FINAL REPORT & CELEBRATION

COALITION FOR MODERNIZING DENTAL LICENSURE

2018-2026

Eight years of coalition leadership to modernize dental licensure, protect patients, and expand professional mobility.

130+	49 + D.C.	13 states	8 years
partner organizations	alternative pathways	In the DDH Compact	sustained collaboration

THE RESULT

A national licensure landscape fundamentally modernized with ethical, standardized alternatives to the live-patient clinical examination.

A shared purpose, carried together

The Coalition for Modernizing Dental Licensure (CMDL) was formed in 2018 in response to evidence and guidance developed by the joint Task Force on Assessment of Readiness for Practice (TARP). The American Dental Association (ADA), the American Dental Education Association (ADEA), and the American Student Dental Association (ASDA) launched the coalition; the American Dental Hygienists' Association (ADHA) joined shortly thereafter.

Its mandate was direct: eliminate reliance on single-encounter, patient clinical examinations and make licensure more portable without compromising public protection.

What followed was sustained, coordinated advocacy across education, practice, regulation, and the states. As CMDL completes its work, this report recognizes both the progress achieved, the members and partners who made it possible, and the work still to be done.

Why modernization matters

For generations, dental licensure often depended on a one-time procedure performed on a patient. This model was vulnerable to random error, lacked strong scientific validity, and raised a basic question: should a candidate's high-stakes examination ever place a patient's interests second?

The ethical concerns with high-stakes, patient-based exams

CMDL elevated awareness of the ethical concerns associated with patient-based examinations through scholarship and professional dialogue. In 2024, the Coalition published *Now is the Time to Prohibit*

Patient-Based Licensure Examinations and *a Review of the Ethics of Patient-Based Licensure Examinations*, helping establish comprehensive, evidence-based support for licensure modernization and reinforced the profession's commitment to ethical assessment practices. Some of the issues highlighted in the reports included:

- **Patient recruitment** can blur professional boundaries when candidates must locate people with a narrowly defined condition, sometimes through intermediaries or compensation arrangements.
- **Informed consent** may be inconsistent when it is managed by the candidate rather than by an independent examination authority, creating risk of incomplete disclosure or coercion.
- **High stakes** can distort priorities, placing examination requirements ahead of the patient's health, safety, comfort, or preferred treatment sequence.
- **Irreversible care** may be performed by yet-unlicensed candidates in settings with limited clinical supervision or continuity of care.
- **Rigid case specifications** can delay more urgent needs or require treatment that does not align with the patient's comprehensive plan or current standards of care.

ETHICAL FOUNDATION

Patients should never bear avoidable risk for the purpose of testing a candidate. CMDL's case centered on autonomy, beneficence, justice, and nonmaleficence.

Alternative Ways to Assess Readiness

Modern licensure can improve consistency, fairness, and ethics. The shift toward manikin-based assessment was an important step, and these clinical simulations can be used to assess psychomotor and procedural skills without placing a patient in the role of test subject. But the CMDL believes there are even better ways to assess readiness including:

Objective Structured Clinical Examinations (OSCEs)	PGY-1 pathway	Licensure by graduation
The DLOSCE, and the forthcoming DHLOSCE, use structured scenarios to assess clinical judgment, diagnosis, and treatment planning.	A structured, supervised postgraduate year (PGY-1) of clinical practice completed after dental school, used to demonstrate readiness for licensure.	Licensure based on successful graduation from a CODA-accredited dental or dental hygiene program, without a separate licensure examination.

These approaches offer different ways to assess readiness for professional licensure while keeping patient welfare at the center.

The Work that Remains on Modernization

The following issues warrant continued attention from the organizations and stakeholders carrying this work forward.

- **Further research on licensure assessments.** More research is needed on the reliability and validity of the different approaches used to assess readiness for licensure.
- **Understand the added value of combining assessments.** Research is needed to determine additive predictive value of requiring both an OSCE-based assessment and a manikin-based assessment compared with an OSCE-based assessment alone.
- **Continue innovation while preserving multiple pathways.** The profession should continue to develop and evaluate approaches to licensure and maintain multiple appropriate pathways so that states and candidates have alternatives as evidence and practice continue to evolve.
- **Advance licensure by graduation.** Continued work is needed to develop and evaluate licensure based on successful graduation from a CODA-accredited dental or dental hygiene program as a pathway to licensure.
- **Address potential conflicts of interest in the examination and regulatory system.** The profession should examine and address conflicts of interest that can arise when individuals involved in administering, governing, or overseeing licensure examinations also serve on state dental boards that determine which examinations or pathways are accepted for licensure.

