

## **Testimony in Opposition to LD 2206**

My name is Angelica Garces. I was born and raised in Colombia and immigrated to the United States at the age of 20. New Jersey became my home, where I began a long educational and professional journey. I first learned English, then earned my degree in Dental Hygiene from Rutgers University, followed by a Bachelor of Science degree from the same institution.

For more than a decade, I worked full-time in a community dental clinic in New Jersey, serving vulnerable populations with limited access to oral health care. That experience inspired me to explore further ways to continue helping and reinforced my commitment to expanding access to care in underserved communities.

In order to advance my ability to serve these populations, I moved to Minnesota to pursue a graduate degree in Dental Therapy at Metropolitan State University, a CODA-accredited institution. The dental therapy program there is a master's-level program with a rigorous and carefully structured curriculum aligned with national standards. It includes extensive didactic, pre-clinical, and clinical training designed to ensure competence in diagnosis, treatment planning, and restorative procedures within our defined scope of practice.

Graduates in Minnesota must also pass a clinical licensure examination comparable in structure and rigor to that taken by dentists, ensuring objective demonstration of clinical competency prior to independent practice within the authorized scope.

I chose the path of dental therapy because it represented a thoughtful balance between career advancement, financial feasibility, and the urgent need for providers in underserved communities. Today, I practice in Augusta, Maine, at Kennebec Valley Dentistry, where I continue to serve disadvantaged populations.

I am writing in opposition to LD 2206.

This bill would not only affect dentists but also license dental therapists that practice in Maine like me. It changes educational pathways and licensure standards affecting our profession and the patients we serve.

I oppose LD 2206 for two main reasons. First, it changes the educational standards that were originally required for dentist and dental therapists. Second, it weakens how competency is verified before someone is licensed to practice.

Dental therapy in Maine was accepted with very specific requirements. We are required to graduate from a program with CODA equivalent standard, with structured classroom education and extensive clinical training that directly matches our limited scope of practice. That connection between what we are trained to do and what we are legally allowed to do is intentional. It exists to make sure we are fully prepared for every procedure within our scope.

LD 2206 proposes a different pathway that does not require that same accredited educational structure. When people are allowed to practice under the same scope but with significantly

different educational preparation, it creates inconsistency. In health care, inconsistency in training can lead to inconsistency in clinical judgment and outcomes. That should concern all of us.

Licensure standards are in place to protect patients. They are not barriers; they are safeguards. When those standards are changed without clear proof that the new pathway provides same level of education, clinical experience, and objective competency assessment, patient safety can be compromised.

Dental therapy has demonstrated success in expanding access to oral health care in underserved and rural areas across the United States. It is modeled on the well-established effectiveness of midlevel providers in medicine and other health professions. However, one of the most persistent challenges in Maine is that there is currently no in-state dental therapy program. Students who want to pursue this profession must leave Maine to obtain an education.

In fact, a 2018 research study conducted by Dianne Smallidge, RDH, EDD. Found that 65% of participants expressed interest in enrolling in dental therapy program if Maine had one. This is a strong indicator that Maine students want this pathway. Instead of lowering standards, we should be building the program that students are already asking for.

I understand that access to care is a serious problem. I have dedicated my entire career to serving underserved communities. But expanding access should not mean lowering the standards that were carefully designed to protect those same communities. If Maine truly wants to increase access responsibly, we should focus on developing a CODA-accredited dental therapy program. We should be investing on students in Maine who want to pursue dental therapy and giving them the opportunity to be train at a high standard without having to leave the state. In addition, fostering collaboration within the dental community and not weakening the foundation that established the dental profession as a safe and trusted profession.

I respectfully urge you to oppose LD 2206 and protect patient safety, uphold strong licensure standards and strengthen the rigorous safeguards already in place to ensure the quality of care patients receive in Maine. At the same time, supporting the development of educational programs.

Thank you for your time and consideration.

Respectfully submitted,

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Attached Testimony in Opposition to LD 2206