

August 28, 2023

Dear Colleague:

We are writing today to urge your support of the Dentist and Dental Hygienist Licensure Compact (DDH Compact). When the DDH Compact becomes active, this landmark legislation will give dental professionals greater licensure portability, resulting in a more mobile workforce and, for the public, the potential for greater access to oral health care.

As you may know, the DDH Compact was developed collaboratively over the course of two years by the US Department of Defense, the Council of State Governments (CSG), the American Dental Association, the American Dental Education Association, the American Dental Hygienists' Association, the American Student Dental Association, the American Association of Dental Administrators, and current members of state dental boards.

Of note, the American Association of Dental Boards (AADB) was invited to participate in the development and authorship of the compact but declined to do so. AADB also declined to submit any comments after the compact was released for public comment and review, and did not submit comments to the legislature in any of the three states in which the compact has already become law. However, many of the same issues AADB is now bringing forward, claiming that these issues are ways the compact language "misses the mark," were addressed in stakeholder discussions.

AADB historically has opposed any compact for dental professionals. The organization has now developed "alternative" language and is pressuring state dental association leadership to withdraw their support for the DDH Compact, and instead support the AADB version. AADB is repeatedly mischaracterizing the goals and function of the DDH Compact. These comments go far beyond a simple misunderstanding of the DDH Compact and appear instead to be a deliberate disinformation campaign. (See attachment for more information).

As written, the DDH compact will empower dentists and dental hygienists in adopting states to achieve much-needed portability. It will do so in a cost-effective way that maintains safety for the public and high standards for the dental professionals. We welcome the opportunity to respond to the gross mischaracterizations of the development process and language of the Compact, either in-person or through a video conference call. In addition, we highly encourage you and all members to visit the compact website at [ddhcompact.org](https://ddhcompact.org) for access to the actual text of the compact, FAQs, and a comprehensive timeline of the DDH Compact's development.

Ultimately, compacts are based on trust between states, providers, relevant boards, and educators – all working together to give the public access to safe and effective care. AADB's criticism of the DDH Compact is an attempt to foster *mistrust*, particularly between the very

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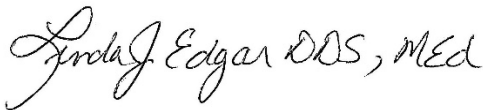
state dental boards they purport to represent. The DDH Compact – developed with input from a broad array of expert stakeholders instead of a single entity – is based on trust, and will advance the practice of dentistry and hygiene in the years to come.

Please contact Dr. Anthony Ziebert ([zieberta@ada.org](mailto:zieberta@ada.org)), ADA Senior Vice-president, Education and Professional Affairs, for further information or to arrange a time to meet. In addition, there will be a webinar with further information regarding the DDH Compact on Wednesday, October 18<sup>th</sup> at 7pm ET. Individuals can register at the following link: <https://csg-org.zoom.us/meeting/register/tZApC--trTkrHdalRYG9Pdm8z218f5sX8fj3>

Sincerely,



George R. Shepley, D.D.S.  
President



Linda J. Edgar, D.D.S., M.Ed.  
President-Elect



Raymond A. Cohlma, D.D.S.  
Executive Director

AJZ  
Enclosure

Attachment: "AADB Disinformation Campaign Claims and ADA Responses"

- (1) The DDH Compact is unnecessary, as other laws (including the Veterans Auto and Education Improvement Act) already support military families.
  - FALSE. The Veterans Auto and Education Improvement Act is inadequate to address the myriad challenges associated with the interstate portability of professional licenses. While other state laws have been passed in an effort to relieve the burdens on relocating military families, none are as comprehensive and effective as interstate compacts developed for this purpose. Interstate compacts remain a unique and comprehensive tool to address interstate license portability.
  
- (2) CSG has collected input from select professionals and regulators (and "shunned" others) in order to deliberately mislead legislators as to the true purpose and function of the DDH Compact.
  - FALSE. The ADA, ADHA, ASDA, and representatives from nine different state dental boards, along with dental schools and state health departments, were involved over the course of two years in the development of the compact as a model, and its transition to legislation. To solicit feedback on the draft legislation, CSG managed a public comment period during the fall of 2022. This included virtual educational presentations where CSG explained the draft legislation and answered questions. CSG, ADA and ADHA also attended several conferences and convenings to present the compact to interested stakeholder groups. Lastly, CSG hosted a website with the draft legislation, informational materials, and a survey for the public to submit feedback.
  
- (3) The DDH Compact will establish a "third-party non-governmental bureaucracy on licenses" which will strip the Member State's Licensing Authorities of any authority to regulate dentistry.
  - FALSE. These statements are based on a highly selective reading of parts of the Compact and a misunderstanding of others, and deliberately ignore Section 4.D., which requires a Licensee practicing in a Remote State under a Compact Privilege to comply with and be subject to the Licensing Authority in the Remote State.
  - Furthermore, every Member State is entitled to a vote on all Commission Rules, and only those Rules approved by a majority of the Commissioners will be adopted; in no case is the Executive Board entitled to impose Rules upon the Member States. Member States who disagree with the Rules adopted by the Commission may bring legal challenges, encourage other Commissioners to vote to repeal a given Rule, or even withdraw from the Compact entirely. Interstate compacts, and the Commissions they establish, operate on the basis of consensual cooperation between the Member States;

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when a Member State no longer consents to be bound by a given Compact, it is inherently entitled to exit the Compact.

- (4) Member States under the Compact will have no authority to regulate the actions of practitioners using the compact privilege in their state.
- FALSE. Section 4.D. specifically authorizes a Remote State to take Adverse Action against a Licensee's Compact Privilege to practice in that State, up to and including a full revocation of the Licensee's Compact Privilege. In point of fact, the DDH Compact goes farther than most other Compacts in this area and provides that when any Remote State "imposes an Adverse Action against a Compact Privilege that limits the Compact Privilege, that Adverse Action applies to all Compact Privileges in all Remote States."
  - Under this language, any Remote State can prevent a Licensee from practicing in all Remote States. Far from limiting the authority of state regulators, this language significantly increases their power.
- (5) The Commission, through its authority to designate licensure requirements and their equivalencies by Rule, will gut the established system for dental education and licensure, lower standards in the process, and replace the system with a fee-based licensure model.
- FALSE. This concern seems to stem from a fundamental misunderstanding of the Commission's authority to designate an alternative accreditation agency (other than the Commission on Dental Accreditation) for dental education programs. The Commission has no such power.
- (6) The DDH Compact should have been modeled after the Medical Licensure Compact, which provides a more robust mechanism for retaining state board authority over scope of practice and practitioner discipline.
- FALSE. The Interstate Medical Licensure Compact (IMLC) does not fully empower providers to achieve portability. It still requires that each state issue a separate license for each participant. It is incredibly expensive for participants and does little to meaningfully increase licensure portability. It is worth noting that no other compact has modeled itself after the IMLC, instead following the same format used in the DDH Compact and other compacts.