

State of Maine | 132nd Legislature
Joint Standing Committee on Health Coverage, Insurance and Financial Services
Testimony of Megan Stewart on behalf of Maine Primary Care Association
February 24, 2026

Supporting:
LD 2206 “An Act Expanding Access to Oral Health Care by Creating a New Path for Obtaining a License to Practice Dentistry”
Sponsored by Representative Mathieson

Senator Bailey, Representative Mathieson and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Megan Stewart, Director of Government Relations at Maine Primary Care Association (MPCA).

MPCA is a membership organization that represents Maine’s Community Health Centers (CHCs), also known as Federally Qualified Health Centers (FQHCs). Maine’s CHCs make up the largest independent primary care network in the state, providing high quality and accessible primary and preventive medical, behavioral, and dental health services for over 200,000 people (1 in 6 Mainers) at more than 100 service delivery sites in all 16 Maine counties.

We strongly support LD 2206 and thank Representative Mathieson for bringing this important legislation forward. The creation of a dental associate license would allow individuals who receive education through non-Commission on Dental Accreditation (CODA) programs, primarily foreign trained physicians, to practice dentistry under the general supervision of a licensed dentist. So long as the dentist practices under an associate dental license in good standing for six consecutive years, they will be able to obtain their full dental license.

While MPCA understands that a current pathway exists for non-CODA dentists, the current approach requires additional schooling which delays otherwise highly trained dentists from entering Maine’s workforce. Although perspectives vary regarding Maine’s dental workforce capacity, the Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry found that “there is a significant workforce shortage of dentists who enroll as MaineCare providers to treat individuals covered by MaineCare, as well as in dental specialist services.”¹ This statement is supported by the attached letter which MPCA’s CEO, Darcy Shargo, previously provided to the committee.

Additionally, it is important to note that the parameters for licensure under LD 2206 are similar to those established under a law that was enacted in Massachusetts². According to several CHCs in Massachusetts, the limited license pathway has been helpful in recruiting dentists, particularly at CHCs in rural areas where vacancies are especially difficult to fill. It has provided an additional pipeline at a time when the dental workforce remains very tight, and some centers have been able to fill longstanding openings more quickly as a result.

Dental health is crucial to an individual’s well-being, as poor dental health is tied to chronic disease, improper nutrition, poor mental health, and has even been tied to lessened educational and career

¹ Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry, Report to the 132nd Legislature 5 (Dec. 2025) (<https://legislature.maine.gov/doc/12233>).

² Mass. Gen. Laws ch. 112, § 45A
(<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section45A>)

success.³ Passing this bill will help address dental workforce shortages, reduce appointment wait times for patients, and ensure Mainers receive the quality and accessible care that they deserve. For these reasons, we urge the committee to pass LD 2206.

On behalf of Maine's Community Health Centers, thank you for considering our comments. Please do not hesitate to contact me directly at mstewart@mepca.org with any follow-up questions.

Megan Stewart, JD
Director of Government Relations
Maine Primary Care Association
mstewart@mepca.org

³ <https://penndentalmedicine.org/blog/how-dental-health-affects-overall-health/>

October 21, 2025

Senator Donna Bailey
3 State House Station
Augusta, Maine 04333

Representative Ambureen Rana
2 State House Station
Augusta, Maine 04333

Dear Senator Bailey and Representative Rana,

Maine Primary Care Association (MPCA) is a non-profit membership organization representing Maine's Federally Qualified Health Centers (FQHCs), also known as Community Health Centers (CHCs), who care for over 200,000 Maine people (1 in 6) at over 100 service sites across the state. MPCA's mission is to champion and maximize the value of Maine's FQHCs for the health and well-being of all Maine people.

As we know, Maine is experiencing workforce shortages in many health care professions, and dental providers are no exception. Access to dental care in Maine has become increasingly difficult, with many patients facing long waitlists and traveling significant distances to see a provider. With the recent expansion of MaineCare coverage for adult dental patients, the demand for services has grown. Many CHCs, often one of the few providers in their service areas willing to accept MaineCare, have shared that they have waitlists of 100s. Unfortunately, the existing dental workforce is not sufficient to meet this rising need, leaving many without timely access to essential dental care, sometimes resulting in more serious health issues. The Maine Department of Health and Human Services has also raised their "concerns about access to care due to a lack of dental providers and specialists."

