

**Department of Legislative Services**  
Maryland General Assembly  
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**FISCAL AND POLICY NOTE**  
**First Reader**

Senate Bill 538  
Finance

(Senators Kramer and Hershey)

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**Interstate Dental and Dental Hygiene Licensure Compact**

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This bill enters Maryland into the Interstate Dental and Dental Hygiene Licensure Compact. The bill establishes (1) specified procedures and requirements for a dentist or dental hygienist to practice under a “compact license privilege” in a member state; (2) the composition, powers, and responsibilities of the Interstate Dental and Dental Hygiene Compact Licensure Commission; and (3) requirements related to the oversight, dispute resolution, and enforcement of the compact. The bill is contingent on the enactment of substantially similar legislation in four other states.

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**Fiscal Summary**

**State Effect:** The State Board of Dental Examiners (BDE) can likely handle the bill’s requirements using existing budgeted resources, as discussed below. Any impact on BDE special fund revenues is indeterminate but anticipated to be minimal, as discussed below.

**Local Effect:** The bill does not directly affect local government operations or finances.

**Small Business Effect:** Potential minimal. Dentists and dental hygienists who currently operate or are employed by small businesses may seek to obtain a license through the compact to practice in other participating states.

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**Analysis**

**Bill Summary:** The bill enters Maryland into the Interstate Dental and Dental Hygiene Licensure Compact. The compact was developed by the American Association of Dental Boards (AADB), which is comprised of 35 boards of dentistry, specialty boards, present and past board members, board administrators and attorneys, and dental educators.

Generally, the purpose of the compact is to expedite licensure and increase access to dental health care through licensure boards acting in cooperation. The compact adopts the existing structures most utilized by dental boards across the United States, while ensuring the safety of the public through the sharing of documents and information. The compact ensures that each state retains the right to impose an adverse action on a licensee as a home state or as a practicing state. Each state has an opportunity to share investigations and information with the home state of licensure. The compact is operated by state dental board members, administrators, and other staff, allowing for each state to maintain its sovereignty.

The compact (1) allows for expedited licensure portability and ease of movement of licensees between states; (2) allows each state to continue to regulate the practice of dentistry and dental hygiene within its borders; (3) creates a common goal of protecting the public by ensuring a uniform license standard and sharing of information in the compact; (4) allows for licensure in every participating state by requiring passage of the uniform licensure examinations that assess psychomotor and cognitive dental skills and is currently accepted in 50 state licensing jurisdictions and U.S. territories; (5) gives licensees one location to maintain professional documentation to expedite license transfers in states, hospitals, or institutional credentialing; (6) facilitates a faster licensure process for relocation or separation of military members and their dependent spouses; (7) alleviates a duplicative process for licensure among multiple states; and (8) saves applicants money by not having to obtain duplicate documents from a source that charges for the documents.

#### *Duties of Compact Member States*

To join the compact and continue as a member state, a state must:

- enact a compact that is not materially different from the model compact as determined by the commission;
- submit to the clearinghouse (a commission databank that houses prior adverse action documentations, order, and denials of licensure or permits from state dental boards) all member state dental board actions and other documents and data, as determined by the commission;
- notify the commission of any adverse action taken by the member state dental board, any active investigation by the member state dental board, any active investigation involving pending criminal charges, or other circumstance, as determined by the commission;
- report to the clearinghouse any adverse action, order, restriction, or denial of a license or permit on a licensee or compact license privilege holder;
- accept continuing education credits as required or recognized by any other member state; and

- accept a standardized application for a compact license privilege, as established by the rules enacted by the commission.

*Application, Eligibility, and Issuance of Compact License Privilege*

“Compact license privilege” means the expedited dental or dental hygiene license to practice in a member state that is not the licensee’s home state.

