



NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT

TO: Honorable Members of the Assembly Committee on Health, Aging and Long-Term Care

FROM: State Representative Nancy VanderMeer

DATE: November 15th, 2023

SUBJECT: Testimony in Support of Assembly Bill 666

Thank you Chairperson Moses for holding a hearing on AB 666 today and thank you to members of the Committee on Health, Aging and Long-Term Care for being here. As many of you are aware, interstate compacts allow states to coordinate across state lines and create agreements to implement standards for licensing of specific professions. Wisconsin has recently enacted legislation allowing our state to participate in a number of interstate compacts including the Physical Therapy Compact, the Occupational Therapy Compact, the Enhanced Nurse Licensing Compact (eNLC), and others. Just yesterday on the floor, we voted to ratify the Physician Assistant Compact.

Assembly Bill 666, which ratifies the Dentist and Dental Hygienist Compact in our state, is not notably different from a number of compacts that this committee and this body has worked with, passed, and enacted in the past few years. In the Dentist and Dental Hygienist Compact, a professional in Wisconsin wishing to obtain an *optional* compact license would apply to receive the license and then, if issued, be able to receive a privilege to practice in other compact states. The inverse would be true for compact licensees from other states wishing to practice in our state. This will help Dentists and Dental Hygienists in a variety of ways, including the ability to diagnose and treat patients more rapidly and aid in mobility for professionals looking to relocate to Wisconsin and begin practicing. These licensure compacts have also proven to be of tremendous value for military members and their spouses, either while enrolled in service or leaving, as they are more mobile, by and large, than the general population. This particular compact actually originated out of a Department of Defense (DOD) initiative, which I believe you'll be able to hear more about today from some of the professionals here to testify in support of the compact.

Additionally, so you're aware, earlier this year the Council of State Governments (CSG) provided states with model compact language designed for dentists and dental hygienists. The language development was a joint effort between CSG, the American Dental Association, and the American Dental Hygienists' Association, with a number of states' dental examining boards contributing expertise. For the compact to take effect, seven states will need to formally adopt the language. So far three states have enacted legislation (Iowa, Washington and Tennessee),



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while a handful of other states have bills pending, including Minnesota. Passage of this legislation would allow Dentists and Dental Hygienists in Wisconsin to help steer the initial creation and oversight of the compact commission.

As I shared recently with the Assembly Committee on Regulatory Licensing Reform, where the Physician Assistant Compact was referred, I think that one of the best things we can do as a legislative body is to remove barriers to care by allowing and encouraging health care professionals to provide care where it's needed. This compact, and others like it, remove barriers to care by allowing and encouraging health care professionals to provide care where it's needed while at the same time preserving our state's high standards pertaining to licensing, regulation, professionalism, and quality of care. Again, thank you for the opportunity to be here today, the opportunity for a public hearing on this legislation, and the chance to move this bill forward in the process. Thank you to the committee members that already registered their support by co-sponsoring this bill, and I respectfully ask that you join me and the Wisconsin Dental Association in supporting this proposal.



STATE SENATOR

Eric Wimberger

DISTRICT 30

State Senator Eric Wimberger
Testimony before the Assembly Committee on Health, Aging and Long-Term Care
Re: Ratification of the Dentist and Dental Hygienist Compact

Thank you Representative Moses and committee members for holding a hearing on Assembly Bill 666.

Under current law it is unnecessarily difficult for dental professionals who move to Wisconsin to become licensed. Currently, if a qualified dentist or dental hygienist were to move to Wisconsin they would not be able to practice without going through what can be a lengthy and time-intensive process. These barriers make it more difficult for dental professionals to move to Wisconsin and begin serving patients in need of care.

AB 666 would fix that by joining a compact that would allow dental professionals credentialed in other compact states to move to Wisconsin and continue to practice without jumping through needless hoops. By joining the Dentist and Dental Hygienist Compact, the state can more easily attract dentists and hygienists to practice in the state and get those who've moved here practicing sooner. The bill uses language developed in a joint effort between the Council on State Governments, the American Dental Association, and the American Dental Hygienists' Association along with other states, enabling a smooth transition between licensure in different states.

By passing AB 666 we will cut red tape and allow more dental professionals to practice in Wisconsin. I ask you join me in support of this important legislation.

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Testimony on WI A.B. 666
Committee on Health, Aging and Long-Term Care Hearing– Dentist and Dental Hygienist
Compact

November 15, 2023

Jessica Thomas, The Council of State Governments, jthomas@csg.org

Position: For information only

Chair Moses and members of the committee, my name is Jessica Thomas, I'm with The Council of State Governments. My testimony is meant to provide background educational information on the compact.

