



State of Maine | 132nd Legislature
Joint Standing Committee on Health Coverage, Insurance and Financial Services

May 20, 2025

In opposition to:

LD 1972, An Act to Enhance Transparency and Value in Substantial Health Care Transactions by Changing the Review and Approval Process for Those Transactions

Senator Bailey, Representative Mathieson and Members of the Health Coverage, Insurance and Financial Services Committee,

Thank you for the opportunity to provide testimony in opposition to LD 1972. The Association of Dental Support Organizations is a non-profit organization committed to supporting its members, allowing affiliated dentists to focus on patients, expand access to quality dental care, and improve the oral health of their communities. The ADSO represents Dental Support Organizations (DSOs) before the public, policymakers, and the media.

DSO's help dentists focus on the clinical care of their patients instead of having to devote a large percentage of their time to the procurement, legal, accounting, administrative and facility management elements of running a small business. The DSO model of dentistry is the fastest growing support model in the industry, especially among new and recent dental school graduates. DSO's do not provide clinical services. All clinical services are provided by, and under the direct supervision of licensed dentists.

While the ADSO supports the goal of transparency in healthcare, this bill would impose sweeping new reporting requirements that inadvertently capture DSOs and dental practices—entities that are already heavily regulated through professional licensure laws and board oversight.

DSOs provide non-clinical support—such as HR, IT, billing, and facility management—that allows dentists to focus on patient care. Dentists remain the sole decision-makers in all clinical matters, consistent with Maine’s existing laws against the corporate practice of dentistry. LD 1972 creates a new layer of bureaucracy by requiring pre-transaction notifications for routine business activities like mergers, acquisitions, and even changes in management structure regardless of whether they impact access, cost, or quality.

This would discourage investment and innovation in the dental space, particularly in rural and underserved areas that benefit most from DSO-supported practices. The administrative burden and uncertainty created by LD 1972 could slow practice expansion, limit provider partnerships, and make it harder for young dentists to join the profession.

Most importantly, the bill’s broad and ambiguous definitions risk unintended consequences. If the goal is to target large, vertically integrated health systems, that should be done with precision—not by capturing dental support models that increase efficiency, expand access, and reduce costs.

I urge the Committee to amend LD 1972 to explicitly exempt dental support organizations and dental practices from its scope or to oppose the bill in its current form.

Thank you for your time and consideration.