A dentist or dental hygienist applying for compact license privileges must hold a current, full, unrestricted license issued by a member state dental board, and:

- have successfully graduated from a Commission on Dental Accreditation (CODA) approved dental or dental hygiene school;
- have successfully passed the American Board of Dental Examiners (ADEX) dental or dental hygiene licensure exam or been in practice five years or more and have successfully passed a regional board examination or equivalent state-administered psychomotor licensure examination prior to January 1, 2024;
- have successfully passed the written National Dental Board Exam or the National Dental Hygiene Board Exam administered by the Joint Commission on National Dental Examinations;
- have never been convicted or received specified adjudication or disposition for any offense by a court of appropriate jurisdiction;
- have never been a subject of specified discipline by a licensing agency;
- for a dentist, have never had a state or federal drug registration, permit, or license restricted, suspended, or revoked, as specified;
- not be under active investigation by a licensing agency or law enforcement agency in any state, federal, or foreign jurisdiction; and
- meet any jurisprudence requirement established by a member state dental board in which the licensee is seeking a compact privilege.

Each dentist or dental hygienist must list a current address and designate a home state of licensure, determined by (1) the state of primary residence for the individual, where 25% of their practice within one year occurs or (2) if no state qualifies, the state that the individual listed as their state of residence on the previous year’s federal tax return. An active-duty military member or their spouse may choose a home state as designated with the military. An individual may redesignate a home state no more than one time in a calendar year if the qualifications of a home state are met.

An applicant seeking a compact license privilege must apply to their home state dental board for a letter stating that the applicant is eligible for compact license privileges. The home state dental board must determine the eligibility of an application for a compact

license privilege and must issue a letter of approval or denial. The letter must be submitted to the member state dental board in which the applicant proposes to practice and must include (1) the compact application packet; (2) authorization to seek access to the applicant's repository documents; (3) any additional information that may be required by the proposed compact license privilege state; and (4) any required fees. The member state dental board must review the application to confirm compliance with the state's laws and regulations. If the member state approves the application, it must issue a compact license privilege.

Each licensee holding a compact license privilege must be subject to and comply with the laws and regulations of the member state in which the licensee practices under a compact license privilege.

### *Repository*

The compact includes a repository of original documents needed for license applications and verification administered by AADB or its successor. The repository must receive documents from primary or originating sources and/or verify their authenticity. Documents in the repository must be treated by a member state as the equivalent of a primary and original source document for licensure. A dentist or dental hygienist may submit a request to the commission to allow any hiring employer, entity, or insurance company to access documents from the repository for purposes of credentialing, licensing, or other privileges. The commission must set a fee schedule for these services.

### *Fees and Military Waiver*

A member state dental board may impose a fee for a compact license privilege, for either initial issuance or any renewal.

No compact fee may be required of any active-duty military member and/or their spouse up to one year after separation from service. Each member state may waive fees for active-duty military and/or their spouse as required by individual state statute. Active-duty military may transfer military training records to the repository without a fee.

### *Adverse Actions*

The bill establishes processes for imposing adverse actions. Any member state in which the licensee holds a compact license privilege may investigate an allegation of a violation of the laws and rules of the practice of dentistry or dental hygiene in any other state where the licensee holds a compact license privilege. A compact license privilege may be revoked, suspended, or limited by the issuing member state dental board if at any time the licensee's home state license is revoked, suspended, or limited. A licensee must notify the

commission within 10 business days of any adverse action taken against a license held in a state that is not a member state.

If a licensee has an adverse action taken against their home state license, the home state dental board must notify the commission, which must issue a notice to all member state dental boards of the adverse action. If discipline or adverse action is taken against a licensee in a member state, the member state dental board must notify the commission and the home state of the licensee. The home state may deem the action conclusive as a matter of law and fact and may (1) impose the same or lesser sanction consistent with the home state's laws or (2) pursue separate actions against the compact license privilege holder under its laws, regardless of the sanctions pursued by the member state dental board.

Member states may share information regarding ongoing investigations and actions, including joint investigations between states. All investigatory material must be considered confidential and not part of a public record unless otherwise specifically required by state statute. As part of compact enforcement, member states may issue subpoenas and seek testimony of witnesses. Subpoenas must be enforced in other member states and enforced by a court of competent jurisdiction where the witnesses or evidence is located.

