Kala Myers-French
Rockport
LD 2030

Written Testimony in Support of LD 2030

An Act to Expand the Scope of Independent Practice Dental Hygienists

Senator Bailey, Representative Mathieson, and Members of the Health Coverage, Insurance, and Financial Services Committee,

LD 2030 is not truly an expansion of dental hygiene practice—it is a correction. Dental Hygienists in Maine have been educated, trained, and licensed to provide pain control, local anesthesia, and nitrous oxide for decades. Many of us who graduated over 20 years ago were trained to provide this level of care, and Maine continues to graduate providers today with this same education and licensure. There is a reason these skills were included in our core, foundational training: they are essential to delivering compassionate, effective preventive and therapeutic care.

Preventive oral healthcare is one of the most cost-effective interventions in medicine, yet outdated scope restrictions continue to delay care, increase emergency department use, and drive up healthcare costs. LD 2030 aligns practice authority with existing education and licensure, allowing trained professionals to provide the care they were prepared to deliver.

My name is Kala Myers-French, and I am a licensed Independent Practice Dental Hygienist practicing in Rockport, Maine. I am the owner of Balance Center for Oral Health & Wellness, an independent dental hygiene practice, and a founder of Maine Oral Health & Wellness (MOHW), a nonprofit mobile preventive oral healthcare organization. I submit this written testimony in support of LD 2030.

At Balance Center for Oral Health & Wellness, approximately 35% of our patients are enrolled in MaineCare, alongside individuals who seek care due to access barriers, financial constraints, dental anxiety, or a strong interest in prevention-focused care. Increasingly, we are also providing hygiene services that traditional dental offices are struggling to meet due to workforce shortages.

Through Maine Oral Health & Wellness, we deliver preventive oral healthcare almost exclusively to MaineCare-enrolled patients in schools, long-term care facilities, and rural communities using a mobile clinic model. We aim to provide comprehensive preventive care and don't stop at screenings and fluoride. To do this, we need to be armed with as comprehensive an armamentarium/ toolbox. We are also seeing a growing group of patients that also fall into a coverage gap—patients who technically have dental insurance but cannot afford to take time off work, travel, or pay out-of-pocket costs. Many delay care until disease is advanced.

Independent Practice Dental Hygienists and Registered Dental Hygienists are positioned at the front line of prevention, yet current restrictions limit our ability to deliver care efficiently and humanely in community-based settings.

LD 2030 would allow qualified IPDHs to administer local anesthesia and nitrous oxide, services we are already trained to provide safely under dentist supervision. This legislation does not change education or licensure requirements. It removes barriers that prevent foundational care from being completed.

Prevention, oral-systemic health, and cost

Current medical and dental research clearly links oral disease and chronic inflammation to cardiovascular disease, diabetes, Alzheimer’s disease and other neurocognitive disorders—some of the most expensive healthcare conditions we face. Oral disease is progressive; when preventive care is delayed, disease worsens and costs rise.

Dental-related emergency department visits are among the most avoidable uses of healthcare resources. Nearly 2 million emergency department visits each year are for dental conditions, often costing $750 to over $1,500 per visit, while rarely providing

definitive treatment.

In both my private practice and nonprofit mobile clinics, many patients require deeper preventive services that cannot be comfortably completed without anesthesia. If foundational care cannot be delivered in a pain-free manner, patients disengage, disease progresses, and system-wide costs increase.

Allowing IPDHs to administer local anesthesia and nitrous oxide at the point of care improves treatment completion, prevents disease escalation, and reduces avoidable emergency department use.

Patient example

Through our nonprofit mobile program, we recently served an older adult who had avoided dental care for nearly a decade due to trauma and anxiety. She was willing to receive preventive care in a familiar setting but could not tolerate treatment without anesthesia. Because I am not permitted to administer local anesthesia independently, her care was postponed and referred out.

She never followed up.

Conclusion

LD 2030 is not about expanding beyond training—it is about honoring it. This legislation reflects modern science, current education standards, and the realities of preventive healthcare delivery especially in community and public health settings. It allows trained professionals to practice at the top of their license and enables the greatest possible impact on oral and overall health.

I respectfully urge the committee to vote Ought to Pass on LD 2030.

Sincerely,
Kala Myers-French, RDH, IPDH
Rockport, Maine