There are approximately 425,000 licensed dentists and dental hygienists in the United States. Despite the high demand for oral health services, licensees are currently limited to providing services within state borders. The Dentist and Dental Hygienist Compact seeks to provide licensees with opportunities for multistate practice and support relocating practitioners.

The Dentist and Dental Hygienist Compact is an occupational licensing interstate compact. Interstate compacts are legally binding agreements among states. This compact was created through a cooperative agreement between the Department of Defense and The Council of State Governments. Over the course of 18 months, CSG has developed the compact language with stakeholders within these professions from the American Dental Association, American Dental Hygienists' Association, state regulatory boards, the education community, and others.

The Compact will enable dentists and dental hygienists to get a compact privilege to practice in other states that join the compact, rather than get an individual license in every state in which they want to practice. Each compact member state agrees to mutually recognize the practitioner licenses issued by every other member state.

The Dentist and Dental Hygienist Compact is similar in form and function to the five occupational licensing compacts that Wisconsin is already a member of. A dentist or dental hygienist must hold an active, unencumbered license in a compact member state to be eligible to apply for a compact privilege. Practitioners must also pass a background check and meet other eligibility requirements related to education and examinations.

The Dentistry and Dental Hygiene Compact also benefits military families. If a military family gets assigned to a new duty station in a compact member state, the service member or their spouse can continue to work via the compact with a compact privilege. If the family gets assigned to a new duty station that is not in a compact member state, the service member or their



spouse do not lose access to the compact but would need to get a single-state license in their new state if they wish to continue working in that state.

From a regulatory perspective, the Compact preserves the authority of each compact member state to protect public health and safety through the existing state regulatory structure. A licensee practicing under a compact privilege must abide by the laws, regulations and rules that govern the practice of dentistry or dental hygiene in the state in which they are located. The Wisconsin Dentistry Examining Board has jurisdiction over anyone practicing in Wisconsin under a compact privilege. Once in effect, an interstate licensure data system will be established that will contain licensure information and investigative and disciplinary information. This allows participating states to see information on those practicing within their state.

Wisconsin will be able to charge a fee for the compact privilege.

Like all of the other occupational licensing compacts, the Dentist and Dental Hygienist Compact will be governed by a commission made up of the member states. The delegate will be a representative from the Wisconsin Dentistry Examining Board.

The compact will come into effect once it's enacted by seven states. The compact has been enacted in three states this year, Washington, Iowa, and Tennessee. It has pending legislation in six other states, Wisconsin, Minnesota, Kansas, New Jersey, Ohio, and Pennsylvania.

We don't anticipate substantial additional costs for states participating in the compact. There may be a cost for additional software required to connect to the compact's interstate licensure data system as well as cost(s) associated with the attendance of your state's chosen commissioner to the annual Dentist and Dental Hygienist Compact Commission meeting once the compact is enacted in seven states.

Overall, the Dentist and Dental Hygienist Compact will increase license portability for dental professionals in Wisconsin, support military families, and improve access to oral health services for Wisconsin residents, while maintaining the current system of state licensure. Additionally, by ensuring the sharing of investigative and disciplinary information among participating states, the Dentist and Dental Hygienist Compact will allow participating state regulatory entities to better protect the public.

AB 666 – Ratification of the Dentist and Dental Hygienist Compact

Chair Moses and members of the Committee,

My name is Jennifer Lehto, I am the Immediate Past President of WI-DHA. I am a Registered Dental Hygienist and Certified Dental Assistant. I work at Chippewa Valley Technical College (CVTC) as a dental assisting instructor, dental hygiene instructor, and a clinical hygienist. I am testifying in support of this bill.

As an educator and a hygienist, I understand the importance of an Interstate Licensure Compact for my students and my colleagues. We have no crystal ball to predict where our future paths may lead us. We can try to plan as much as possible but there are always unpredictable variables. Ourselves or our spouses may be active military members that may receive orders of relocation. We may find ourselves in the position to expand employment opportunities in another state that would benefit ourselves and/or our families. We may retire, move states, and then decide we want casual employment, or to volunteer our time. There are unlimited scenarios.