A transition accelerated and proven

The COVID-19 pandemic accelerated a transition already underway. When lpatient examinations could not proceed as usual, dental education, examination agencies, and regulators pivoted to alternatives. Those solutions showed that assessment and public protection did not need to depend on a live-patient format.

> **MILESTONE**
>
> **By 2025, 49 states and the District of Columbia recognized at least one initial dental or dental hygiene licensure pathway that did not require a live-patient exam.**

Impact beyond the examination: Increasing Mobility and Portability

Modernization also means making it easier for qualified professionals to serve patients where they are needed. By reducing unnecessary barriers to practice across state lines, licensure portability can help address workforce shortages and improve access to care while maintaining state authority and public-protection standards.

The Dentist and Dental Hygienist Compact

The Compact was activated in spring 2024 when Maine became the seventh state to join. By the valedictory report date, it had expanded to 13 active member states: Arkansas, Colorado, Iowa, Kansas, Maine, Minnesota, Nebraska, Ohio, Oklahoma, Tennessee, Virginia, Washington, and Wisconsin.

This legally binding agreement offers a practical framework for qualified dentists and dental hygienists to practice across state lines.

More mobility	Public protection
Streamlines out-of-state practice and reduces duplicative, time-intensive applications.	Preserves participating states' authority and professional standards.

The work that remains

- Update the 14 states that still maintain statutory or regulatory language recognizing procedure-based live-patient examinations.
- Expand the Dentist and Dental Hygienist Compact to more states and broaden the reach of professional mobility.
- Continue to evaluate and refine clinical assessments as education, technology, and best practices evolve.

THE ENDURING LESSON

Modernization is a commitment to assess competence more consistently, protect patients more fully, and help qualified professionals serve the public more effectively.

Eight years of sustained collaboration

CMDL's strength was its coalition. More than 130 partner organizations connected national leadership with the people doing the work in classrooms, clinics, professional associations, examination programs, legislatures, and licensing boards.

Founding and national partners ADA, ADEA, ASDA, and ADHA aligned the profession around a common direction and provided durable national leadership.	**Education** Dental schools and dental hygiene programs contributed expertise on competency-based education and assessment.
The profession Dental specialty organizations and dental hygienists' associations brought practitioner and discipline-specific perspectives.	**States and public-interest partners** State dental associations, educational organizations, and nonprofit partners translated a national case into local action.

What CMDL contributed

- Brought national and state partners together around a clear, patient-centered modernization agenda.
- Shared research and advanced the ethical case for moving beyond single-encounter, patient-based exams.
- Supported state-level advocacy to update statutes, rules, and licensure pathways.
- Sustained attention and coordination over eight years - long enough for policy, practice, and expectations to change.

Passing the torch

CMDL helped move dental licensure away from reliance on the traditional patient-based clinical examinations, helped create space for alternative approaches, and helped to advance the dental and dental hygiene licensure compact.

With its primary purpose realized, CMDL will wind down operations in fall 2026 and transfer the work to permanent professional homes. The dissolution of CMDL marks the end of this coalition, not the end of this work: continued research, innovation, policy development, and collaboration will be needed to build on this progress.

ADA Council on Dental Education and Licensure (CDEL)

CDEL will continue to monitor and maintain licensure trends, tracking tools, historical data, and state-level relationships.

Coordinated advocacy

ADA, ADEA, and ADHA, working with state dental and dental hygiene associations, will continue licensure reform and pursue full national modernization.

With gratitude

To every member, supporter, volunteer, association, school, program, specialty organization, regulator, advocate, and nonprofit partner: thank you. Your expertise, persistence, and willingness to work across organizational and geographic lines turned a shared concern into durable progress.

CMDL's formal work is concluding, but its impact will continue wherever patients are protected, candidates are assessed fairly, and oral health professionals can bring their skills to communities in need. We close this chapter not as an end, but as the proud celebration of a promise kept.

THANK YOU FOR EIGHT YEARS OF SUSTAINED COLLABORATION.