

**Written Testimony of Dr. Michael Dowling, DMD, North Yarmouth, Maine
In Support of LD 2123
Before the Joint Standing Committee on Health and Human Services**

Senator Ingwersen, Representative Meyer, and Members of the Committee on Health and Human Services:

I am a board-certified pediatric dentist practicing at 207 Pediatric Dentistry in Yarmouth, where my associates and I provide a dental home to approximately 10,000 children, roughly half of whom are insured through MaineCare. I also serve as the Medical Director of the Maine Dental Surgery Center, a Joint Commission–accredited Ambulatory Surgery Center (ASC) dedicated exclusively to dentistry. Where my highly skilled team have already provided quality care to over one hundred patients since opening our doors in September, ninety one percent of whom have been covered by MaineCare. Eighty four percent of our patients awaiting surgery are covered by MaineCare.

I am writing in strong support of LD 2123.

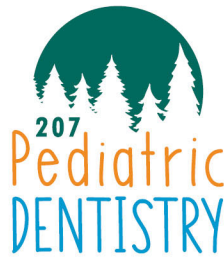
Two years ago, many of you heard testimony describing the severe access-to-care crisis facing children who require dental treatment under general anesthesia—particularly those covered by MaineCare. Myself and others described a tragic situation where patients requiring extensive treatment faced long waits. That situation has not improved, but there is a light at the end of the tunnel. At that time, this Committee asked providers not only to describe the problem, but to return with workable solutions.

The Maine Dental Surgery Center is one such solution.

Hospital operating rooms in Maine have not been able to meet the demand for dental cases, especially those involving young children, patients with special health care needs, or those covered by MaineCare. In response, I made a substantial private investment to build and operate a freestanding dental ASC designed specifically to treat these patients safely and efficiently.

As a result, we have already begun to significantly reduce wait times for children who previously waited a year or more for care under general anesthesia. We have the physical capacity, staffing, and clinical expertise to do substantially more.

The limiting factor is reimbursement—specifically for anesthesia services.



Under current MaineCare rates, anesthesia reimbursement is below the actual cost of providing care in an ASC setting. Even when accounting for the facility fee, each MaineCare anesthesia case results in a financial loss. To continue operating, we are forced to subsidize anesthesia costs using already-discounted dental reimbursement, which is approximately 40% of commercial rates.

Low anesthesia reimbursement is not unique to dentistry, nor is it a theoretical concern. Across medical and surgical specialties, anesthesia services are highly resource-intensive and require specialized personnel, equipment, medications, and regulatory compliance. When reimbursement falls below the cost of delivering care, providers and facilities are forced to limit participation or capacity. This dynamic is well recognized in health care delivery and directly affects whether operating room time can be made available to publicly insured patients.

In the ASC setting, anesthesia reimbursement plays a particularly critical role. Unlike hospital systems, ASCs cannot absorb ongoing losses or cross-subsidize underpaid services indefinitely. When anesthesia services are reimbursed below cost, even efficient and well-run centers are constrained in their ability to expand access. This is not a matter of provider willingness—it is a matter of basic financial feasibility.

This model is not sustainable.

More importantly, it prevents the Maine Dental Surgery Center from functioning as a broader access-to-care solution. At current reimbursement levels, we cannot open our operating rooms to outside providers because every additional MaineCare anesthesia case increases operating losses. In practical terms, the more access we provide, the worse the financial outcome becomes.

This is particularly frustrating because demand from providers is not the problem.

Pediatric dentists, oral surgeons, general dentists, public health dentists, and dental specialists from across Maine have approached us seeking access to a facility like ours. Many have indicated that access to an ASC is a key factor in their ability to accept additional MaineCare patients. At current anesthesia reimbursement levels, however, expanding that access is financially impossible.

LD 2123 directly addresses this bottleneck.

Importantly, the Maine Dental Surgery Center is not the only facility affected by this issue. Northern Maine Oral and Facial Surgery in Presque Isle treats a similar patient population, including children and adults who require dental and oral surgery care under general anesthesia and who are disproportionately insured by MaineCare. Like our center, they face the same fundamental challenge: anesthesia reimbursement that does not cover the cost of delivering care in an ASC setting.



By supporting LD 2123, the Legislature would strengthen access to medically necessary dental and oral surgery care at both ends of the state—northern and southern Maine—by supporting existing facilities already serving these populations.

The fiscal impact of this bill is small. The return on investment is substantial.

For a relatively modest expenditure—\$29,993 in the current fiscal year and \$121,429 in the next—the State can reduce prolonged suffering, shorten wait times, and improve access to care for some of Maine’s most vulnerable patients.

LD 2123 is a targeted, practical solution to a clearly identified barrier. It allows existing facilities to operate sustainably and continue expanding access where possible.

I respectfully urge the Committee to support LD 2123.

Thank you for your time and consideration.

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