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Senator Ingwersen, Chair  
Representative Meyer, Chair  
Members, Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

Re: LD 2123 – *An Act to Improve Dental Care Access for Children by Modifying the MaineCare Reimbursement Methodology for the Provision of Anesthesia for Certain Dental Services*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information in opposition to LD 2123, *An Act to Improve Dental Care Access for Children by Modifying the MaineCare Reimbursement Methodology for the Provision of Anesthesia for Certain Dental Services*.

This bill directs the Department to establish supplemental payments to increase reimbursement for medically necessary deep sedation or general anesthesia under MaineCare Benefits Manual (MBM), Chapter II, Section 25: Dental Services only for Ambulatory Surgical Centers (ASCs) who deliver dental services to patient populations that consist of at least 50% MaineCare members. The bill requires both an immediate enhanced rate requirement to reimburse at least \$250 for every 15-minute increment of anesthesia services provided to a child, and a requirement for MaineCare to include the increased reimbursement rate for medically necessary deep sedation or general anesthesia in the next rate determination for dental services. The bill states that no limitation may be placed on medically necessary anesthesia services provided to a pediatric MaineCare member. While the Department shares the interest in ensuring dental services reimbursement rates support access to care, there are several concerns with the language of this bill.

In accordance with an emergency timeline, this bill requires immediate changes to the claims systems and data collection for implementation of the supplemental payments and does not allow for time to conduct a MaineCare rate determination in accordance with 22 MRS §3173-J. Additionally, MaineCare must complete required federal noticing prior to a rate change in order to secure federal matching funds for Medicaid-covered services. MaineCare will not be able to secure full Centers for Medicare & Medicaid Services approval for this proposed enhanced rate prior to an emergency timeline implementation. Also of note, the timing of a major claims processing system upgrade may logistically prohibit the immediate implementation of this bill.

The bill directs the supplemental payments only to those ASCs serving a population of at least 50% MaineCare members and requires the Department to establish how this threshold will be measured. Currently the Department does not collect ASC data on the non-MaineCare



population and will need to consider how best and most efficiently gather this information for the purpose of verification and emergency timeline outlined in this bill.

In addition, the bill identifies only ASCs as qualifying for supplemental payments in Section 1 but proposes a specific enhanced payment rate for pediatric sedation services only in Section 3. Reimbursement rates for non-pediatric patients would follow the rate determination process outlined in 22 MRS §3173-J. It is unclear whether the pre-determined pediatric rate included in this bill is intended to be maintained after the 22 MRS §3173-J rate determination process.

The bill directs the Department to amend MaineCare rules to remove time limits for the reimbursement of medically necessary anesthesia services for comprehensive dental services provided to a pediatric MaineCare member. However, MaineCare rules already do not apply fixed time limits for medically necessary pediatric deep sedation services for eligible members. MaineCare reimburses up-to-ninety minutes of deep sedation services under codes D9222 and D9223 without a Prior Authorization (PA) and covers all medically necessary units above ninety minutes with a PA. This is not currently clearly described in MaineCare rules, and the Department has issued direct provider guidance on this topic and intends to clarify formal rule with the next rulemaking.

Regarding the application of these rates to ASCs, because the anesthesia services identified in this bill do not have Medicare Ambulatory Fee Schedule rates and are reimbursed as professional services, the Department believes the general directive to implement the supplemental payments only to ASCs for these codes is limiting in that these codes are only covered under MBM, Section 25: Dental Services, Section 9: Indian Health Services (IHS), and Section 31: Federally Qualified Health Centers (FQHCs) Services contracts.

The Department shares the interest of ensuring access to dental services and recommends using the 22 MRS §3173-J rate determination process to establish data-driven reimbursement rates. The Calendar Year 2026 Rate Determination Schedule includes dental services, meaning that the Department plans to initiate a rate determination this calendar year for all dental services. Decisions and the appropriations needed, if any, related to any recommended rates changes will be considered after the rate determination is complete.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,



Michelle Probert  
Director  
Office of MaineCare Services  
Maine Department of Health and Human Services