Right now, there is an incredible burden to gain or maintain multiple state licenses. Burdens aren't just financial but can include delays in employment or in some cases needing to take or retake national or regional boards. We all receive Commission on Dental Accreditation education from institutions, we are all required to pass National Board Dental Hygiene Examination, and a regional clinical board like CRDTS. My colleagues and my own education, knowledge, experience, competence, and skills don't change or diminish because of a geographical location change.

Thank you for your time and consideration on this important matter.

Jennifer Lehto, BSDH, RDH, CDA
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Assembly Bill 666 – Dentist and Dental Hygienist Compact
WAFCC Written Testimony
Assembly Committee on Health, Aging and Long-Term Care
November 15, 2023

Chairman Moses, Vice Chair Rozar, Members of the Assembly Committee on Health, Aging and Long-Term Care. Thank you for entertaining my written comments today.

My name is Dennis Skrajewski and I am the Executive Director of the Wisconsin Association of Free & Charitable Clinics. Our small, non-profit organization exists to support, strengthen and advocate for Wisconsin's free and charitable clinics (FCCs), the patients they serve and the communities with whom they partner. There are 95 free and charitable clinics throughout Wisconsin who provide medical, dental and behavioral health care to >160,000 Wisconsinites annually. Please note that FCCs are not Community Health Centers/Federally Qualified Health Centers. We don't receive funding from the Federal government. FCCs survive through community support, foundation grants, and copious volunteers who give so generously of their time.

I'm writing today in support of Assembly Bill 666 – Dentist and Dental Hygienist Compact. Proven, licensed professionals such as Dentists and Dental Hygienists should be allowed to transfer credentials more readily into Wisconsin without the restrictions and excessive delays currently experienced. The protections built into the Compact seem quite reasonable. It is our belief that Wisconsin's participation in this Compact will aid in alleviating at least some of our current dental professional shortage.

WAFCC strongly support the passage of Assembly Bill 666. Thank you Chairman Moses, Vice Chair Rozar and Committee Members for your time and attention.

Respectfully submitted,

Dennis Skrajewski

Dennis Skrajewski PA, MBA, FACHE
Executive Director
Wisconsin Association of Free & Charitable Clinics
1246 Capitol Drive, Suite 700, #210
Pewaukee, WI 53072



Testimony in SUPPORT of AB-666: Ratification of the Dentist and Dental Hygienist Compact

Chair Representative Moses and members of the committee:

The Wisconsin Dental Hygienists' Association would like to testify **in support of** the Dentist and Dental Hygienist Compact. The compact will create reciprocity among participant states and reduce the barriers to license portability for dental professionals by easing the delay, complications, and expenses of becoming licensed to practice in another state. This increased collaborative effort among states can also promote workforce development and strengthen Wisconsin's labor market.

We sincerely appreciate the opportunity to testify at this public hearing and are grateful for the time and commitment that has been spent on the dentist and dental hygienist compact.

Respectfully submitted:

Robin Hemerley, BSDH, RDH
WI-DHA President
(608) 479-1593
widhapresident@gmail.com

A handwritten signature in black ink, appearing to read 'Robin Hemerley', written in a cursive style.

Submitted on behalf of the Wisconsin Dental Hygienists' Association



To: Assembly Committee on Health, Aging and Long Term Care
From: Matt Crespin, MPH, RDH, Executive Director, Children's Health Alliance of Wisconsin
Date: November 15, 2023
Re: Support for AB 666 – ratification of the Dental and Dental Hygienist Compact.

Good morning Chairman Moses and members of the committee. My name is Matt Crespin and I serve as the executive director at Children's Health Alliance of Wisconsin (Alliance). Thank you for the opportunity to share with you remarks in support of Assembly Bill 666. I have had the distinct pleasure and honor of working on the development of the Dental and Dental Hygienist (DDH) Compact for more than 5 years. In 2019, I was elected to serve as the president of the American Dental Hygienists' Association (ADHA). It was during this time the ADHA and the American Dental Association (ADA) collaborated to embark on the development of this compact with the support of the Council on State Governments (CSG) through funding from the Department of Defense. For the past several years I've served on both the technical advisory group and the document writing team for model legislation developed by CSG and many partners. I'm excited the compact has been enacted in Iowa, Tennessee and Washington and is working its way through a handful of other state legislatures including our own. More information about the compact can be found at www.ddhcompact.org including an excellent FAQ and myths vs facts sections.