Given this, we wanted to express concern about suggestions made during the October 8 meeting of the Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry that Maine is not facing a dental workforce crisis. That assertion is contradicted by overwhelming data, bipartisan legislative testimony, and recent statements to the Legislature and the media by commission members (*Appendix A*). The authorizing emergency legislation for this commission, Resolve 2025, Chapter 107, states in its emergency preamble: "it is important to conduct this evaluation to address workforce shortages that impact the availability of oral health care services to Maine residents." This has not changed since the passage of this legislation. The U.S. Health Resources and Services Administration reports that every Maine county except one is now a designated dental provider shortage area. Additionally, according to the U.S. Bureau of Labor Statistics, Maine lost 10% of its dentists between 2019 and 2023, dropping from 590 to 530. Dental hygienist numbers have also fallen sharply—from 1,040 in 2019 to 840 in 2023.

Penobscot Community Health Care (PCHC)—the state's largest FQHC dental provider—has a dental center in Bangor that has not been open to new patients since 2019. Even limited intakes of 20–50 patients fill "within a single day," according to Dental Clinical Director Dr. Israel Adeloje. In testimony before the Health Coverage, Insurance and Financial Services Committee, he stated that "Maine, especially rural Maine, does not have enough dentists." Two qualified, U.S.-exam-passed, foreign-trained dentists PCHC tried to hire were denied licenses and are now working in other states. This is a real crisis that continues to leave Mainers without care.

One critical part of that solution is creating additional pathways for qualified foreign-trained dentists to serve Maine patients safely. Under the original version of LD 1615 adjunct dentists would:

- Pass all national board and clinical exams;
- Practice only under the supervision of a licensed Maine dentist;
- Work in approved clinical settings; and
- Be subject to strict oversight and peer review

As Dr. Adeloze stated, “This pathway ensures we maintain quality and oversight... while allowing us to care for more patients.” Concerns were raised in the commissions’ meeting that alternate pathways could lead to diminished standards and quality of care. At the public hearing, opponents of LD 1615 claimed that passage of the bill as drafted would directly lead to substandard care amongst vulnerable populations. These claims were immediately debunked by PCHC President & CEO Lori Dwyer in her May 6, 2025 letter to the HCIFS Committee (*Appendix B*). Creating a new, innovative pathway as laid out in LD 1615 is a measured, evidence-based solution to an undeniable crisis.

Our hope is that the Commission’s work will focus on solving the problem—not debating whether it exists. The people of Maine cannot afford denial or delay. Attempts to ignore this reality are a disservice to the patients, providers, and policymakers working to fix this system. I have also attached recent press that further highlights this issue (*Appendix C*).

We urge the Commission to acknowledge the clear evidence of a statewide dental workforce shortage; prioritize innovative licensing pathways, including for foreign-trained dentists; and center its recommendations on access and the lived realities of Mainers.

Thank you very much for your leadership in this work and consideration of our comments. Please feel free to reach out if I can be of any additional assistance.

Sincerely,



Darcy Shargo, MFA
Chief Executive Officer
Maine Primary Care Association
dshargo@mepca.org

Appendix A

Members of the legislature, professional dental leaders, the public health community, business leaders and advocacy groups have recognized the reality of a serious dental workforce shortage.

- **Rep. Kristen Cloutier** called it *“a severe shortage of dental health care providers”* and cited federal data showing that **only 27.97% of Maine’s dental needs are being met.**
- **Rep. Ambureen Rana**, the bill’s sponsor, warned that *“we are in the midst of a dental care access crisis, and it is growing worse,”* adding that rural and low-income Mainers are most affected.
- **Rep. Sean Faircloth** described the shortage as *“at a crisis point,”* urging Maine to stop losing qualified dentists to other states.
- **Rep. Lucien Daigle** introduced a separate measure, LD 1891, explicitly titled *“An Act to Address the Dental Professional Workforce Shortage...”* He testified that Maine has a *“major dental worker shortage, especially for MaineCare patients,”* with **less than 30% of children having a dental home.**
- **Maine Dental Association:** On May 5, 2025 in front of the Education and Cultural Affairs Committee, the MDA warned that *“we are at a crossroads,”* acknowledging *“there are not enough dental professionals to serve the people of Maine.”*
- **Maine Dental Hygienists’ Association:** Testified on May 5, 2025 that they have *“seen firsthand how our dental workforce shortage is impacting access to care”* and that *“too many residents cannot access basic oral health services because there simply aren’t enough dental professionals in their communities.*
- **Maine Equal Justice** testified that the *“number one issue we hear when people need dental care is that they cannot find a provider taking new patients or the wait is more than a year,”* calling the current system *“harmful to the health of people in every community in Maine.”*
- **Consumers for Affordable Health Care** emphasized that over half of Mainers with dental coverage are still worried about finding a dentist, while *“nine out of ten support expanding programs to attract more dentists.”*
- **The Maine State Chamber of Commerce** testified that LD 1615 *“addresses one of the critical workforce shortages facing our state”* and is *“a pragmatic, low-cost solution”* to expand access and strengthen Maine’s economy.
- **The Maine Chapter of the American Academy of Pediatrics (AAP)** warned that Maine’s children are suffering: *“Thousands of Maine children go without routine dental care because there is no available provider,”* and in 2022, *“only 35% of children with dental insurance had an active dental home.”*
- **The Children’s Oral Health Network of Maine (COHN)** described Maine’s *“growing oral health crisis”* and that we continue *“to face a serious shortage of oral health providers, especially in rural and underserved areas.”* Additionally, they state that *“this shortage extends beyond dentists to include dental hygienists, dental assistants, and expanded function dental assistants (EFDAs).”*
- **Northeast Delta Dental** testified in May that *“very real discrepancies remain”* in the Maine oral health workforce and that *“not every Mainer has access to appropriate dental care.”*
- **The Bangor Region Chamber of Commerce** President & CEO, Deb Neuman, told the HCIFS Committee about her own personal story about how her dental practice simply does *“not have enough dentists in their long-standing practice to handle the demand”* of patients. She stated that the access to care problem is *“worse in rural areas”* and that access to quality healthcare is *“something we are asked about frequently by people who contact our Chamber interested in*

