DDH Dentist and Dental Hygienist Compact

DDH Compact Rules Committee Agenda

December 15th, 2025, 2:30pm ET

Register for Zoom: https://csg-org.zoom.us/webinar/register/WN_GoU9OOi8RPyvo2cmSMRiDg

Public Participation: To request the opportunity to submit written or oral public comment, please contact dentalcompact@csg.org with the subject line "Public Comment Request" at least 48 hours prior to the meeting. Please identify which agenda item you are requesting to comment on.

State	Name	Attendance
Minnesota	Bridgett Anderson – Rules Chair	X
Ohio	Corey Schaal	X
Virginia	Jamie Sacksteder	X
Washington	Catharine Roner-Reiter	X
Wisconsin	Dr. Matthew Bistan	X

- Jay Phillips, legal counsel, present.
- Kaitlyn Bison and Imani Smith (CSG) present.

2:30 p.m. ET **Welcome and Call to Order**

- Bridget Anderson called the meeting to order at 2:31pm EST.

Roll Call

Approve Meeting

Agenda.

- Schaal makes motion to approve meeting agenda, Sacksteder seconds. Motion carries.

Approve Meeting Minutes*

- Schaal and Roner-Reiter comments that lastnames need spelling corrections in document.

- Motion passes and adopted with

  suggested amendments.

2:40 p.m. **Clinical Assessment (*continued discussion)***

Review Draft

- The Chair presents the topic; Asks for further comments and questions from legal counsel or commissioners.
  - Chair asks if those providing testimony/public comment on the topic.
  - Bistan makes comment regarding presenting to full commission.
  - Schaal notes that rule should have been sent to commissioners, for review of 30 days, as next commission meeting is January 12th. Potentially changing to the date of the commission meeting to January 26, 2026.
  - Bison asks clarifying question of if this rule would just be for discussion of vote in next commission meeting.
    - Schaal notes that rules committee would just be provided for feedback, before December 26th.
    - Bison advises pushing back further, also considering the SONAR, into the first week of February, offering a poll will be distributed by CSG for meeting availability.
    - Anderson reiterates collecting feedback from more states and logistical process. Advancing the rule out of committee.
    - Bistan questions pushing out until February 2026.
      - Bison notes that meeting could be one hour, or including a split meeting; needs legal review.
- Anderson asks procedural question regarding advancing the rule out of committee.
- Schaal makes motion to adjust agenda to allow public comment on rule, Sacksteder seconds. Motion passes.

2:51pm Public Comments

- Written public comments available at end of the document.

- Dr. JoAnn Gurenlian submits verbal public comment regarding clinical assessment.

- Dr. Monty MacNeil submits verbal public comment regarding compact language introduced regarding clinical assessment; references previously submitted written comment by Dr. Felman.

- Anderson asserts that administrative rulemaking does exist to provide further clarity, and that the clinical assessment definition is not exclusionary. Notes previous experience with assessment pathways.

- Roner-Reiter notes Washington and sees the exclusionary language regarding the DLOSCE.

- Schaal notes language allows for PGY1 assessment, but only not excluding hte DLOSCE if hands-on clinical assessment is added-on.

- Bistan notes support for advancing the rule for feedback from the full commission. Feels that the hands-on requirement may be erroneous. Notes need for input from legal counsel and CSG.

- Bison and Phillips (Legal Counsel) Rule would need to go to the Executive Committee, which is scheduled to meet January 5th.

- Bistan restates the motion to advance the rule to the Executive Committee for consideration, Sacksteder seconds. Roner-Reiter opposes. Motion passes.

3:05 p.m. **Background Checks (*continued discussion)***
Review Draft

- Schaal notes section 1.1 needing changing in language to "all" regarding applicants undergoing criminal background checks. Questions if it may affect those already licensed, and reiterating only "new" applicants.

    - Sacksteder points out the requirement per the compact model legislation, and whether upon licensure. And makes note to distinguish that state issues the licenses, and not the compact originally.

    - Shaal reiterates the rule would be for all states.

    - Legal counsel defers

- Anderson proposes motion advancing rule to the Executive Committee for further discussion, Schaal seconds. Motion passes.

3:19 p.m. **Delegate Comments and Questions**

- Shaal references pushing full commission meeting in February. Proposes having a full commission meeting in January and February.

- Bistan asks what other rules are needed for consideration. Anderson notes the data set rule. Bistan notes February meeting would be for public comments, per the notice rule.

4:00 p.m. **Adjourn**

- Anderson makes motion to adjourn, Schaal seconds. Committee adjourned at 3:24pm EST.

