



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: MAINE RELAY 711

Ambureen Rana

124 West Broadway
Bangor, ME 04401
Cell: (207) 350-5081

Ambureen.Rana@legislature.maine.gov

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Testimony of Representative Ambureen Rana introducing

LD 1615, An Act to Expand Access to Oral Health Care by Creating a New Path for Obtaining a License to Practice Dentistry

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Good afternoon, Senator Bailey, Representative Mathieson, and distinguished members of the Health Coverage, Insurance and Financial Services Committee. My name is Ambureen Rana, and I have the honor of representing House District 21, which includes part of the City of Bangor.

I am proud to introduce **LD 1615, An Act to Expand Access to Oral Health Care by Creating a New Path for Obtaining a License to Practice Dentistry**.

This bill creates a new category of licensure: the “Adjunct Dentist License.” It provides a structured, supervised pathway for qualified dental professionals, particularly those trained outside of the United States, to practice in Maine under the general supervision of a licensed dentist and under a written practice agreement. As with other dentist licenses in statute, this would require passing all examinations required by the board.

Why is this necessary? Because we are in the midst of a dental care access crisis, and it is growing worse.

A 2024 article from the *Portland Press Herald* (“Access to dental care in Maine reaching a crisis point”) highlights the extent of the problem: the number of dentists in Maine has shrunk since 2019, and according to the Maine Dental Association (MDA) 57% of Maine dentists are 60 and older.¹ The MDA deemed this a “perfect storm” and a “crisis point.”² The shortage is most acute for low-income families, seniors, and children. Maine ranks 20th in the nation the lowest in New England when it comes to preventative dental care for children.³ According to the Children’s Oral Health Network of Maine and other dental care leaders in the state, we need to be thinking systematically about how to provide more dental and orthodontic care to children in Maine.⁴

¹ <https://www.pressherald.com/2024/05/02/access-to-dental-care-in-maine-reaching-a-crisis-point/>

² Ibid.

³ https://www.americashealthrankings.org/explore/measures/prev_dent_care_overall/ME#measure-trend-summary

⁴ <https://www.pressherald.com/2025/03/17/children-on-mainecare-brace-the-challenges-of-finding-orthodontics/>

Rural areas are particularly affected, with limited access to dental professionals, leading to longer wait times and reduced preventive care. The Maine Department of Health and Human Services has stated that state health officials share “concerns about access to care due to a lack of dental providers.”⁵

According to the Health Resources and Services Administration within the U.S. Department of Health and Human Services, only 27.97% of Maine’s adult and pediatric dental needs are met.⁶ The lack of access leads to preventable suffering, worsens overall health outcomes, and increases costs for emergency care.

Despite significant investment – including the 2022 MaineCare adult dental expansion – workforce shortages remain a major bottleneck. As reported by *The Maine Monitor*, thousands of now insured individuals still cannot find a dentist willing or able to accept new patients.⁷ Between 2019 and 2023, the state simultaneously saw a 27% decrease in MaineCare-enrolled providers and a 77% increase in the number of MaineCare members with comprehensive dental coverage.⁸ This disconnect between policy expansion and practical implementation highlights the need for systemic solutions to address workforce shortages and improve access to dental care for MaineCare recipients.

We have talented, qualified professionals willing to provide dental care to Mainers and dental practices willing to hire them. However, many of these individuals are barred from practicing because their degrees are not deemed by the Maine Board of Dental Practice to be educationally equivalent to a U.S. doctoral degree in dentistry. In India (home to 1/5 of the world’s population), for example, the standard dental degree is a 5-year Bachelor of Dental Surgery (BDS) program. This undergraduate program includes four years of classroom instruction and a one-year mandatory internship. Similarly, dental degrees in the United Kingdom, Ireland, Finland, Japan, and other developed countries around the world are obtained at the undergraduate level and offered after high school graduation. Keeping these qualified professionals out of Maine’s healthcare workforce because they did not first earn an undergraduate degree in a separate subject is irrational.

LD 1615 offers a way forward, allowing these professionals to work under the general supervision of an already licensed Maine dentist in a state licensed facility and ultimately transition to full licensure after three years of good-standing practice.

This model is safe, structured, and sensible. Adjunct dentists would only be able to practice in board-approved settings, under detailed written practice agreements, and under the general supervision of licensed dentists. Patient safety and quality of care remain paramount.

In my community, Penobscot Community Health Care’s (PCHC) Dental Center in Bangor, with 43 operatories, is ready and willing to be part of the solution. As part of Maine’s largest Federally Qualified Health Center, this dental center could expand comprehensive dental services significantly if they had access to more qualified personnel.

