

My background: Dental private practitioner in rural Nebraska since 1978. Past member and Chairman of the Nebraska Board of Dentistry.

Clinical national board examiner from 2005 to present. I examine for Central Regional Dental Testing Service (CRDTS), the agency designated in Nebraska statute to conduct Licensure exams for Nebraska.

The mission of the Nebraska Board of Dentistry (NBOD) is to protect the public. It is in statute that applicants for a dental or dental hygiene license in Nebraska pass a clinical licensure exam approved by the NBOD. Historically this exam includes objective third party evaluation of psychomotor hand skill components for all exam procedures by experienced, calibrated examiners. If the Nebraska Legislature joins the CSG Compact by passing LB824, it will allow practitioners to become licensed and treat patients in Nebraska without their hand skills ever being evaluated in this way. This is because the few states that have joined the CSG Compact accept the DLOSCE and Canadian OSCE. Both of these are licensure exams that are entirely written, multiple choice exams, given on a computer, that have absolutely no psychomotor hand skill and technique assessment component. They say they have a "clinical assessment", but it actually measures their mental ability to know what to do. They never demonstrate that they have the psychomotor ability to transfer that knowledge to intricate dental techniques. By Compact rule if these candidates are licensed in a Compact state, Nebraska would be required to grant them privileges here. Nationally, initial attempt failure rates of CRDTS licensure exams that evaluate hand skill techniques, range from 6 to 10 percent, and 1 to 2 percent either never pass, or require remediation to pass. Currently, the NBOD requires a licensure candidate to complete remediation approved by the board if a second attempt to pass a clinical hand skills exam ends in failure. The Nebraska Legislature would remove a powerful tool used to protect the people of Nebraska, if they pass LB824.

Supposedly, other goals of a compact are to provide portability to licensees and greater access to care for underserved. The Nebraska Dental Practice Act already accounts for a pathway to licensure and portability for nearly every type of license. It is an answer to a portability problem that doesn't exist. Access to care is an economic problem not a portability problem. Practitioners, unless obligated in some way, gravitate to practice where their personal economy is best satisfied, not necessarily where the need is. LB824 would also establish an independent government commission to set rules for the compact, assess fees to the States and licensees of unknown amounts, and their rules would carry the force of law, requiring litigation by a state if there was a problem. If the Legislature feels the need to throw money at the access to care problem, they should throw it at the practitioners in the form of increased Nebraska Medicaid fees.

LB824, if passed, creates way more problems than it solves, and removes the safety of Nebraskans from local control.