

Testimony in Opposition to LD 2206 and in Support of LD 2209

Senator Bailey, Representative Mathieson, and Distinguished Members of the Committee:

My name is Dr. Adam Saltz. I am a board-certified periodontist practicing in South Portland, Maine. I completed a three-year residency in periodontal and implant surgery after a seven-year, dual-admission dental medicine program. This reflects ten years of higher education and training that enables me to practice safely, independently, and at the full scope of my expertise. I treat medically complex patients every day and routinely manage gum and implant disease, infections, surgical complications, and true dental emergencies. I appreciate the opportunity to testify.

Maine has a distribution problem, not a numbers problem. According to Maine Board of Dental Practice data presented in October 2025, Maine currently has 1,085 active dentist licenses as of October 1, 2025. We have added dentists in recent years through endorsement pathways and foreign-trained licensure routes that already exist. LD 2206 creates a new “associate dentist” license category that allows individuals who lack board-determined educational equivalency to practice under general supervision pursuant to a written practice agreement. This fundamentally alters Maine’s licensure structure.

Patient safety requires consistent standards. General supervision and written protocols cannot, and should not, substitute for CODA-based doctoral training and years of structured clinical education. LD 2206 creates a two-tiered system of care that would further disserve vulnerable populations. Importantly, Maine already has licensure pathways for internationally trained dentists through equivalency review and endorsement. The barrier to access is not a lack of licensure categories. It is the result of reimbursement rates, geographic isolation, infrastructure, and workforce pipeline challenges.

LD 2206 is a shortcut that changes licensure standards; whereas LD 2209 is a structured plan that improves access through innovation and continued patient safety. A hub-and-spoke approach makes sense for rural Maine. As a specialist, I know many towns cannot sustain full-time specialty practices north and east of Augusta, with some of my patients traveling 3-6 hours for their care. Coordinated systems allow providers to travel, share resources, use mobile units, and integrate with FQHCs to deliver consistent standards of care.

Further, LD 2209 also leverages existing institutions, like UNE, existing residency structures, and MaineCare systems. Workforce development and residency expansion, including pediatric dentistry and oral surgery, are long-term, evidence-based solutions that retain providers in state.

We should continue to expand access without weakening standards. I respectfully urge the Committee to vote Ought Not to Pass on LD 2206. I strongly encourage you to support LD 2209 as the safer and more sustainable path forward for Maine patients.

Sincerely,

Adam Saltz, DMD, MS, MPH

Past President, Maine Dental Association