#### *Interstate Dental and Dental Hygiene Compact Licensure Commission*

The commission is an instrumentality of the participating states. Each member state dental board must have two voting members who serve as commissioners. The commission must meet at least once during each calendar year and, among other actions, must:

- annually elect members of the commission's executive committee and representatives from four regional districts to serve on the executive committee;
- keep minutes and make them available to all member states;
- prepare an annual report that must be made available to the legislatures and governors of member states;
- oversee and maintain the administration of the compact;
- promulgate bylaws and rules to operate the compact and the commission;
- establish a budget and make expenditures;
- have an annual financial audit performed by an independent certified public accounting firm;
- upon request, issue advisory opinions concerning the meaning or interpretation of the compact and its bylaws, rules, and actions;
- enforce compliance with compact provisions, rules, and bylaws; and
- coordinate education, training and public awareness regarding the compact, its implementation, and its operation.

### *Oversight, Dispute Resolution, and Enforcement*

The Executive, Legislative, and Judicial branches of state government in each member state must enforce the compact and must take all actions necessary and appropriate to effectuate the compact's purposes and intent to allow for expedited licensure.

If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the compact, or the bylaws or rules, the commission must (1) provide a written notice to the defaulting state and other member states of the nature of the default, the means of curing the default, and any action taken by the commission and (2) provide remedial training and specific technical assistance regarding the default. If a member state fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the commissioners.

On request, the commission must attempt to resolve disputes which may arise among member state dental boards.

### *Construction, Withdrawal, Dissolution, and Severability*

The compact must become active upon five states joining the compact. Any state is eligible to become a member state of the compact. Once enacted, the compact must continue in force and remain binding upon each member state, provided that a member state may withdraw from the compact after giving appropriate notice by specifically repealing the statute which enacted the compact into law. The licensee's compact license privilege must remain in effect for six months from the date of the member state withdrawal.

The compact must dissolve upon the date of the withdrawal or default of the member state which reduced the membership in the compact to one member state. Upon dissolution of the compact, the compact must become null and void and be of no further force or effect, and the business and affair of the commission must be concluded.

The provisions of the compact must be severable. If any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the compact must be enforceable. The provisions of the compact must be liberally construed to effectuate the purposes of the compact.

**Current Law:** Under the Health Occupations Article, an individual must obtain a license from BDE to practice dentistry or dental hygiene. BDE is mandated to protect the public by regulating the practice of dentistry and dental hygiene in Maryland. BDE issues licenses, adopts standards of practice, investigates complaints based on alleged violations of regulations and statutes, and disciplines licensees.

## *Dentistry*

To qualify for a license to practice dentistry, an individual must (1) be of good moral character; (2) be at least 18 years old; (3) hold a degree of Doctor of Dental Surgery (*i.e.*, DDS), Doctor of Dental Medicine (*i.e.*, DMD), or equivalent from a college or university that is authorized to grant the degree and recognized by BDE as requiring adequate preprofessional collegiate training and as maintaining an acceptable course of dental instruction; and (4) pass a specified examination given by BDE.

“Practice dentistry” encompasses (1) performing any intraoral dental service or operation; (2) diagnosing, treating, or attempting to diagnose or treat any disease, injury, malocclusion, or malposition of a tooth, gum, jaw, or associated structure, as specified; (3) performing dental laboratory work; (4) placing or adjusting a dental appliance in a human mouth; or (5) administering anesthesia for the purposes of dentistry and not as a medical specialty. “Practice dentistry” includes (1) patient evaluation, diagnosis, and determination of treatment plans; (2) determination of treatment options, including the choice of restorative and treatment materials and diagnostic equipment; and (3) determination and establishment of dental patient protocols, dental standards, and dental practice guideline.

## *Dental Hygiene*

To qualify for a license to practice dental hygiene, an individual must be of good moral character, pass a specified examination given by BDE, and graduate from a school for dental hygienists that (1) requires at least two years of education in an institution of higher education; (2) is accredited by American Dental Association CODA; and (3) is approved by BDE.