The Alliance is a statewide organization, affiliated with Children's Wisconsin, focused on raising awareness, mobilizing leaders, impacting public health and implementing programs proven to work. The Alliance has six key initiatives including environmental health, emergency care, medical home, injury prevention, grief and bereavement and oral health. It is not uncommon for our organization to get a call from a dental provider that has moved here and is struggling with the portability of their license from one state or another. There are often unnecessary delays, added expenses and regulatory hurdles that dentists and dental hygienists face when simply trying to practice over state lines. Our statewide oral health coalition is focused on removing barriers such as these and is one of the reasons we support the implementation of the DDH Compact in Wisconsin.

This work originated by the Department of Defense because of issues they experienced with getting military spouses licensed as military members moved from state to state. According to the United States Department of Defense, more than 20% of military spouses are unemployed and 36% require an occupational license of some form to be employed. There have been efforts to address this issue for military spouses in our state and others, however these professionals want to gain credentials equal to their peers. In some cases employers do not view the credential given to a military spouse in the same light as those provided to occupational license holders who go through the more traditional licensing process. The DDH compact would eliminate this issue completely along with removing barriers for all occupational license holders in dentistry and dental hygiene who move to and from states that adopt this compact. The American Dental Association reports that 14% of dentists who have been practicing less than 10 years moved to a new state between 2019 and 2021. Additionally, this will address issues for providers who may live in one state and work in several others by reducing the burden of maintaining multiple licenses to do the exact same thing from one state to another.

This collaborative effort between the ADHA, ADA, CSG and DOD is an opportunity to break down regulatory barriers and continue to ensure we keep the public safe. This effort will allow for the portability of dental and dental hygiene licenses from one state to another and allow providers to get to work faster and without unnecessary hurdles in their way. All providers that utilize the compact are required to graduate from a dental

or dental hygiene school accredited by the Commission on Dental Accreditation (CODA), pass national board exams and complete a clinical assessment. Providers are also required successfully complete the state jurisprudence exam and follow all applicable state laws for practicing dentistry and dental hygiene. The Wisconsin Dentistry Examining board will also remain the authority in overseeing those providers granted a privilege to practice in Wisconsin using the DDH Compact.

The DDH compact will create a more seamless method of portability for licenses and similar compacts exist in nearly 10 other health professions and Wisconsin participates in a vast majority of them. I appreciate your time and attention to this important issue and look forward to seeing Wisconsin on the list of states who have adopted the DDH compact.

Respectfully submitted: Matt Crespin, MPH, RDH, Executive Director, Children's Health Alliance of Wisconsin, mcrespin@chw.org, (414) 337-4562.

DENTAL PROFESSIONALS COMPARISON



GENERAL DENTIST

**Licensure/
Certification**

License required
Biannual renewal that includes proof of continuing education

Education

Undergraduate degree + Graduation from a Commission on Dental Accreditation(CODA) accredited dental school (approx. four years)

Where and what type of care is provided

Dentists usually work in a dental clinic. They can provide the full scope of dental procedures and treatments with some pursuing specializations such as orthodontics and endodontics.



DENTAL THERAPIST

License required
Biannual renewal that includes proof of continuing education

At least three years post-secondary academic training from a CODA accredited Dental Therapy Program.

Dental therapists provide care in offices and community settings, such as schools, senior centers, and mobile clinics. They are specifically trained to work in dental shortage areas and provide routine dental care, including exams and filling cavities. They work as part of a dentist-led team complementing the work of dental hygienists and DAs.



REGISTERED DENTAL HYGIENIST (RDH)

License required
Biannual renewal that includes proof of continuing education

Graduation from a CODA accredited dental hygiene program (associates or bachelors degree).

Dental hygienists specialize in preventing disease. They focus on procedures like sealants, fluoride varnish, preventing and treating gum disease and promoting good oral health practices. They work in clinic or community settings such as schools, medical offices and nursing homes.



EXPANDED FUNCTIONS DENTAL AUXILIARY (EFDA)

One time certification with 12 required continuing education credits every two years

Graduation from a CODA accredited dental assisting program that includes additional EFDA training.

EFDAs are DAs that are trained in a handful of additional procedures to improve efficiency in a dental office. They work in dental offices or community sites. EFDAs components of the treatment a dentist provided (e.g., dentist drills tooth, EFDA fills the tooth, dentist checks final work).



DENTAL ASSISTANT (DA)






None required, can become certified

In Wis. no education is required. Training can be provided on the job or obtained at a dental assisting education program.

DAs work in offices and community settings, supporting other providers and administering basic services. They often serve as a second set of hands for another member of the dental team.

DA educational programs do not need to be CODA accredited and may offer the ability to become a certified DA.

