

## **Testimony in Opposition to LD 2206**

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

Senator Bailey, Representative Mathieson, and distinguished members of the Committee:

Thank you for the opportunity to testify. My name is Dr. Kailee Jorgenson. I am a licensed dentist, Clinical Director at Mainely Teeth, and President of the Maine Oral Health Centers Alliance. I provide care to underserved and high-need populations across Maine and work directly with the access challenges this legislation seeks to address.

I am here in opposition to LD 2206 and in support of LD 2209 as the safer, more sustainable path forward.

Maine does not have a simple shortage of dentists. In recent years, we have added many providers to our workforce. Our challenge is distribution — where dentists practice, how care is delivered in rural communities, and how MaineCare patients access services. Expanding access should not mean weakening licensure standards.

LD 2206 creates a new pathway to practice dentistry with different educational requirements. Dentistry is healthcare. It involves surgery, prescribing medications, diagnosing infection, and managing emergencies. Licensure standards exist to ensure every patient is treated by a provider with consistent, rigorous training. Supervision agreements cannot replace comprehensive CODA-accredited education and clinical repetition. If a complication occurs, the harm to the patient is immediate, regardless of who is listed as the supervising dentist. Many dentists in settings where these providers are likely to work are also new dentists with limited experience and are not at a place where they can or should provide oversight to other providers.

It is also important to clarify that Maine already has a pathway for internationally trained dentists. When the Maine Board of Dental Practice receives an application from a graduate of a non-CODA accredited program, the Board evaluates the applicant's education for substantial equivalency to CODA standards. This process includes a third party organization and as a result preserves objectivity and educational rigor. As of October 2025, nearly 50 internationally trained dentists had been licensed in Maine over a six-year period. This demonstrates that Maine already has a functioning and productive pathway for recruiting qualified internationally educated dentists without creating a new, lower licensure tier. Given that the likely place for the newly licensed providers to work in would be in settings where MaineCare is the primary population served, the providers here are often new or already working busy schedules with little opportunity for oversight and the number of providers that could reasonably be added to the system would be incredibly small if any at all would be able to be hired.

Creating a separate licensure category under LD 2206 risks establishing a two-tiered system of care. The patients most likely to receive care under this pathway are MaineCare recipients, rural residents, and children — populations that often have the most complex needs. Maine should not create one standard of dentistry for those with resources and another for those without.

If we want to attract more providers, the barriers are reimbursement rates, sustainability, and geographic challenges — not a lack of licensure mechanisms. Altering standards does not address those root causes and may undermine public trust in the profession and in the state's regulatory system.

LD 2206 is a shortcut that changes licensure standards.

LD 2209 is a structured plan that improves access through innovation while protecting patient safety.

LD 2209 focuses on delivery models, not diluted credentials. A hub-and-spoke approach fits rural Maine, allowing centralized expertise to support distributed care through existing infrastructure such as FQHCs, mobile programs, and educational institutions. It leverages the workforce and systems we already have without creating a new standard of care, while bringing stakeholders together to develop sustainable, long-term solutions.

We all share the goal of improving access to oral health care. But we must do so without compromising patient safety or professional standards.

I respectfully urge the Committee to vote Ought Not to Pass on LD 2206 and to support LD 2209 as the more thoughtful and sustainable path forward.

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

Respectfully submitted,  
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