

**Testimony in Support of LD 2209 Resolve Directing DHHS to Develop Models for
Expanded Access to Dental Services**

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 resolve seeks to address.

I am writing in strong support of this resolution directing the Department of Health and Human Services to develop models for expanded access to dental services, including consideration of a hub-and-spoke model and the exploration of dental specialty residency programs.

Maine's oral health challenge is not simply the number of licensed dentists. It is how care is distributed, how patients reach providers, and how we sustain services in rural and low-density communities. This resolve appropriately focuses on delivery systems and workforce development rather than altering licensure standards.

The hub-and-spoke model outlined in the resolve is particularly well-suited to Maine's geography. Many communities cannot support a full-time private dental practice, especially specialty care. By intentionally integrating services provided by the University of New England College of Dental Medicine, federally qualified health centers, mobile units, and limited-scope or nontraditional practices, Maine can extend care efficiently while maintaining consistent clinical standards. This approach leverages infrastructure that already exists and strengthens coordination rather than creating parallel systems.

The directive to explore specialty residency programs—especially in pediatric dentistry, oral surgery, and orthodontics—is also critical. Residency training is one of the most effective tools for workforce retention. Providers who complete advanced training in-state are significantly more likely to establish long-term practice roots here. Expanding specialty training capacity would directly address gaps in access to complex and high-need care, particularly for children and medically vulnerable patients.

I strongly support the resolve's requirement for stakeholder participation, including representatives from the University of New England College of Dental Medicine, the Maine Public Health Association, the Maine Board of Dental Practice, the Maine Dental Association, and the Maine Dental Hygienists' Association. I would respectfully suggest that the Maine Oral Health Centers Alliance also be explicitly included as a stakeholder. Our member organizations operate community-based dental centers across the state and serve a high proportion of MaineCare, rural, and medically complex patients. Including the Alliance would ensure that the Department benefits from direct operational insight into the populations most affected by access challenges.

Finally, the reporting requirement to the Legislature ensures transparency and accountability. Rather than rushing structural changes, this resolution creates a deliberate process to study, design, and recommend evidence-based solutions that can be acted upon in the 133rd Legislature.

We all share the goal of expanding access to oral health care in Maine. This resolve advances that goal by strengthening delivery systems, investing in workforce development, and preserving consistent standards of care.

I respectfully urge the Committee to support this resolve and to consider adding the Maine Oral Health Centers Alliance as a named stakeholder to help inform this important work.

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

Respectfully submitted,
Dr. Kailee Jorgenson, DMD
Clinical Director, Mainely Teeth
President, Maine Oral Health Centers Alliance