposed rule interpreting the Clinical Assessment requirement under the Dentist and Dental Hygienist Compact. While I support the Compact's goal of strengthening workforce mobility, I am concerned the proposed definition may unintentionally exclude qualified dentists and dental hygienists who meet current state licensure standards.
  - The proposed rule defines Clinical Assessment as licensure based on successful completion of both a psychomotor performance examination

involving hand skills and an Objective Structured Clinical Examination (OSCE). Although the rationale states this approach would include “all current exam pathways,” I believe the language is overly restrictive and may exclude widely accepted, valid, and reliable licensure models.
    - Most notably, I am concerned this definition may disqualify dentists licensed through PGY-1 residency-based pathways (e.g., GPR/AEGD), which many states recognize as an evidence-based alternative to traditional clinical examinations. These pathways reflect rigorous competency assessment, yet may not include the specific psychomotor + OSCE structure described in the proposed rule.
    - I am also concerned the rule creates ambiguity regarding OSCE-based pathways such as DLOSCE/DHLOSCE, which may not be consistently interpreted across participating states.
    - I strongly encourage the Commission to revise this rule to explicitly recognize PGY-1 and DLOSCE/DHLOSCE pathways to avoid creating unnecessary barriers to Compact eligibility for otherwise fully qualified licensees."
- **Submission 22**: Trish Flaig, Written (Washington Dental Association)
    - **Written Comment:** "Dear Commissioners,
    - On behalf of the more than 4,000 member dentists of the Washington State Dental Association (WSDA), thank you for the opportunity to comment on the proposed rules regarding Clinical Assessment Definition and Criminal Background Checks for the February 19, 2026 meeting.
    - WSDA supports the goals of the Dentist and Dental Hygienist Compact and remains committed to licensure portability, public safety, and accountability across member states.
    - WSDA opposes the proposed Clinical Assessment Definition rule as drafted because it defines acceptable demonstrations of clinical competency too narrowly. By limiting recognition primarily to psychomotor performance examinations with an Objective Structured Clinical Examination (OSCE), the rule excludes other established, validated pathways such as completion of a CODA-accredited PGY-1 residency, the Dental Licensure Objective Structured Clinical Examination (DLOSCE), and portfolio-based assessments. These pathways are widely recognized within the profession as rigorous measures of competency and have been deliberately adopted by multiple states.

- The proposed definition would have a direct and substantial impact on Washington dentists. Washington's licensure framework expressly recognizes completion of a CODA-accredited PGY-1 residency as sufficient demonstration of clinical competency for licensure. Dentists licensed through this pathway have met all state requirements and are practicing safely and successfully. Under the proposed rule, however, these fully qualified Washington licensees could be excluded from compact privileges solely because their competency was demonstrated through a residency-based pathway rather than a psychomotor examination. This would create inequitable treatment among otherwise qualified licensees, effectively establishing a two-tier system for Washington dentists based only on the pathway used to obtain licensure.
- More broadly, a definition that fails to recognize valid pathways already embedded in member state licensure systems risks undermining the compact's core purpose. Instead of enhancing mobility, it may discourage participation in the compact. A portability framework should accommodate legitimate state pathways that demonstrate competency, not narrow them.
- WSDA supports the proposed Criminal Background Check rule, including FBI fingerprint-based checks, as an appropriate public-safety safeguard. We encourage the Commission to ensure implementation allows workable transitions for states and does not unnecessarily delay otherwise eligible licensees from accessing compact privileges once qualifying checks are completed.
- Thank you for your consideration."

Ohio Senate
Senate Building
1 Capitol Square
Columbus, Ohio 43215
(614) 466-4823

Committees:
General Government - *Chair*
Higher Education - *Vice Chair*
Ways and Means - *Vice Chair*
Health

Kristina D. Roegner
State Senator
27th Senate District

Dentist and Dental Hygienist Compact Commission
Council of State Governments
1776 Avenue of the States
Lexington, KY 40511

Dear Dentist and Dental Hygienist Compact Commission:

I write to express strong opposition to the proposed rule on clinical assessment. The proposed rule is inconsistent with the actual statutory language of the Dentist and Dental Hygienist Compact statute, as passed by all of the participating states, and with the express intent of the statute.

The actual language of the Dentist and Dental Hygienist Compact statute defines the term "clinical assessment" to mean an "examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene."

The proposed clinical assessment rule only addresses examinations which is inconsistent with the statute that specifically allows for a "process" other than an examination to serve as a clinical assessment. That language of the statute was carefully chosen by the drafters of the model Compact law to include states that allow for alternative pathways for clinical assessment other than examinations including the completion of accredited post-graduate training of at least one year in length, which we have in Ohio and certain other participating states.