I would like to briefly share with you the stories of two individuals who applied for dental licensure in Maine in 2024 but were unanimously denied by the Maine Board of Dental Practice

⁵ <https://www.pressherald.com/2024/05/02/access-to-dental-care-in-maine-reaching-a-crisis-point/>

⁶ <https://www.maineaap.org/news/2024/obstacles-to-dental-care-abound-throughout-maine>

⁷ <https://themainemonitor.org/mainecare-dental-patients-face-challenges/>

⁸ <https://www.maineaap.org/news/2024/obstacles-to-dental-care-abound-throughout-maine>

on the grounds of insufficient “educational equivalency.” I respectfully invite the members of this committee to consider these cases and determine for yourselves whether our current licensure system is truly serving the needs of our state:

Applicant #1 is a foreign trained general dentist who is currently practicing in Massachusetts with a limited intern dental license. She has held this license and has been practicing since December 2019 without any reports or complaints to the board. She has also completed the standard Adex and National Board Exams successfully. She received her dental degree (BDS) in India, has received a Master of Science in Dentistry (MsD) from Harvard University School of Dental Medicine, a Master of Public Health (MPH) from Tulane University School of Public Health, and a Certificate of Restorative and Comprehensive Dentistry from the University of Medicine and Dentistry of New Jersey Residency Program. This provider in particular wanted to relocate to rural Maine and deliver care to the underserved. She understands the importance of public health and the need, which is why she would have been such a great addition to PCHC.

Applicant #2 also received his dental degree in India and where he practiced as a general dentist from 2012-2016. He completed the standard Adex and National Board Exams successfully. He has received a Master of Public Health (MPH) from Nova Southeastern University in Florida and completed a 30-month Orthodontics Residency Program at the University of Alabama at Birmingham while also earning a Master’s of Science Degree in Dentistry there. If he had been licensed in Maine, he would have been hired as a much-needed Orthodontist at PCHC. Instead, he has taken a job out of state and is practicing there.

Both applicants were being recruited by PCHC and their license denials have effectively restricted my constituents’ access to dental care by qualified practitioners.

In an editorial published by the *Kennebec Journal* the author who is a practicing Maine dentist rightly stated: “Dental care is not a luxury but a cornerstone of overall health and well-being. Yet for far too many residents of Maine, quality dental care remains out of reach.”⁹ The lack of providers is a large contributor to this, and LD 1615 is exactly the kind of creative, pragmatic solution we need.

Finally, expanding access to care is not just about addressing immediate shortages – it is about improving lifelong health outcomes. LD 1615 is a responsible, targeted measure that will help Maine meet the oral health needs of its people, reduce health disparities, and strengthen our healthcare workforce. I respectfully urge you to vote “ought to pass.”

I have attached a suggested technical amendment that clarifies this license pathway is not intended for graduates of a dental program accredited by the American Dental Association Commission on Dental Accreditation or a dental program in the U.S.

Thank you, and I would be happy to answer any questions.

⁹ <https://www.centralmaine.com/2024/12/29/opinion-past-time-to-solve-our-crisis-of-dental-care/>

An Act to Expand Access to Oral Health Care by Creating a New Path for Obtaining a License to Practice Dentistry

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 32 MRSA §18302, sub-§3-A is enacted to read:

3-A. Adjunct dentist. "Adjunct dentist" means an individual who holds a valid adjunct dentist license issued by the board.

Sec. 2. 32 MRSA §18302, sub-§3-B is enacted to read:

3-B. Adjunct dentist license. "Adjunct dentist license" means the authority granted to an individual who is a graduate of a dental school or college, who is not licensed to practice dentistry in this State and who is authorized to practice under the general supervision of a dentist in a board-approved setting in accordance with this chapter.

Sec. 3. 32 MRSA §18342, sub-§1, as amended by PL 2021, c. 163, §1, is further amended to read:

1. Dentist license. Except as provided in section 18347, an applicant for licensure as a dentist must comply with the provisions of section 18341 and must provide:

A. Verification of either a doctoral degree in dentistry from a dental program accredited by the American Dental Association Commission on Dental Accreditation or its successor organization or the educational equivalent of a doctoral degree in dentistry, as determined by the board. If the applicant holds an adjunct dentist license in good standing and provides verification that the applicant has actively practiced during the 3 consecutive years immediately preceding application to the board, that applicant is deemed to be in compliance with this paragraph; and

B. Verification of passing all examinations required by the board.

Sec. 4. 32 MRSA §18342, sub-§7 is enacted to read:

7. Adjunct dentist license. An applicant for an adjunct dentist license must comply with section 18341 and must provide:

A. Verification of a degree in dentistry from a dental school or college not in the U.S. and not accredited by the Commission on Dental Accreditation or its successor organization;

B. Verification of passing all examinations required by the board;

C. Verification that the applicant will be practicing dentistry in a board-approved setting within the State; and

D. A statement from the supervising dentist under section 18371, subsection 5 that demonstrates that the general supervision and control of the services to be performed by the applicant are adequate and that the performance of these services are within the applicant's dental knowledge and skill.

