

# The appeal of a licensure compact

Healthcare license compacts are a benefit for both patients and professionals, as long as they offer the highest standard for license and portability Practitioners benefit with a faster, smoother pathway to licensure.

Licensure requirements protect the public from practitioners who should not be practicing.

#### The stakeholders in licensure

The main stakeholders in the licensure process are the patients. They are the ones at risk if someone receives a license who is not qualified.

Dentists, dental hygienists, students, educators, and others are communities of interest but are not harmed if a license is given when it should not have been.

#### Service member benefits

The amendments to the Service Members Civil Relief Act (SCRA) in January 2023 added provisions for service members and their families, portability for their professional licenses. Modern compacts continue to help the military through compact fee waivers.

# **Current healthcare compacts**

The Federation of State Medical Boards (FSMB) Medical Compact covers 36 jurisdictions and approximately 80% of medical practitioners are eligible.

For healthcare professions, the licensing rubric includes a single uniform independent third-party examination, developed by an organization of the state regulatory boards, that serves as a benchmark standard for licensure.

### How the CSG, ADA, ADHA Compact misses the mark

- 1. Rules are promulgated by a simple majority of the member states and have the **force of law** in the participating states. In effect, an unelected commission has quasi-legislative authority in your state<sup>(1)</sup>.
- 2. The Commission may levy on, and collect an **annual assessment** from each Participating State and impose fees on Licensees of Participating States, in effect, an unelected taxing authority resulting in an unknown fiscal impact<sup>(2)</sup>.
- 3. Participating states are not required to report all disciplinary issues<sup>(3)</sup>.
- 4. Independent **third-party licensure examinations are not preserved**; exams without a hand-skills requirement such as the DLOSCE or ADEA Compendium, or a future unknown exam could be recognized and therefore accepted by all compact states.
  - · Examinations are neither required or uniform
  - · A "Clinical Assessment" may be any exam or process and is not clearly defined and does not require hand-skills
  - If a dental school is recognized as a testing agency or process in a compact state, recognition is required by other compact states
  - Requires the majority of states to accept a lowered standard of licensure examination

# How the AADB Compact, patterned closely after the Federation of State Medical Boards (FSMB) Compact, protects the public

- 1. Compact rules would exclusively cover the definition of eligible dentists and dental hygienists and be uniform and clearly defined.
  - Compact commission simply serves as the **clearing house for original source verification** and discipline to aid the member dental boards and shorten licensure issue times.
  - All other rule making relating to the professions are left to the individual sovereign state.
- 2. Fees to cover the **expenses are not borne by the state dental board** but only by the compact licensee, military members and their spouses are exempt from fees.
- 3. States are **required to report all disciplinary actions** allowing dental boards to **access significance independently**. Compact eligibility requires no history of discipline, controlled substance action or criminal history.
- 4. Independent **third-party licensure examinations are preserved**. The ADEX Examination, recognized by 50 of 53 US jurisdictions, and owned and developed by US dental boards, provides a **uniform standard of performance** for all licensure requirements. Sixteen states exclusively recognize the ADEX examination.
- 1. Dental and Dental Hygienist Compact, Model Legislation §7C3, 9B, 9K 10J2, 13B (2023); 2. Dental and Dental Hygienist Compact, Model Legislation §7E3 (2023); 3. Dental and Dental Hygienist Compact, Model Legislation §6C, 8B, 8G (2023).