In fact, this issue was specifically addressed in testimony on February 6, 2024, before the Ohio House of Representatives Health Care Provider Services Committee when Matt Shafer representing the Council of State Governments testified as an interested party on Senate Bill 40, which was the Ohio version of the Dentist and Dental hygienist Compact legislation. Shaffer testified that:

> "There are multiple types of clinical assessments approved by states. There are hands-based 'psychomotor' exams that test a dentist's hand skills, there is a computer based 'OSCE' exam which tests clinical judgment/competence, and there is a yearlong residency program known as 'PGY-1.' All of these pathways to licensure are valid and reliable measures of clinical competence… The drafters of the compact did not want to limit participation to only those who have completed a certain type of exam. SB 40 allows multiple pathways to clinical examination rather than dictating a set path."

This testimony and the plain language of statute – specifically going beyond just examinations to include "process" as a means for clinical assessment – clearly show that the proposed rule is inconsistent with the statute. By attempting to eliminate the use of a process such as PGY1 for clinical assessment, the Commission has proposed a rule that is inconsistent with the language and intent of the Compact statute which is beyond the Commission's scope of authority.

As you know, the Dentist and Dental Hygienist Compact Commission's rulemaking authority as defined by the Compact statute creating the Commission only allows for rules that implement and administer the "purposes and provisions of the Compact." As such, the Commission does **not** have the authority to create rules that are inconsistent with the provisions of the Compact statute.

As the sponsor of Senate Bill 40 from the 135th Ohio General Assembly – the Dentist and Dental Hygienist Compact statute – I worked to get this statute passed so that all licensed Ohio dentists could have the opportunity to gain Compact privileges in other participating states and that dentists in other participating states can gain Compact privileges in Ohio. I championed this effort and it overwhelmingly passed the Ohio General Assembly because the Compact statute allows qualified dentists to gain Compact privileges in participating states whether they secured their initial licenses though a clinical assessment of an "examination" or a "process" including PGY1. The Commission does not have the authority to promulgate rules that are inconsistent with the clear directives of the statute.

Because the proposed clinical assessment rule is inconsistent with the statute, the rule must be withdrawn or rewritten to make clear that Compact states may use a "process" – such as PGY1 – in addition to an examination as their clinical assessment and that qualified dentists who satisfy the participating state's clinical assessment – whether an examination or a process such as PGY1 - are eligible for Compact privileges in all other participating states.

Sincerely,

Kristina Roegner
State Senator
27th Senate District of Ohio

cc. Honorable Mike DeWine, Governor, State of Ohio
Mr. Dan Logsdon, Director, National Center for Interstate Compacts
The Council of State Governments
Mr. Miguel Santiago, Executive Director, Ohio State Dental Board

To: Dentist and Dental Hygienist Compact Commission
From: Matt Shafer, Former Deputy Director of CSG National Center for Interstate Compacts
Date: Feb 17, 2026
RE: Clinical Assessment Definition

Commission Delegates,

From 2020-2025, I managed CSG's efforts to create the Dentist and Dental Hygienist Compact. I was the primary CSG point of contact and subject matter expert from the inception of the initial concept through reaching 12 states and establishing the commission.

Through this work I was afforded many opportunities to present on the form and function of the compact to dozens of state boards of dentistry and legislative committees. It has been brought to my attention that there is some question around my characterization of the compact's definition of clinical assessment. From the onset, the purpose of the compact was to create an optional, alternative pathway for dentists and hygienists who wish to practice in other states and hold an active, unencumbered license.

The drafters of the compact never intended that compact privilege seekers would need to complete additional state-specific licensure requirements beyond jurisprudence exams. I can say with definitive certainty that I never characterized the compact would function in a way where states can impose their own additional requirements beyond what the compact requires. As you can see in the evidence below, the talking point used repeatedly in my presentations is that the definition of clinical assessment was drafted broadly to encompass multiple pathways to licensure including hands based exams, PGY1, and the DLOSCE.

This clinical assessment question has quite literally taken up hundreds of hours of discussion during this process. I understand the difficulties you are facing as you grapple with implementing the compact in your states. I can only speak to the intention of the compact drafters and the manner in which the compact was characterized during CSG presentations on this topic.

Below is a sample of articles, testimony, and presentations I gave during my time working on this compact which reiterate the intentionally broad clinical assessment definition and intent for the compact to encompass multiple pathways to licensure.