Sec. 5. 32 MRSA §18371, sub-§2, ¶F is enacted to read:

F. An individual with an adjunct dentist license may provide dental services only in the board-approved setting for which the license was issued by the board and if authorized by a written practice agreement under the general supervision of a dentist licensed in this State pursuant to subsection 7.

Sec. 6. 32 MRSA §18371, sub-§5, as amended by PL 2019, c. 388, §9, is further amended to read:

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5. Supervision of dental therapists and adjunct dentists. A dentist, referred to in this section as the "the supervising dentist," who employs a dental therapist or adjunct dentist shall comply with this subsection.

A. A supervising dentist shall arrange for another dentist or specialist to provide any services needed by a patient of a dental therapist or adjunct dentist supervised by that dentist that are beyond the scope of practice of the dental therapist or adjunct dentist and that the supervising dentist is unable to provide.

B. The supervising dentist is responsible for all authorized services and procedures performed by the dental therapist pursuant to a written practice agreement executed by the dentist pursuant to section 18377.

B-1. The supervising dentist is responsible for all authorized services and procedures performed by the adjunct dentist pursuant to a written practice agreement executed by the dentist pursuant to subsection 7.

C. Revisions to a written practice agreement must be documented in a new written practice agreement signed by the supervising dentist and the dental therapist or adjunct dentist.

D. A supervising dentist who signs a written practice agreement shall file a copy of the agreement with the board, keep a copy for the dentist's own records and make a copy available to patients of the dental therapist or adjunct dentist upon request.

Sec. 7. 32 MRSA §18371, sub-§7 is enacted to read:

7. Adjunct dentist practice requirements. An adjunct dentist must comply with the following practice limitations.

A. An adjunct dentist may practice under the general supervision of a dentist pursuant to a written practice agreement signed by both parties. A written practice agreement is a signed document that outlines the functions that the adjunct dentist is authorized to perform. An adjunct dentist may practice only under the standing order of the supervising dentist, may provide only care that follows written protocols and may provide only services that the adjunct dentist is authorized to provide by the written practice agreement.

B. A written practice agreement between a supervising dentist and an adjunct dentist must include the following elements:

(1) The services and procedures and the practice settings for those services and procedures that the adjunct dentist may provide, together with any limitations on those services and procedures;

(2) Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(3) Procedures to be used with patients treated by the adjunct dentist for obtaining informed consent and for creating and maintaining dental records;

(4) A plan for managing medical emergencies in each practice setting in which the adjunct dentist provides care;

(5) A quality assurance plan for monitoring care, including patient care review, referral follow-up and a quality assurance chart review;

(6) Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed;

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(7) Criteria for providing care to patients with specific medical conditions or complex medical histories; and

(8) Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the scope of practice or capabilities of the adjunct dentist.

C. Revisions to a written practice agreement must be documented in a new written practice agreement signed by the supervising dentist and the adjunct dentist.

D. An adjunct dentist shall file a copy of a written practice agreement with the board, keep a copy for the adjunct dentist's own records and make a copy available to patients of the adjunct dentist upon request.

E. An adjunct dentist shall refer patients in accordance with a written practice agreement to another qualified dental or health care professional to receive needed services that exceed the scope of practice of the adjunct dentist.

F. An adjunct dentist who provides services or procedures beyond those authorized in a written practice agreement engages in unprofessional conduct and is subject to discipline pursuant to section 18325.

Portland Press Herald

Access to dental care in Maine reaching a crisis point

There are not enough appointments available for people whether they have MaineCare insurance, private insurance or are self-pay patients, according to the Maine Dental Association.

Posted May 2, 2024

Updated May 3, 2024

Joe Lawlor

Dulceneia Standback had been unable to get dental appointments for her five children since she moved from Boston to Westbrook about a year ago.

So when Standback, 39, heard about a free dental hygiene clinic in Portland on Thursday, she brought two of her younger children, Lorena, 5, and Maya, 4, to get exams.

