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Maine Department of Health and Human Services
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2/24/2026

Senator Bailey, Chair
Representative Mathieson, Chair
Members, Joint Standing Committee on Health Coverage, Insurance and Financial Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 2209 – *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 Mathieson and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

Thank you for the opportunity to submit written testimony in opposition to LD 2209, *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*.

LD 2209 intends to implement a recommendation from the Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry (Resolve 2025, c. 107). The Resolve requires the Department to convene a stakeholder group to develop a "hub-and-spoke" model to expand dental access statewide, and to explore options to establish dental specialist residency programs in Maine, especially for pediatric dentists, oral surgeons, and orthodontists. The Department is directed to consider dental services provided by the University of New England and federally qualified health centers, mobile units and models that focus on underserved areas. Additionally, by February 2027, the Department must submit a report of findings and recommendations.

While the Department is supportive of work to increase dental professional capacity in Maine, the work outlined in this proposal would require detailed analysis of capacity, regulations, and coordination. Developing a hub-and-spoke model requires significant planning and stakeholder alignment before a full system assessment can be completed, and, as written, the timeline outlined in the legislation and the current capacity to deliver this work presents significant challenges. Further, and respectfully, development of a model before there is funding and buy-in for implementation is most likely to lead to a plan that will be shelved.

The scope of analysis, stakeholder engagement, policy development, and reporting obligations outlined in LD 2209 represent additional work beyond the current program capacity. Fulfilling these requirements would necessitate allocation of staff time and cross-program coordination that would otherwise support existing oral health access and MaineCare initiatives.

Access to oral health services and workforce capacity challenges remain significant concerns, particularly in rural and underserved areas. Development of a hub-and-spoke delivery framework and exploration of in-state dental specialty residency programs require comprehensive evaluation of system capacity, workforce data, regulatory considerations, and interdepartmental coordination. CDC and the Department would be happy to participate in efforts to advance a defined model development process, with specified stakeholders and reporting requirements, requires substantial analytic and coordination effort prior to completion of a broader system assessment and strategic alignment but does not have the resources to lead the initiative.

For these reasons, while Maine CDC shares the Legislature's objective of improving access to oral health services statewide, it respectfully opposes LD 2209.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

A handwritten signature in blue ink, appearing to read "Anthony Va.", is positioned above the typed name.

Puthiery Va, DO

Director

Maine Center for Disease Control and Prevention (Maine CDC)

Maine Department of Health and Human Services