



any adverse actions against a licensee, and implement criminal background check requirements. To obtain a compact license, professionals must have an unrestricted license, pay state and compact fees, pass a national exam, meet educational and clinical requirements, report any adverse actions in nonparticipating states, and be subject to the participating state's regulatory authority, including scope of practice.

States retain authority to impose disciplinary actions, to share among states. The commission will oversee the compact and manage the data system to track licenses and disciplinary actions. The remaining sections of the model compact language addresses rulemaking, disputes with and between states, enactment and withdrawal, construction and severability, and the binding effect of the compact. The compact becomes effective when enacted by the seventh state. States can withdraw by repealing the compact, with a 180-day waiting period before the repeal is effective.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

## **FISCAL IMPLICATIONS**

The Regulation and Licensing Department (RLD) said updates to its NM Plus online licensing system would be about \$40 thousand. RLD believes it can absorb the costs for the rulemaking and other administrative processes. RLD noted the Dental Health Care Board would incur travel expenses for serving on the commission. If the board is responsible for these costs, the potential expenses are estimated to be \$8,000 per year in FY26 and future years. The board may also incur costs related to disciplinary actions.

To cover operating costs, the Compact Commission may levy fees on participating states and licensees seeking compact licenses. That amount will be assessed by the commission, which is composed of one appointed commissioner from each state. The commission will also need to ensure participating states know how to use the data system to monitor licensees and disciplinary actions.

The board may adjust licensing fees for accepting a compact licensee to cover participation in the Compact. The board says it has 743 out-of-state practitioners, which generate \$95,243 annually.

## **SIGNIFICANT ISSUES**

It's not clear if the board has the statutory authority to "fully implement" the criminal background requirements in the bill, which is necessary for state participation in the compact.

The Health Care Authority (HCA) says HB441 may help increase the number of dentists and dental hygienists available to patients with Medicaid in New Mexico, improving access to care, especially in underserved areas. The compact ensures that dentists and dental hygienists meet consistent licensure standards across participating states, which could lead to improved quality of care for patients covered by Medicaid.

However, HCA cautions that an unintended consequence of the bill may be to incentivize New Mexico-based dentists and dental hygienists to seek employment in other compact states,

especially if wages and working conditions are perceived to be more favorable than New Mexico.

## **PERFORMANCE IMPLICATIONS**

RLD noted that states must adopt the compact in its entirety without substantive changes.

## **ADMINISTRATIVE IMPLICATIONS**

RLD is the state's governing authority over the practice of dentistry and dental hygiene. The dental board under the RLD said licensure portability is important to younger professionals, which is why it offers expedited licensure. The compact will also allow active-duty military personnel and spouses to obtain a compact privilege, based on an unrestricted license from any one participating state.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

Other legislation enacting model interstate licensing compacts, include:

House Bill 79, Audiology & Speech-Language Pathology Compact

House Bill 81, Occupational Therapy Compact

House Bill 82, Physical Therapy Licensure Compact

House Bill 21,7 Counselling Compact

Senate Bill 46, Interstate Medical Licensure Compact

Senate Bill 104, Audiology & Speech Licensure Compact

Senate Bill 106, Psychology Interjurisdictional Compact

## **OTHER SUBSTANTIVE ISSUES**

The compact was developed through a partnership between the Council of State Governments, the Department of Defense, the American Dental Association, and the American Dental Hygienists' Association. According to the website <https://ddhcompact.org/>, 10 states have adopted the compact, only seven are needed, and compact privileges have not yet been issued.

The state dental board raises concerns with whether enough dentists sit on the Compact Commission, how remote states take adverse action and conduct joint investigations, how much the commission will levy states for staff and operations, and how the database functions, including for monitoring a licensee, license applicant, or whether any adverse actions have been taken.

## **AMENDMENTS**

RLD asked for an extension of time to January 1, 2026, to implement the compact.