* Indicates agenda item requires Commission vote

Rule on Clinical Assessment

- Amy Adair
    - The definition of "clinical assessment" needs further clarification. "Clinical assessment" should be defined as an examination that includes a hand-skills assessment (for example, ADEX, NERB). This would exclude the DLOSCE exam since there is no hand skills assessment. Dental schools develop their own individual curriculums to meet the CODA standards, and these individual curriculums and requirements differ between schools. Therefore, a separate hand skills competency assessment serves as a necessary layer of protection for patient safety. Otherwise the "Swiss Cheese Effect" would become a very real phenomenon. For example, a dentist could, having never completed a crown on their own from start to finish in dental school, become licensed in a state where no hands skills assessment is required for licensure, then granted Compact privileges to work in multiple states. This is a significant patient safety concern and should not be ignored. Simply put: Would you go on an airplane flown by a pilot who got their license having never demonstrated how to fly an airplane?
- Tarek Elbadawy
    - I think we will be doing a big disservice to the public by not having the safeguards of a hand skills test as a requirement to obtain licensure and consequently compact privileges in the participating states.
    - The rule making committee alluded to Marquette university graduates obtaining licensure in WI by virtue of graduation alone. That is not acceptable for multiple reasons: there are no CODA minimum requirements of cases completed to satisfy clinical requirements in any given dental school. We have all seen the rapid and significant decline in the number of cases

      completed by graduates in the era of Covid. There has to be a standard where the hand skills of the applicant is tested.
    - Performance tests should measure knowledge, judgment, and clinical skills. If Stephen Hawking was a dentist; he would pass the written exam with flying colors but a hand skills test would reveal an essential dimension of clinical aptitude that written exams cannot measure.

- DDH compact can be very helpful for purposes of mobility and flexibility in movement especially for military families. However, we don't want this compact to be misused in ways to benefit corporations and other special interests. There is already a DSO that successfully opened a dental school. If this dental school decides to graduate students with very little clinical experience and in the absence of a hand skills test; that could be a disaster for the general public. And it will result in more work for the State Boards Of Dentistry litigating cases from unhappy Patients.
- Finally, the amazing advances in typodont teeth replicating the feel of caries, enamel and dentin means that all these hand skills tests could be done on typodonts. It is not complicated to administer a hand skills test. Not doing it causes a risk to the general public oral health. I am a dentist practicing in northern Virginia, but I am also a patient. My friends, family and loved ones are all dental patients. I am speaking first and foremost as a patient not as a dentist.

- JoAnn Gurenlian, RDH, MS, PhD, AAFAAOM, FADHA
  Chair, Coalition for Modernizing Dental Licensure (Written and Verbal)
  - Dear Commissioners,
    I respectfully submit this comment in strong support of ensuring that the 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.
  - 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.
  - 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;
  - Today, a growing number of states have modernized their dental and dental hygiene licensure systems to accept more than one method of clinical assessment. This trend reflects a commitment to upholding high standards while recognizing innovations that promote fairness, access, and public safety.
  - A single-pathway requirement would directly conflict with these state-level advancements and undermine the compact's value for clinicians who are otherwise fully qualified. To ensure alignment with enacted legislation and the realities of

licensure across the country, the compact must accommodate all accepted clinical assessment methods.

- I urge the Commission to honor the legislative intent and practical necessity of licensure flexibility, which is key to reducing barriers, addressing workforce shortages, and expanding access to care.
  Thank you for the opportunity to comment. I appreciate the Commission's work and look forward to a compact that supports a modern, responsive, and inclusive licensure framework.

- Phillip Mauller
  - 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;
  - The Compact's success and its ability to achieve true licensure portability and professional mobility rest on this principle.
    Today, a growing number of states have modernized their dental and dental hygiene licensure systems to accept more than one method of clinical assessment.

This trend reflects a commitment to upholding high standards while recognizing innovations that promote fairness, access and public safety.

- Rule 1.1 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 these state-level advancements and undermine the Compact's value for clinicians who are otherwise fully qualified. To ensure alignment with enacted legislation and the realities of

licensure across the country, the Compact must accommodate all accepted clinical assessment methods.

- ADEA urges the Commission to honor the legislative intent and practical necessity of licensure flexibility, which is key to reducing barriers, addressing workforce shortages and expanding access to care.
- 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)

- Cecile Feldman, DMD
  - Dear Commissioners,
    I write in strong support of ensuring that the DDH Compact's rules fully reflect—and do not contradict—the multiple licensure pathways permitted in the compact statute enacted by twelve states. The draft rules, particularly Section 2-G, raise serious concerns because they introduce definitions and restrictions absent from the Model Legislative Language. These additions are neither authorized by statute nor consistent with the compact's purpose.
  - The proposed rule states: "1.1 Clinical Assessment… shall be interpreted to include pathways based on successful completion of a psychomotor performance examination… along with… an objective structured clinical examination."
  - This narrow definition conflicts with the language adopted by every state:
    Model Legislation, Section 2.D "'Clinical Assessment' means examination or process… that provides evidence of clinical competence."
  - The legislative model intentionally uses broad, flexible language. It does not specify psychomotor testing, OSCEs, or any particular format. The Rules Committee's additions represent an unauthorized departure from statute

and effectively rewrite the compact—something the Commission has no authority to do. States may not alter its terms, and neither may the Commission narrow them by rule making.

