

Official House Resolution and Board Comments Attached

## **Resolution 406 — Compact Neutrality, Standards Integrity, and Governance Accountability in National Licensure Portability**

Author: Dr. Spencer Bloom, Delegate

### **IF YOU VOTE YES**

A YES vote supports the action requested in the resolving clauses. It ensures that the House of Delegates—not the Board or outside groups—retains control over which licensure compact, if any, becomes official ADA policy.

YES means protecting professional standards, state board authority, and patient safety. It directs the ADA to require any compact it supports to include verifiable hand-skills-based or PGY-1 clinical competency assessment, preserve full state licensure, and maintain oversight by state boards.

### **IF YOU VOTE NO**

A NO vote gives the Board and external organizations freedom to promote or endorse compacts before the House has reviewed or approved them. It allows the ADA to support portability models that could weaken state authority, reduce entry safeguards, and lower clinical standards for licensure.

### **SUMMARY**

This resolution establishes clear, ethical, and professional standards for ADA involvement in any future licensure portability compact. It requires that the House of Delegates formally adopt any compact before the ADA endorses or lobbies for it, ensuring governance accountability.

It directs CDEL to set minimum clinical competency criteria—requiring either a hand-skills-based clinical exam or a structured PGY-1 program—to protect patient safety and preserve the profession’s integrity. The resolution also safeguards full state licensure and board authority across all participating jurisdictions.

### **Board of Trustees — Thank You for the Referral**

#### ***We Trust the ADA Agencies Will Act Promptly***

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The Board recommended referral to the appropriate ADA agencies, acknowledging that the subject matter requires expert review and further development by CDEL. This referral is appropriate because the resolution calls for formal criteria and governance structure, not immediate implementation. The key is for the referred agencies to act promptly, preserving the House’s oversight and ensuring that any compact reflects high clinical standards and public protection.

## TALKING POINTS

- The ADA must not endorse any licensure compact without House approval.
- Licensure portability must protect patient safety and uphold clinical standards.
- Only a hand-skills-based or PGY-1 pathway ensures readiness for independent practice.
- Full state licensure and disciplinary authority must remain intact in every compact.
- Compact neutrality keeps the ADA independent and credible.
- The House of Delegates—not the Board—sets ADA policy.
- A YES vote maintains professional integrity and protects public trust.



Prepared by Dentistry in General Advocacy Coalition

<https://dentistryingeneral.com/digac>

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: Public Profession: Support a healthy, well-distributed, skilled and scoped workforce.

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

This resolution was submitted on Tuesday, July 15, 2025, by Dr. Spencer Bloom, delegate, Illinois.

**Background:** The House of Delegates has established policy supporting the concept of a national licensure portability compact (*Trans.*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.

### Resolution

**406. 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.

**BOARD COMMENT:** The Board appreciates the sentiments expressed in Resolution 406. The Board believes that the ADA's Council on Dental Education and Licensure has the subject matter expertise to further explore licensure portability. The Board respectfully suggests that the matters referenced in Resolution 406 be referred to the appropriate ADA agencies and the Board urges the assigned ADA agencies to evaluate and take necessary steps to report its findings.

**BOARD RECOMMENDATION: Vote Yes on Referral.**

**Vote: Resolution 406**

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|---------------------|-----|--------|-----|-----------|--------|---------------|-----|
| BERG                | Yes | DOWD   | Yes | KNAPP     | Yes    | STUEFEN       | Yes |
| BOYLE               | Yes | GRAHAM | Yes | MANN      | Yes    | TULAK-GORECKI | Yes |
| BROWN               | Yes | HISEL  | Yes | MARKARIAN | Yes    | WANAMAKER     | Yes |
| CAMMARATA           | Yes | HOWARD | Yes | MERCER    | Absent |               |     |
| CHOPRA              | Yes | IRANI  | Yes | REAVIS    | Yes    |               |     |
| DEL VALLE-SEPÚLVEDA | Yes | KAHL   | Yes | ROSATO    | Yes    |               |     |