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: Tripartite: Promote Tripartite stability, success, and future growth.

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

Background: The author of this resolution recognizes and supports the need for a national licensure portability compact. The purpose of this resolution is not to oppose licensure mobility, but to ensure the ADA advances the *right* compact—one that elevates the dental profession to the standard maintained by our physician colleagues, rather than lowering the bar to meet the administrative preferences of trade organizations or corporate stakeholders.

While the DDH Compact may offer increased geographic flexibility for dentists across various practice models, its structure clearly favors large-scale dental employers and corporate efficiency. The model eliminates the issuance of new state licenses, reduces the authority of local dental boards to discipline or investigate practitioners operating within their jurisdiction, and assigns critical enforcement decisions to a centralized multi-state commission. These shifts in regulatory control undermine the historic compact between licensed providers, state regulators, and the public. They introduce systemic risks to continuity of care, patient safety, and professional accountability.

The Enhanced Nurse Licensure Compact provides an instructive cautionary tale. Though adopted in many states to address access and workforce shortages, post-implementation evaluations raised red flags about inconsistent disciplinary enforcement, out-of-state oversight failures, and loss of state autonomy. The Massachusetts Nurses Association concluded that the compact "removes a state's ability to ensure that all practicing nurses meet its own standards," describing how it disproportionately benefits large employers. (https://www.massnurses.org/wp-content/uploads/2024/03/Nurse-Licensure-Compact-FAQs-2023-01.pdf)

Private equity's increasing role in healthcare poses serious risks. A May 2024 report by the California Health Care Foundation warns that "Private equity ownership often drives changes that prioritize short-term financial returns over long-term patient care" (https://www.chcf.org/wp-content/uploads/2024/05/PrivateEquityPrevalenceImpactPolicy.pdf). A July 2024 U.S. Joint Economic Committee report further states that "predatory investment practices threaten U.S. health care and block Americans from economic success" (https://www.jec.senate.gov/public/index.cfm/democrats/2024/7/predatory-private-equity-practices-threaten-americans-health-and-the-economy).

While the cost of dental education continues to rise—now exceeding $500,000 in some programs—many graduates still report feeling clinically underprepared. This underscores the critical importance of independent, third-party validation of hand-skills competency. Without it, especially in the context of a national compact that removes direct state licensing and fast-tracks mobility, there is no meaningful safeguard to ensure new licensees are clinically ready to serve the public safely.

Dentistry is a surgical profession requiring fine motor control, visual-spatial judgment, and repetitive skills. Studies consistently show that true clinical competence comes from psychomotor training—not just written or simulated assessments. Hand-skills exams are one of the few objective ways to validate readiness. As of March 2025, 49 states plus the District of Columbia use manikin-based clinical assessments. These must be preserved in any licensing model, and must not be replaced or restricted by monopolistic testing agency rules.

Moreover, combining dentist and hygienist compacts creates confusion and conflict, because the roles, scope of practice, and state regulations differ widely. A single “DDH Compact” risks collapsing those differences into a one-size-fits-all structure that may not meet either profession’s needs. A better path would be to develop separate compact models: one tailored to dentists (in line with the Interstate Medical Licensure Compact) and another tailored to hygienists—each designed and governed by the respective profession.

In contrast to concerning trends in nursing and corporate healthcare models, the Interstate Medical Licensure Compact preserves full state licensing, full board oversight, and professional accountability. Dentistry deserves nothing less.

To protect public trust and the profession’s reputation, the ADA must advocate for a portable licensure system that:

- Awards full licenses in each jurisdiction,
- Preserves state board disciplinary autonomy,
- Requires objective hand-skills competency testing,
- Acknowledges separate pathways for dentists and hygienists, and
- Resists influence from private equity or corporate models that prioritize business outcomes over professional standards or patient care.

Resolution

Resolved, that the American Dental Association (ADA) shall recognize in all internal communications and public activity that while ADA policy supports licensure portability through an interstate compact (Transactions 2018:341), no specific compact has been adopted by the House of Delegates as official ADA policy, and be it further

Resolved, that the ADA shall not endorse, promote, testify in support of, or lobby for any specific compact unless and until such compact is formally adopted by the House of Delegates, and be it further

Resolved, that the ADA shall not promote, support, or engage in advocacy for any licensure portability compact within a state unless it has obtained the written consent of that state's dental society, in alignment with ADA policy on Legislative Assistance by the Association (Transactions 1977:948; reaffirmed 1986:530 and 2019:310), and be it further

Resolved, that the ADA shall establish a process to evaluate all licensure portability compacts, which shall include input from state dental boards, constituent societies, and appropriate ADA councils prior to any formal recommendation to the House of Delegates, and be it further

Resolved, that the ADA shall not support or advance any compact model that fails to award full licenses in participating states, limits state board disciplinary authority, or facilitates the deployment of itinerant providers in ways that compromise continuity of care or public protection, and be it further

Resolved, that the ADA shall develop a compact framework modeled after the Interstate Medical Licensure Compact, which preserves state-issued licensure, maintains full disciplinary oversight, and upholds professional standards, and be it further

Resolved, that any compact supported by the ADA shall require a valid, uniform clinical competency assessment, including acceptance of manikin-based clinical examinations, and shall reject any system that restricts participation to licensees of a single private testing agency.

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