

An Act to Establish an Alternative Pathway to Dental Licensure

Senator Bailey, Representative Perry, and Distinguished Members of the Health Coverage, Insurance and Financial Services Committee:

My name is Dr. Michael Dowling. I am a board-certified pediatric dentist practicing in Yarmouth at 207 Pediatric Dentistry and the Medical Director of the Maine Dental Surgery Center. Our practice provides care to approximately 10,000 children across Maine, and roughly half of those patients are covered by MaineCare. For nearly 15 years, I have treated children with complex medical needs, behavioral challenges, and advanced dental disease — often under sedation or in surgical settings.

Access to care is something I take very seriously. But access must be expanded responsibly.

Maine has long held that graduation from a Commission on Dental Accreditation (CODA)–accredited program is a clear line in the sand for dental licensure. CODA standards ensure consistency in biomedical education, clinical training, competency assessment, and patient safety preparation. That consistency protects the public. We should not sacrifice that standard.

LD 2206 proposes creating an alternative pathway to licensure that departs from this long-standing principle.

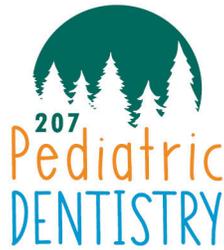
A U.S.-trained dentist typically completes four years of undergraduate education, followed by four years of CODA-accredited dental school, including thousands of hours of biomedical sciences, simulation training, and direct patient care. Dental students in the United States commonly complete 2,000 or more hours of supervised clinical training during dental school alone, in addition to extensive coursework in pathology, pharmacology, anesthesia, radiology, systemic disease management, and emergency response.

In contrast, many foreign-trained dentists complete a bachelor-level dental degree that may begin directly after secondary school and may not include the same prerequisite undergraduate biomedical foundation required in the United States. Clinical hour requirements, competency evaluation, and educational structure can vary significantly depending on the country and institution.

That variability is precisely why CODA accreditation has served as the benchmark. It establishes uniformity and accountability.

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Maine already has a pathway to license internationally trained dentists who demonstrate educational equivalency through advanced standing programs at accredited U.S. dental schools. That mechanism preserves the CODA standard while allowing qualified dentists to practice here.

LD 2206 instead proposes allowing practice under “general supervision.” Under Maine law, general supervision does not require the supervising dentist to be physically present. In fact, a supervising dentist could be offsite — potentially even out of state or out of the country — while technically serving in a supervisory role.

That is not meaningful supervision in a healthcare setting where independent clinical judgment, rapid decision-making, and emergency response are required. If a complication arises — infection, hemorrhage, medication reaction, airway compromise — the supervising dentist cannot intervene remotely. The patient in the chair bears the risk.

Supervision agreements cannot substitute for comprehensive standardized education.

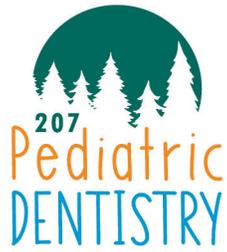
I am also concerned about the unintended creation of a two-tiered system of care. Children covered by MaineCare, rural families, and vulnerable populations are the most likely to receive care under this alternative pathway. We must be careful not to create different standards of care based on insurance status or geography.

The workforce landscape has also evolved since earlier workforce studies were initiated. In our own practice alone, since the original bill that created the study group was drafted, we have tripled the number of providers. We have added a general dentist who focuses on patients with special needs and a pediatric dentist to expand access for children. That growth reflects broader changes in the dental workforce. Many previously cited shortages are not uniform across the state. In some cases, access challenges are concentrated in specific facilities that struggle with recruitment for broader economic or structural reasons.

Lowering licensure standards is a shortcut. It does not address infrastructure, reimbursement, or distribution challenges. And it risks undermining public trust in Maine’s regulatory framework.

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Maine has long drawn a clear line: CODA-accredited education is the standard for independent dental practice. That line exists to protect patients.

For these reasons, I respectfully urge the Committee to vote Ought Not to Pass on LD 2206.

Thank you for your time and your commitment to Maine families.

Michael Dowling, DMD



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