- The proposed rule also contradicts key provisions of the compact, including those promoting mobility (1.A), workforce flexibility (1.B), streamlined access (1.C), proportionate public protection (1.D), and preservation of state licensure authority (1.E). By redefining “clinical assessment” so restrictively, the rule infringes on states’ authority and violates Section 1.E.
- The compact rests on mutual recognition of diverse licensure pathways that meet the broad definition in Section 2.D. States use multiple valid assessments -- regional exams, the DL-OSCE, portfolio reviews, PGY-1 programs, and emerging methods. All demonstrate clinical competence. Mandating only one or two formats would create barriers, reduce mobility, and undermine the compact’s value.
- Most importantly, rules cannot amend legislation. The Commission must implement, not reinterpret, the statutory definition. Narrowing it through rulemaking risks non-compliance and undermines state participation.
- I respectfully urge the Commission to correct the misalignment, withdraw the overly narrow definition in Section 2-G, and reaffirm adherence to the statutory language enacted by all participating states. Flexibility, reciprocity, and removal of unnecessary barriers are core principles the compact must preserve.
- Thank you for the opportunity to comment. I appreciate the Commission’s work and look forward to a final rule set that reflects legislative intent and the realities of licensure nationwide.

- RL Monty MacNeil, DDS MDentSc (Written and verbal)
  - As background, I am dean emeritus at the University of Connecticut School of Dental Medicine, past member and chair of the JCNDE, past chair of ADEA, and a current member of the Executive Committee of the Coalition for Modernizing Dental Licensure (CMDL).
  - It is imperative that rules created by the Committee comply with the spirit of the DDH Compact and the legislative language that all member states have signed. The proposed language posted in the Dec. 15/2025 meeting documents relative to [1.1 Clinical Assessment] appears to do neither. The spirit of the Compact is that states within it respect and trust each other, to include trust in and recognition of the processes each state uses to grant initial or primary licensure. Further, every effort should be made to “avoid burdensome and duplicative requirements” and to facilitate mobility by creating “a responsible, streamlined pathway”. These principles are addressed within Section 1 of the Model Legislative Language (see 1.A, 1.B, 1.C and 1.E). The draft rule language clearly does not respect these principles.

Further, the draft rule is an unnecessarily narrow and, I suggest, non-compliant interpretation of the definition of 'Clinical Assessment' as described in Section 2.D of the legislation., i.e., "an examination or process…. that provides evidence of clinical competence in dentistry or dental hygiene." An important point here is that the Committee should not be reinterpreting definitions already in place in the statute and should not use secondary rules to amend the legislation; all compact states enacted the same statutory definition of clinical assessment. Consistent with the intent and legal language of the Compact, it would be appropriate for the Committee to interpret this definition more inclusively and collaboratively. Such an interpretation would respect the current processes of each state and would recognize the following examinations or processes as fulfilling the clinical assessment: regional testing agency examinations, the JCNDE's DL-OSCE, Portfolio assessment, and the completion of a PGY-1 experience including the clinical assessments that occur within that experience. This approach would also permit the Compact to recognize new/future processes aimed at improved validity and reliability if such approaches comply with the legislative language. In summary, I encourage the Rules Committee to adopt this more inclusive approach and to avoid restrictions that are unnecessary and counter to the goals, principles and the legislative language underpinning the Compact.

- It is my understanding that a number of organizations and parties have similar strong concerns and intend to submit commentary for this meeting

or, due to the limited time that the process permitted, will do so very soon. It would be prudent if the Committee provided some additional time so that it could consider these important comments before any final decision is made on this draft rule.
If the committee has questions about my comments, I will be happy to address them during the meeting.

- Kirk Norbo, D.M.D.
  - Dear Commissioners,
    I respectfully submit this comment in strong support of ensuring that the 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. 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.
  - 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
The compact's success and its ability to achieve true licensure portability and professional mobility rest on this principle.
Today, a growing number of states have modernized their dental and dental hygiene licensure systems to accept more than one method of clinical assessment. This trend reflects a commitment to upholding high standards while recognizing innovations that promote fairness, access, and public safety.

- A single-pathway requirement would directly conflict with these state-level advancements and undermine the compact's value for clinicians who are

otherwise fully qualified. To ensure alignment with enacted legislation and the realities of licensure across the country, the compact must accommodate all accepted clinical assessment methods.

- I urge the Commission to honor the legislative intent and practical necessity of licensure flexibility, which is key to reducing barriers, addressing workforce shortages, and expanding access to care.

Most of all, I urge the commission to work in harmony to accomplish the mission of launching this DDH Compact. Legislation has been passed in the states who would like to see this compact come to fruition. Please get this done!
Thank you for the opportunity to comment. I appreciate the Commission's work and look forward to a compact that supports a modern, responsive, and inclusive licensure framework.
Sincerely,

Kirk M. Norbo, D.M.D.
CMDL Executive Committee member