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Augusta
LD 1615

Testimony Opposing LD 1615

Submitted to the Joint Standing Committee on Health Coverage, Insurance and Financial Services

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Senator Bailey, Representative Mathieson, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

Thank you for the opportunity to provide testimony today. My name is Dr. Kailee Jorgenson, and I am a licensed dentist, the Clinical Director at Mainely Teeth, and the President of the Maine Oral Health Centers Alliance. My work focuses on delivering dental care to underserved and high-need populations across Maine, and I have firsthand experience navigating the challenges of access, workforce development, and quality of care in our state. I am here today to testify in strong opposition to LD 1615: An Act to Expand Access to Oral Health Care by Creating a New Path for Obtaining a License to Practice Dentistry.

While I appreciate and share the goal of increasing access to oral health care, particularly in underserved areas, this bill raises serious concerns about patient safety, quality of care, and the integrity of the dental profession in Maine.

1. Patient Safety Must Come First

Creating an alternative pathway to licensure that potentially circumvents the rigorous clinical training and examination requirements currently in place undermines the high standards that protect the public. Dentistry is a complex and invasive healthcare field requiring years of accredited education, supervised clinical experience, and demonstrated competency through national board examinations. Easing these standards could inadvertently open the door to practitioners who are not adequately trained to provide safe, effective care.

2. Maine Already Has Tools to Expand Access

The state has already taken meaningful steps to expand access through the licensing of dental therapists and expanded functions dental auxiliaries (EFDAs), who can provide many essential services under the supervision of a licensed dentist. There are also loan repayment programs and incentives to attract dentists to rural and underserved areas. Rather than lowering the bar for licensure, we should fully implement and support these existing avenues.

3. The Bill May Undermine Public Trust

Maine residents expect and deserve the same standard of care regardless of where they live. If this new path to licensure allows individuals with less training or different qualifications to practice without proper oversight, it creates a two-tiered system that puts vulnerable populations at greater risk. That's not equitable—it's discriminatory.

4. Personal Observations from Practice and Community Work

In my own experience working with Maine's underserved populations, I've consistently found that the areas most in need of expanded dental care access are also home to patients with the most complex medical and dental needs. These individuals often face challenges related to chronic disease, behavioral health, socioeconomic instability, and limited access to continuous care. This is precisely the population that most deserves the oversight and expertise of clinicians trained in a regulated, consistent, and evidence-based manner. They should not receive care from providers who may lack the depth of preparation required to safely manage such complexity.

5. Positive Steps Already Underway

It's important to acknowledge that meaningful work is already being done to improve access to dental care in Maine. This legislative session, the Maine Dental Association, the Maine Dental Hygienists' Association, and others—working closely with members of this very Committee—have introduced thoughtful, collaborative

legislation aimed at expanding access without compromising patient safety or professional standards. These efforts reflect a commitment to sustainable, high-quality care that serves all Mainers fairly and responsibly. Let's continue to support solutions that preserve the integrity of the profession and protect the people we serve.

6. Unintended Consequences Could Be Long-Lasting

Lowering entry standards can have ripple effects throughout the healthcare system, including liability concerns, insurance complications, and challenges to the reputation of Maine's dental professionals. We must consider the long-term implications of altering licensure requirements in ways that may not serve the best interest of either patients or providers.

In conclusion, while LD 1615 is well-intentioned, it takes the wrong approach to a complex problem. I urge the committee to reject this bill and instead focus on proven, sustainable strategies to increase dental access—without compromising the standards that safeguard public health.

Thank you for your time and consideration. I would be happy to answer any questions.

Respectfully submitted,

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