- Response to Article from "Dimensions of Dental Hygiene"
- Interview with Dentistry Unmasked Podcast (starts around 19:30)
- Testimony on Ohio SB 40
- Testimony on Maryland SB 21 (starts around 3hrs 17mins)
- Compact Overview Webinar (starts around 28:30

Best,
Matt Shafer

Matt Shafer

Joseph P. Crowley D.D.S.
3796 Lincoln Road
Cincinnati, Ohio 45247

February 11, 2026

Dear Members of the DDH Compact Commission,

I write to respectfully express concern regarding the currently proposed rule defining acceptable Clinical Assessment pathways for purposes of Compact eligibility. It is my understanding that the intent of the enabling legislation was to ensure inclusivity of all legitimate, state-recognized pathways to initial dental and dental hygiene licensure so that qualified professionals may fully participate in Compact mobility.

As presently drafted, however, the proposed rule appears to limit acceptable clinical assessment solely to the third-party ADEX examination process. This limitation does not reflect the full range of licensure pathways that are recognized and validated by individual states across the United States. For example, licensure routes such as completion of an accredited PGY-1 residency program and the DLOSCE examination are accepted by certain states as valid and rigorous demonstrations of clinical competence. Practitioners licensed through these pathways hold current, lawful licenses granted under state authority and should reasonably be considered eligible for Compact participation.

Restricting eligibility to only one examination model risks unintentionally excluding competent, licensed professionals who have satisfied legitimate state standards through alternative but equally valid processes. Such exclusion could undermine the Compact's core goals of portability, workforce flexibility, and public access to qualified oral healthcare providers. It may also fall short of the expectations held by states that enacted Compact legislation with the understanding that all bona fide licensure pathways recognized by member states would be respected.

I respectfully urge the Commission to revise the rule language so that the definition of accepted Clinical Assessment is comprehensive and inclusive of all state-approved licensure pathways, including but not limited to ADEX, PGY-1–based licensure, and DLOSCE-based licensure. A broader, principle-

based definition—rather than a single-exam specification—would better align the rules with legislative intent, support fairness among licensees, and strengthen the Compact's credibility and effectiveness.

The opportunity by the DDH Compact Commission to modernize the dentist and dental hygienist initial licensure process across the United States by fully recognizing all valid and reliable pathways to licensure would accelerate the long-needed improvement to a once functional, but now archaic pathway for the dental professional licensure. Inclusive conversations with the education and accreditation communities would be enhanced by the DDH Compact acknowledgment of a modern and comprehensive approach the initial licensure process.

Thank you for your thoughtful consideration of this important matter and for your service in advancing licensure portability while maintaining high standards of public protection.

Respectfully submitted,

Joseph P Crowley DDS, FACD
Past President American Dental Association
Past President Ohio Dental Association
Executive member CMDL

OHIO DENTAL ASSOCIATION
ADVOCATE. INFORM. SERVE.

DAVID J. OWSIANY, J.D.
EXECUTIVE DIRECTOR

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Columbus, Ohio 43215-1098

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Fax: 614-486-0381 | www.oda.org

February 17, 2026

Dentist and Dental Hygienist Compact Commission
Council of State Governments
1776 Avenue of the States
Lexington, KY 40511

Dear Dentist and Dental Hygienist Compact Commission:

I am writing on behalf of the Ohio Dental Association and its 5,000 member dentists practicing in Ohio to express serious concerns with the Dentist and Dental Hygienist Compact Commission's proposed Clinical Assessment rule.

The proposed rule conflicts with the express language of the Dentist and Dental Hygienist Compact statute, as passed by the participating states, which defines the term "clinical assessment" to mean an "examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene."

The DDHC Commission's proposed Clinical Assessment rule only addresses examinations and ignores the explicit statutory language that specifically contemplates a "process" for clinical assessment. This language was explicitly included in the DDHC statute because of states like Ohio and others which recognize completion of accredited post-graduate training of at least one year in length (PGY1) as a clinical assessment process for dental licensure purposes.

By narrowing the definition of clinical assessment in a manner inconsistent with statutory language, the DDHC Commission is going beyond its statutory authority. The statute makes clear that the DDHC Commission's rulemaking authority is to implement and administer the "purposes and provisions of the Compact." It does not have the authority to re-write the statute or ignore the statute's express provisions as the Commission has done with the proposed Clinical Assessment rule.

The intent of the legislation was to allow qualified dentists to gain Compact privileges in participating states whether they secured their initial licenses through a clinical assessment of either an "examination" or a "process" including PGY1. The Commission does not have the authority to promulgate rules that are inconsistent with the clear directives of the statute.