DENTAL PROFESSIONALS COMPARISON

	Common procedures	Required supervision	Approximate number of procedures
 <p>GENERAL DENTIST</p>	Comprehensive diagnosis/treatment planning, fillings, root canals, bridges, surgical extractions.	None	400
 <p>DENTAL THERAPIST</p>	Diagnosis and treatment planning within their scope. Some prevention (topical fluoride, sealants, etc.), oral health education, fillings, non-surgical extraction of baby teeth.	Works under direct supervision of a dentist for the first 2,000 hours and then can work under general supervision of a dentist. Must have a collaborative management agreement with a dentist.	95
 <p>REGISTERED DENTAL HYGIENIST (RDH)</p>	Oral health assessment, x-rays, teeth cleaning and polishing, scaling below the gums, oral health education, prevention (topical fluoride, sealants, silver diamine fluoride, etc.).	Works under direct supervision of a dentist and in some settings may work independent of a dentist within their scope.	45
 <p>EXPANDED FUNCTIONS DENTAL AUXILIARY (EFDA)</p>	Under the delegation and supervision of a dentist, can complete procedures such as: placing and finishing a filling after a dentist drills, placing sealants, taking impressions, removing cement from crown etc.	Works under direct supervision of a dentist.	10
 <p>DENTAL ASSISTANT (DA)</p>	Take and develop x-rays, chairside assistance to other dental providers, impressions, sterilization, patient aftercare instruction.	Works under direct supervision of a dentist.	30

INTERSTATE LICENSURE COMPACTS for HYGIENISTS and DENTISTS in the U.S.

AB666 - Facilitating Dental Workforce Portability

The U. S. Council of State Governments (CSG) is partnering with the U.S. Department of Defense (DoD), the American Dental Association (ADA), and the American Dental Hygienists' Association (ADHA) to facilitate interstate mobility of licensed dental hygienists and dentists through the development of new licensure compacts.

The compacts will create reciprocity among participating states and reduce the barriers to license portability. Dentists and hygienists will need to complete continuing education units in a home state where a qualifying license is held and maintain the qualifying license. It will *not* be necessary to complete additional CE units for the non-home states where a compact privilege is granted.

Dental hygienists and dentists will be eligible to apply for a compact privilege if they have:

- An active, unencumbered, and current license in any state participating in the compact agreement.
- Passed a National Board Examination or other licensing exam accepted by the interstate compact commission.
- Completed an independently administered clinical competency assessment (AKA "licensing exam or board").
- Graduated from an education program accredited by the ADA Commission on Dental Accreditation (ADA-CODA).
- No disqualifying criminal history.



FAQs

Q: How many states have passed dental ILC legislation so far? (November, 2023)

A: 3 - Washington (state), Iowa and Tennessee

Q: How will the Interstate Licensing Compact Commission (the governing body) be formed?

A: It is expected that the licensing boards of each participating state will appoint a representative to serve in this capacity.

Q: Will Wisconsin participate in the Interstate Licensing Compact?

A: AB666 is being heard in committee on November 14, 2023. So far, Wisconsin lawmakers have been generally favorable toward the concept of interstate licensure compacts. The support has been bipartisan and strong.

Q: Which other health occupations have ILCs?

A: There are 10 so far. Medicine, Nursing, Advanced Practice RN, Emergency Medical Services, Physical Therapists, Psychologists, Audiologists, Speech-Language Therapists, Occupational Therapy and Counseling.

Q: Will a dentist or hygienist need to pass a jurisprudence exam for the non-home state?

A: YES. Each practitioner must be familiar and practice within the limitations of the governing statutes and rules in the participating state where they will practice. Just because one is permitted to do something in their home state, it doesn't mean they will be permitted to do the same thing in the next state. There are differences between states in what dentists and hygienists are allowed to do.

Q: What is the main benefit of Interstate Licensing Compacts?

A: Lawmakers view this as a strategy to facilitate employment in critically important health care jobs. Practitioners view the main benefit as easing the delay, complications and expenses of becoming licensed to practice in another state. In particular, military families experience numerous complications related to their frequent moves across the country. It's common for military families to move every 2 years. ILCs will enable spouses of service members to enter the workforce in a new state with fewer delays. And that will hold true for non-military families as well.

Q: Where can I find the most up-to-date information about ILCs?

A: https://ddhcompact.org/wp-content/uploads/sites/31/2023/01/Dentistry_Compact_Fact_Sheet.pdf

Click on this QR code for the link to the ILC website:

