



Central Regional Dental Testing Service, Inc.

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January 25, 2024

The Honorable Chair Brenda Landwehr and Honorable Members of the Health and Human Services Committee
Kansas State Capitol
300 SW 10th St.
Topeka, KS 66612

Re: Informational Testimony/ Kansas HB 2453 -Enacting the Dental and Dental Hygienist Compact

Dear Chair Landwehr and Honorable Members of the Health and Human Services Committee

I learned of the hearing for HB 2453 just this morning and unfortunately could not be in attendance to present my testimony. However, as the Executive Director of CRDTS, a national dental testing service entity, I would greatly appreciate your consideration of the concerns we have regarding HB 2453.

Through our work with state dental boards, CRDTS develops and administers dental and dental hygiene examinations for graduating dental and dental hygiene students who wish to practice in Kansas and across the country. These clinical examinations serve as an essential pathway towards licensure for dental candidates. CRDTS' governing board consists of 23 state dental board representatives from across the nation including the Kansas Dental Board. CRDTS has been providing excellence in dental and dental hygiene testing since the late 1960's, working with state dental boards to ensure the highest standards, validity and relevance in clinical examinations as a pathway toward licensure.

For more than fifty years, clinical testing has been determined to be a matter of public safety in the U.S. for assessing the readiness of graduating dental and dental hygiene students to begin practicing. As an agency whose mission is to assist the state dental boards in protecting the health, safety, and welfare of the public through the development and administration of examinations that assess clinical competency, we understand the importance of competency assessment in dentistry.

Having also worked with dental schools, dental hygiene programs and graduating students for more than fifty years, CRDTS also understands the importance of portability. However, the benefit of portability should not come before the protection of the citizens of Kansas. Each state in the U.S. except one, has laws in place for licensure through credentialing which enable the state dental boards to retain authority over licensees while at the same time allowing portability of licensure. The compact currently being introduced through passage of HB 2453 would hamper Kansas' ability to establish and enforce minimum standards of competency through licensure.

While there are a number of concerns with the current compact as introduced, we would like to leave you with three main takeaways: public safety; loss of state control; and the cost to states and licensees.

PUBLIC SAFETY DEMANDS RETENTION OF A PSYCHOMOTOR/HAND SKILLS COMPONENT

The vast majority of states in the U.S., including Kansas, have required some form of a psychomotor or hand skills component as **necessary and critical component** of an acceptable licensure examination for nearly half a century. Approximately four years ago the Dental Licensure Objective Structured Clinical Examination (DLOSCE) was introduced as a stand-alone written examination that does not require a hand skills or psychomotor assessment as part of the examination. Today, only six states accept the DLOSCE examination as a pathway toward licensure and some of those six states still require a hand skills assessment in addition. Passage of HB 2453 in its current form could result in licensees



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being able to practice in Kansas without having first demonstrated the essential hand skills or psychomotor skills needed to competently practice dentistry or dental hygiene even though Kansas laws currently require such a hand/psychomotor skills assessment. This would be a substantial and significant change in Kansas' dental licensing laws and poses a safety risk to Nebraska's citizens

Nearly every state in the U.S., including Kansas, has identified a psychomotor/hand skills assessment as a **necessary and critical component** in clinical licensure examinations. If the current form of LB824 is passed without modification, the Nebraska public is at risk of receiving dental services from a licensee that has only passed a written-only examination with no psychomotor or hand skills assessment..

Said another way, CRDTS and its governing board is concerned that LB824 (in its current form) could open the door to licensees being licensed to practice in Nebraska without having first passed a clinical examination that has a hand skills or psychomotor skills component. Failure to continue to require such a clinical examination for Nebraska dental and dental hygiene applicants as an essential element of a pathway to licensure puts public health at risk.

LOSS OF LOCAL STATE CONTROL

Nebraska understands that all health care is local. Consequently, the Nebraska Legislature has taken great care to pass legislation that is in the best interest of its citizens and preserves the State's right to pass laws that are in the best interests of the Nebraska public. LB824 poses a threat to Nebraska's rights to continue to protect the interests of its citizens and would abdicate Nebraska's control over dental and dental hygiene examination and licensure to a national "Commission".

The CSG Compact states:

*"The Rules of the Commission shall have the force of law in each Participating State, provided however that where the Rules of the Commission conflict with the laws of the Participating State that establish the Participating State's Scope of Practice **as held by a court of competent jurisdiction**, the Rules of the Commission shall be ineffective in that State to the extent of the conflict."*

Consequently, if the State believed that the Rules of the Compact Commission conflicted with Nebraska's Scope of Practice laws, Nebraska would be forced to seek remedy through the court system and obtain a court's opinion to that effect. Meanwhile, some number of dentists and dental hygienists licensed through the compact would be able to continue to treat Nebraskans even though the State of Nebraska believed such individuals were not acting within the scope of their licenses.

Additionally, because Nebraska requires supervision of a dental hygienist by a dentist who is duly registered and currently licensed in Nebraska Statute **79-193.15**, there is a question as to the ability for a licensed dentist to supervise an unlicensed dental hygienist who is practicing under the compact privilege.

THE COMPACT THAT WOULD BE CREATED THROUGH LB824 MAY NOT ACHIEVE ITS TOUTED COST SAVINGS AND INCREASED WORKFORCE

LB824, 332.700 (2) states that the compact "[p]romotes mobility and addresses workforce shortages..." and "[i]ncreases public access to qualified, licensed Dentists and Dental Hygienists...." CRDTS is not aware of any reliable evidence that compacts increase the number of practitioners in a particular state. In fact, Nebraska already enjoys portability through a relatively low-cost process under **NEBRASKA REVISED STATUTES; Chapter 38.1120; Dentist; reciprocity; requirements** which is designed to offset workforce shortages.



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In contrast to the relatively low cost of licensure by credentialing, Nebraska and its Dental, and Dental Hygiene licensees would share an undetermined cost to create and administer the compact commission and the coordinated database. LB824, 332.715, 1. (4) provides that in order to obtain, and exercise a compact privilege, a Licensee shall “[p]ay any applicable Commission and Remote State fees.” Additional fees may affect a licensee’s motivation to obtain licensure through the compact. With the fees yet to be determined, there is no way to quantify the fiscal impact to the state or the licensees.

Nebraska already has effective, efficient laws that allow dental professionals portability into the State yet maintains the quality control necessary to protect the public. A compact may complicate the process and may not be a cost-effective mechanism for addressing any workforce shortage concerns. As currently drafted, LB824 risks reduction of Nebraska’s public safety dental standards, abdication of the State’s right to control the laws and rules impacting the health of Nebraskans and may increase and complicate the financial and administrative burden that dental applicants face in pursuing licensure in Nebraska.

On behalf of CRDTS and our Member States, we urge the Committee to take additional time to study the examination process and portability prior to the passage of a significant change in licensure laws such as LB824. CRDTS would be happy to serve as a resource for additional information and interim study.

Respectfully Submitted,

Richard L. Cobler

Richard L. Cobler
CRDTS Executive Director