At the clinic, Standback also was connected with a dental practice so her family – which uses MaineCare for dental insurance – can get regular checkups and care in the future.

“I’m very grateful. This is a weight lifted off my shoulders. It’s been very difficult to find a dentist. We’ve been trying everywhere, but there’s so many waitlists we couldn’t get in,” Standback said. Though she likes living in Maine better than living in Boston, she says it was easier to get dental appointments in Boston.

Standback’s experience is similar to what many in Maine are going through, with workforce shortages and increased demand leading to a lack of available appointments, regardless of what type of insurance patients have, experts say.

Therese Cahill, executive director of the Maine Dental Association, said the lack of access to dental care is reaching a crisis point in Maine.

“It’s a perfect storm. It’s a very, very tough time right now,” Cahill said.

Lorena and Maya took their hygiene appointments in stride, enjoying the attention and pretending to brush the teeth of a giant plastic model of a mouth.

“I like the dentist. The dentist cleans my teeth,” Lorena said.

The dental hygiene program is a collaboration between the University of New England, The Opportunity Alliance, Mainely Teeth, Northeast Delta Dental insurance and UCLA.

The Opportunity Alliance connects families in the Women, Infants and Children program – a federal nutrition program – with the free dental care program, a new service that operates about 40 weeks per year in the Portland office. So far, it's treated more than 100 people, primarily children.

UNE will then connect the patients with a dental care program that accepts MaineCare patients.

BARRIERS TO DENTAL CARE

Garrett Richardson, an assistant clinical professor of dental hygiene at UNE, said there are many barriers to getting dental care, including workforce shortages and MaineCare reimbursement rates that have improved but are still lower than private insurance. Some people also struggle to navigate the system and find a dentist who can take patients, something especially challenging for those with language barriers, such as new Mainers who have immigrated from other countries.

On Thursday, Richardson and a team of UNE dental hygiene students worked with the Dzhulebas, a Ukrainian family that resettled in Auburn after fleeing the Russian invasion in August 2023.

Richardson used a translation service to communicate with Manna Dzhuleba, who spoke only a few words of English and came to the clinic to get care for her son, Andrew. Richardson gave Andrew a special fluoride treatment and a referral to get him into a dentist to treat suspected cavities.

Another translator who speaks Ukrainian will help the family get into appointments, he said.

Recognizing the access issues, the Mills administration increased reimbursement rates for many MaineCare services – including dental care – by 8.24% in 2023.

Lindsay Hammes, spokeswoman for the Maine Department of Health and Human Services, said state health officials share “concerns about access to care due to a lack of dental providers and specialists. MaineCare is engaging in conversations with dental providers and community outreach groups to explore additional strategies to encourage more dental providers to participate (in MaineCare).”

The Mills administration also has launched several initiatives to try to boost the dentistry workforce, including a program to help graduates in dentistry programs and other health fields with their student loans, Hammes said.

The education system, including the University of New England, also has been trying to boost the dental care workforce. UNE will be graduating an additional eight dentists per year – from 64 graduates to 72 – starting in 2027.

Nevertheless, the surge in demand and challenges in finding workers are making access difficult for dental care, said Cahill, of the Maine Dental Association.

“Finding dental care for anyone who didn’t (already) have a dental home right after the pandemic is challenging,” Cahill said. “This isn’t just an issue for people with MaineCare. This is a problem for many people, regardless if they have commercial insurance, self-pay, or have MaineCare. The workforce in the dental field has been incredibly strained since offices reopened in 2020, both in Maine and nationally.”

While the MaineCare reimbursement rate increase is appreciated, Cahill said, it doesn’t change the workforce shortage, and private insurance reimbursement rates have stagnated.

SHORTAGE OF DENTISTS AND HYGIENISTS

The number of dentists in Maine has shrunk since 2019, even as demand and the state’s population increased and as the state added an adult dental benefit under MaineCare in 2022, making an additional 200,000 adults eligible for dental care.

According to the U.S. Bureau of Labor Statistics, the number of Maine dentists declined from 590 in 2019 to 530 in 2023. The number of dental hygienists also plummeted, from 1,040 in 2019 to 840 in 2023.

Cahill said 57% of Maine dentists are 60 and older, and not enough of those who are newly graduated in the dental field are licensed or practicing in Maine, as many go to other states to work.

“We have dentists across the state doing their own hygiene work because they are unable to hire a hygienist,” Cahill said.

Cahill said the crisis will lead to a major legislative initiative in 2025 – the details have yet to be worked out – that will be aimed at increasing the dental field workforce and alleviating acute access problems.