In general, a dental hygienist is licensed to practice dental hygiene (1) under the supervision of a licensed dentist who is on the premises and available for personal consultation while the services are being performed or not on the premises under specified circumstances and (2) only in a dental office or clinic, hospital, school, charitable institution, or certified health maintenance organization.

A licensed dental hygienist is authorized to perform a preliminary dental exam; perform a complete prophylaxis, including the removal of any deposit, accretion, or stain from the tooth surface or restoration; polish a tooth or restoration; chart cavities, restorations, missing teeth, periodontal conditions, and other features observed; apply a medicinal agent to a tooth for a prophylactic purpose; take a dental X-ray; or perform any other intraoral function authorized by the board. A dental hygienist who complies with specified requirements may prescribe (1) topical and systemic types of prescription or over-the-counter fluoride preparations; (2) topical antimicrobial oral rinses; and

(3) ibuprofen not exceeding 600 mg every six hours for up to three days after nonsurgical periodontal therapy.

### *Out-of-state Licensure*

A dentist or dental hygienist licensed in any other state that applies for an appropriate license in Maryland must (1) pay the required application fee; (2) provide adequate evidence that the applicant meets the qualifications otherwise required for a general license to practice dentistry or dental hygiene, holds a license to practice dentistry or dental hygiene in another state, and has satisfied specified examination requirements; (3) is not being investigated, disciplined, have charges pending against their license, or has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action; and (4) has not previously failed an examination for licensure in this State.

A dentist licensed in any other state must be issued a license in Maryland if the applicant:

- has passed the American Dental Licensing Examination and has passed the Maryland Dental Jurisprudence Examination given by BDE or its designee; or
- (1) for the five preceding years, has been actively engaged in practicing dentistry for at least 850 hours on average per year; (2) has passed an examination with a clinical component as a requirement for licensure in another state; (3) has passed a comprehensive written examination on applied clinical diagnosis and treatment planning administered by ADEX; and (4) has passed the Maryland Dental Jurisprudence Examination given by the Board or its designee.

A dental hygienist licensed in any other state must be issued a license in Maryland if the applicant:

- has passed the American Dental Hygiene Licensing Examination and has passed the Maryland Dental Hygiene Jurisprudence Examination given by BDE or its designee; or
- (1) for the three preceding years, has been actively engaged in practicing dental hygiene for at least 150 hours on average per year; (2) has passed an examination with a clinical component as a requirement for licensure in another state; (3) has passed a comprehensive written examination on applied clinical diagnosis and treatment planning administered by ADEX; and (4) has passed the Maryland Dental Hygiene Jurisprudence Examination given by the board or its designee.



BDE may adopt regulations for the content and administration of examinations and any other regulations necessary to provide for the licensure of dentists or dental hygienists licensed in any other state that apply to be licensed in the State.

**State Fiscal Effect:** BDE can likely handle the bill's requirements (participating in the compact, issuing compact license privileges once the compact is operational, submitting data to the commission clearinghouse, etc.) – at least initially – using existing budgeted resources. To the extent that additional staff may be required, BDE special fund expenditures increase accordingly beginning as early as fiscal 2026.

Any impact on BDE special fund revenues is indeterminate but anticipated to be minimal. BDE special fund revenues may decrease as dentists and dental hygienists who do not reside in the State but are currently licensed by BDE instead seek a compact license privilege. However, BDE may also charge applicants a fee for a compact license privilege in Maryland. As the number of individuals who may seek a compact license privilege (and the potential fee BDE may charge) is unknown, this impact cannot be reliably estimated at this time.

**Additional Comments:** The bill is contingent on four other states adopting legislation to enter the [compact](#). The Department of Legislative Services advises that, as of February 6, 2025, six states have introduced such legislation (including Maryland).

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### Additional Information

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** HB 534 (Delegate Hill, *et al.*) - Health and Government Operations.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - February 7, 2025  
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