

Resolution No. 406 New
Report: N/A Date Submitted: 7/15/2025
Submitted By: Dr. Spencer Bloom, delegate, Illinois
Reference Committee: C (Dental Education and Related Matters)
Total Net Financial Implication: None Net Dues Impact: _____
Amount One-time: _____ Amount On-going: _____
ADA Strategic Forecast Outcome: [Required]

**COMPACT NEUTRALITY, STANDARDS INTEGRITY, AND GOVERNANCE ACCOUNTABILITY IN
NATIONAL LICENSURE PORTABILITY**

Background: The House of Delegates has established policy supporting the concept of a national licensure portability compact (Transactions 2018:341), but it has never adopted any specific compact as official ADA policy. As the ADA continues its involvement in portability discussions, it is essential that the House—not the Board or any external entity—retain the authority to determine which compact, if any, becomes the Association’s official position. Promoting a compact prior to House action bypasses the governance process and undermines the role of the House.

Licensure portability can support dentists in all practice settings, but only if it is developed with standards that protect patients, preserve state dental board authority, and reflect the clinical nature of the profession. Compacts that prioritize speed and administrative ease—at the expense of oversight and entry requirements, pose additional risks to public protection.

Dentistry should look to the physician model—not the nursing compact—as the foundation for any future licensure portability system. The Interstate Medical Licensure Compact (IMLC), supported by the American Medical Association (AMA), preserves full state licensure and board authority, while offering a streamlined application process. For example, the compact enables applicants to be fully licensed in multiple states much faster than traditional routes—with an average approval time of 19 days and up to 51% of physicians obtaining licenses in under a week.

In contrast, the Enhanced Nurse Licensure Compact has led to oversight gaps, inconsistent enforcement, and criticism that it favors large employers over patient safety. A 2023 report by the Massachusetts Nurses Association warned that it removes a state’s ability to ensure all practicing nurses meet its own standards (<https://www.massnurses.org/wp-content/uploads/2024/03/Nurse-Licensure-Compact-FAQs-2023-01.pdf>).

To ensure the integrity of initial licensure, the ADA must establish clinical criteria for any compact it may support. Dentistry is a surgical profession. Clinical readiness cannot be fully assessed by written or simulated exams alone. Hand-skills-based assessments—such as manikin-based clinical exams—remain one of the few objective measures of competence. As of March 2025, 49 states and the District of Columbia accept manikin-based clinical exams for licensure (<https://www.asdanet.org/index/get-involved/advocate/issues-and-legislative-priorities/Licensure-Reform>).

A structured postgraduate year one (PGY-1) pathway may offer another acceptable approach. One or both must be included in any compact criteria to protect patients and support consistent national standards.

Public trust in dentistry depends on the profession's ability to maintain high standards, even as licensure becomes more portable. The ADA must not adopt portability models that weaken entry safeguards or diminish state board authority. Instead, it should support a compact process that places clinical integrity, professional autonomy, and patient safety first—and bring that model to the House of Delegates for debate, adoption, and implementation.

Resolved, that the American Dental Association (ADA) shall not endorse, promote, testify in support of, or lobby for any specific licensure portability compact unless and until that compact is formally adopted by the House of Delegates as official ADA policy, and be it further

Resolved, that the American Dental Association (ADA) direct the Council on Dental Education and Licensure (CDEL) to develop criteria for any future licensure compact supported by the Association, specifically for initial licensure, which shall require either an examination that assesses psychomotor (hand-skills-based examination) and cognitive dental skills or completion of a structured postgraduate year one (PGY-1) pathway, and be it further

Resolved, that any future compact supported by the ADA shall require full licensure in each participating state, preserve state dental board oversight and disciplinary authority, and maintain professional and clinical standards that protect patient safety and public trust.