Accordingly, we respectfully request that the DDHC Commission either withdraw its proposed Clinical Assessment rule or rewrite the rule to make clear that a "process" – such as PGY1 – is included in the definition of Clinical Assessment for purposes of the DDHC Compact.

Thank you for your attention to this matter.   Please feel free to contact me at 614-270-6095 if you have any questions.

Sincerely,

David J. Owsiany, J.D.
Executive Director
Ohio Dental Association

COALITION FOR MODERNIZING DENTAL LICENSURE

February 17, 2026

To: Members of the DDH Compact Commission

From: Executive Committee, Coalition for Modernizing Dental Licensure (CMDL)

Re: Public Comment for Proposed Rules on Clinical Assessment

Dear Members of the DDH Compact Commission,

On behalf of the Executive Committee of the Coalition for Modernizing Dental Licensure (CMDL), we appreciate the opportunity to provide comment on the proposed rule addressing clinical assessment. CMDL strongly supports the development of a licensure compact and other initiatives that enhance professional mobility while maintaining high standards of public safety. However, we have significant concerns that the clinical assessment framework currently under consideration may inadvertently restrict, rather than promote, licensure portability for dentists and dental hygienists.

As drafted, the proposed rule appears to recognize a limited set of clinical assessment pathways and does not account for several established models that are widely accepted by jurisdictions across the United States. These include completion of a postgraduate year one (PGY-1) residency, the Dental or Dental Hygiene Licensure Objective Structured Clinical Examination (DLOSCE/DHLOSCE), and portfolio-based pathways. Each of these options has been implemented with rigorous standards and has contributed meaningfully to modernizing licensure.

By narrowly defining acceptable assessment mechanisms, the rule may unintentionally exclude qualified practitioners who have satisfied comprehensive, valid, and reliable clinical assessment requirements. Such limitations could hinder ongoing innovation in licensure reform and reduce the Compact's effectiveness as a vehicle for improving workforce mobility and access to care.

We respectfully encourage the Commission to revisit and broaden the proposed language to recognize all valid and reliable licensure pathways to enhance the clinical assessment rule. Doing so will better align the rule with the Compact's goals of facilitating portability, safeguarding the public, and supporting a contemporary and responsive licensure system.

Thank you for your thoughtful consideration of these comments and for your continued leadership in advancing licensure portability.

Sincerely,

Executive Committee
Coalition for Modernizing Dental Licensure

THE VOICE OF
DENTAL EDUCATION

AMERICAN DENTAL EDUCATION ASSOCIATION

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

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Feb. 19, 2026

To: Member Commissioners of the Dental and Dental Hygienist Compact Commission

Subject: DDH Compact Commission Public Comment – Support for Multiple Pathways to Licensure in Clinical Assessment Rules

Dear Commissioners,

The American Dental Education Association (ADEA) respectfully submits the following comments in strong support of ensuring that the Dental and Dental Hygienist (DDH) Compact's clinical assessment rules recognize multiple pathways to licensure, as affirmed in the Compact legislation (see below) enacted in twelve states to date.

As *The Voice of Academic Oral Health*, ADEA is the sole national organization representing academic dentistry. Our members include all 87 U.S. and Canadian dental schools, more than 800 allied and advanced dental education programs, more than 50 corporations and approximately 15,000 individuals.

The following language must be enacted into law by a state to officially join the DDH Compact. No substantive changes should be made to the model language. Any substantive changes may jeopardize the enacting state's participation in the Compact.

> ***Section 2. Definitions***
>
> *D. "**Clinical Assessment"** means examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.*
>
> ***Section 4. Compact Privilege***
>
> *A. To obtain and exercise the Compact Privilege under the terms and provisions of the Compact, the Licensee shall:*
>
> *9. Have successfully completed a Clinical Assessment for licensure;*[1]

ADEA has concerns that rule 1.2[2], as currently proposed, may not be consistent with the definition of clinical assessment that was passed into law by each state represented on the Commission. The definition in the model DDH Compact is broad and ensures that passage of any clinical assessment that is vetted and approved by individual member states will qualify an applicant for Compact privilege. By limiting the examinations that are accepted and excluding pathways like PGY-1 and other examinations or processes (e.g., portfolio assessment)

consistent with the statutory language, the Commission may be adopting qualifications for Compact privilege that were not intended under the model DDH Compact that was adopted by the legislature of each participating Compact state.

