

Resolve, to Direct the Department of Health and Human Services to Develop Innovative Models for the Delivery of Dental Services to Expand Access to Oral Health Care Throughout the State

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, and about half of those patients are covered by MaineCare. We routinely see patients from all over the state because we are able to offer highly specialized surgical and sedation services that are simply not viable in every community. In many ways, we are already functioning as a regional hub for complex pediatric dental care.

Access to dental care is not theoretical for me — it is something I confront every day.

Maine's challenge is best described as a distribution and infrastructure problem, not simply a shortage of dentists. The landscape has changed since the bill that created the original study group was drafted. In our own practice alone, we have tripled the number of providers during that time. We added a general dentist focused specifically on special needs patients and an additional pediatric dentist to expand capacity for children. These additions reflect broader growth in the workforce. Many of the earlier workforce concerns either no longer exist statewide or are concentrated in a limited number of facilities that struggle with recruitment for reasons unrelated to licensure structure.

LD 2209 offers a thoughtful and responsible way to address access without altering licensure standards.

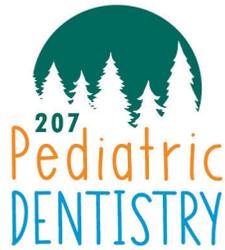
Rather than changing who is licensed to practice dentistry, this resolve focuses on how care is delivered — including exploration of a hub-and-spoke model that better distributes specialized services across the state.

We built the Maine Dental Surgery Center as a specialized facility designed to provide hospital-level dental care safely and efficiently. Facilities like this require substantial capital investment, regulatory oversight, and highly trained teams. Most communities cannot financially support this type of center. However, when structured as a hub serving a broad region, these facilities allow highly skilled care to be delivered in specialized environments while community practices serve as spokes.

This approach maximizes existing infrastructure and workforce capacity. It allows us to deliver complex care now — not years from now after new licensure categories are implemented or additional pipelines slowly expand.

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It would be wise to implement and allow a hub-and-spoke model to function fully before considering permanent changes to licensure standards. If we maximize this model while ensuring appropriate safeguards, regulatory oversight, and quality controls are built into the hub structure, we can expand access while maintaining patient safety.

Maine already has an established pathway to license internationally trained dentists who demonstrate educational equivalency. If additional providers are needed, that mechanism already exists.

The contrast is clear:

LD 2206 changes licensure standards.

LD 2209 improves delivery systems while protecting standards.

By implementing hub-and-spoke models thoughtfully and evaluating their impact, Maine can expand access, preserve patient safety, and maintain public trust in our dental regulatory framework.

I respectfully urge the Committee to support LD 2209.

Thank you for your time and consideration.

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