Why the Current Rule Is Problematic

Rule 1.2, as currently proposed, would exclude pathways to licensure that are currently accepted by some compact member states. A rule that excludes those pathways would directly conflict with state-level advancements in clinical examinations, and possibly the legislative language passed into law by each member state. The rule would also create unnecessary barriers for dentists and dental hygienists seeking to practice in Compact-approved states, which undermines the Compact's purpose to promote mobility and workforce flexibility while maintaining high standards of care.

Recommendation for Inclusive Language

We urge the Commission to adopt a more inclusive definition of 'Clinical Assessment' that recognizes multiple pathways vetted and approved by individual member states. This approach respects state sovereignty, supports workforce mobility and ensures public safety without imposing unnecessary restrictions.

Proposed Alternative Definition

- As set forth in Section 2.G1, satisfaction of the Clinical Assessment requirement shall include pathways vetted and approved by individual member states for initial licensure to ensure the clinical competence of licensure candidates, including successful completion of one of the following examinations or processes:
  - Qualifying examinations conducted by regional testing agencies (e.g., ADEX, CRDTS-SRTA)
  - The JCNDE's DLOSCE and DHLOSCE (Dental and Dental Hygiene Licensure–Objective Structured Clinical Examinations)
  - Completion of a PGY-1 dental residency experience, including clinical assessments conducted therein
  - Other examinations or processes (e.g., portfolio assessment) consistent with the statutory language for 'Clinical Assessment'

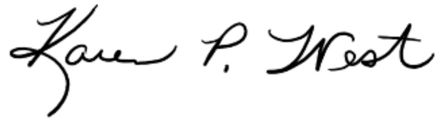
This language provides flexibility while maintaining rigorous standards. It acknowledges that states have long-standing authority and expertise in determining licensure requirements and ensures that the Compact does not inadvertently exclude qualified professionals.

Conclusion

We strongly encourage the Commission to revise the proposed rule to reflect this inclusive approach. Doing so will advance the Compact's goals of improving access to care, strengthening the dental workforce and supporting public health across member states.

Thank you for the opportunity to comment. ADEA appreciates the Commission's work and looks forward to a Compact that supports a modern, responsive and inclusive licensure framework.

Sincerely,



Karen P. West, D.M.D, M.P.H.
President and CEO
American Dental Education Association (ADEA)

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[1] Dentist and Dental Hygienist Compact Model Language
[2] 1.2 Clinical Assessment

As set forth in Section 2-G, satisfaction of the Clinical Assessment requirement shall be interpreted to include pathways that provide licensure based on the successful completion of a psychomotor performance examination that involves hand skills, along with successful completion of an objective structured clinical examination.

ADA American Dental Association®

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Chicago, IL 60611-4250
312.440.2500 • ADA.org

February 15, 2026

Dear Members of the DDH Compact Commission,

We are writing to submit public comment related to the proposed rule on clinical assessment currently under consideration, on behalf of the American Dental Association (ADA).

While ADA is supportive of a licensure compact and continues to promote mobility and consistency across states, the Association has concerns that the proposed rule conflicts with advancing licensure mobility for dentists and dental hygienists.

The currently proposed rule does not include multiple pathways to licensure that are currently accepted by states across the country, including a postgraduate year one (PGY-1) residency and the Dental/Dental Hygiene Licensure Objective Structure Clinical Examination (DLOSCE/DHLOSCE).

In addition, the proposed rule on clinical assessment directly conflicts with the American Dental Association's 2025 Comprehensive Policy on Dental Licensure. Specifically, the proposed rule limits clinical assessment to psychomotor examinations with an Objective Structured Clinical Examination (OSCE), and does not recognize completion of a CODA-accredited PGY-1 program or equivalent residency training as a valid pathway to demonstrating clinical competency, or the Dental Licensure Objective Structured Clinical Examination as a standalone examination.

> **Clinical Competency:** Successful completion of a state-approved clinical competency assessment that is valid and reliable, which may include graduation from a CODA accredited PGY-1 program and/or successful completion of at least one year of a CODA approved specialty residency program.[1]

We respectfully urge the DDH Compact Commission to reconsider the proposed rule and revise it to align with all acceptable, valid, and reliable assessment pathways to licensure and continue to work together to advance the profession, maintain public safety, and address access to care.

Thank you for the opportunity to provide public comment and for your continued work on licensure portability.

Sincerely,

Richard J. Rosato, D.M.D.
President

Thomas M. Paumier, D.D.S.
President-Elect

Elizabeth A. Shapiro, D.D.S., J.D.
Interim Executive Director

1 2025 ADA Comprehensive Policy on Dental Licensure