moving to the Bangor region.” She directly correlates improving that access to the economic success of the region.

- **Dr. Kailee Jorgenson, DMD**, Clinical Director of Mainely Teeth and President of the Maine Oral Health Centers Alliance, wrote that *“Maine’s oral health access crisis is not theoretical—it is a daily reality,”* emphasizing *“long wait times, no access in rural areas, and preventable pain and emergency visits.”*
- **The Maine Academy of General Dentistry (ME AGD)**, representing over 600 dentists statewide, stated that LD 1891 *“reflects a strategic and overdue response to Maine’s dental workforce shortage,”* and that it *“removes one of the most significant barriers to recruiting and retaining providers in communities that have gone without consistent access for far too long.”*
- **Dr. Adam Saltz, DMD, MS, MPH**, President of the Maine Dental Association, likewise acknowledged that *“access to oral health care remains a serious challenge in rural and underserved areas of Maine,”* adding that *“we are unable to recruit new dentists or hygienists... this is not just a workforce issue—it’s a public health issue.”*
- **Bonnie Vaughan, IPDH, MEd, MBA**, Executive Director of Kennebec Valley Family Dentistry, testified that her nonprofit dental center, which serves **80% MaineCare patients**, is *“booked out 12 months for hygiene services and five months for dental appointments.”*



Office of the President & CEO

P.O. Box 2100, Bangor, Maine 04402
207.992.9200 • Fax 207.907.7077

May 6, 2025

Dear Honorable Members of the Committee on Health Coverage, Insurance and Financial Services:

I am writing to set the record straight in response to several misleading claims made by opponents during the April 30th public hearing on 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 has been championed by PCHC since the outset. It is an attempt to balance access and quality and build, in collaboration with the broader dental community, a structured pathway to licensure for qualified dentists trained at non-CODA accredited schools, often located in other countries. We have a serious shortage of dental providers in Maine and a corollary crisis of access. There is an urgent need to be forward-thinking and creative in solving this problem while also maintaining high clinical standards. This bill, we believe, promotes that balance.

Bill opponents took the opportunity at the public hearing last week, however, to insinuate that PCHC supports this bill because we believe it's acceptable to provide substandard care to vulnerable populations – as though we want to hire dentists who do not deliver consistently high-quality care just so we can crank patients through our system. Nothing could be further from the truth, and the suggestion is, frankly, offensive.

PCHC leads the state in high quality care for dental, medical and mental health patients. As an FQHC, we report cost and quality data to HRSA every year and are held accountable by the federal government and our AAAHC accreditation standards to ensure high quality. HRSA and AAAHC provide strong oversight – reporting, regular site visits, and comprehensive clinical and operational standards; oversight that – it's worth pointing out – is lacking at most private dental practices. In addition, to qualify for Federal Tort Claims Act (FTCA) immunity, FQHCs like PCHC must build and maintain extensive quality, safety and risk management programs, reporting on program outcomes every year to the federal government.

The suggestion, therefore, that we would hire substandard providers to care for our patients is misaligned with reality, demonstrates a thorough misunderstanding of the internal and external rigor applied to FQHCs, and ignores PCHC's long history of training dentists now practicing throughout the state.

As some of you know, until July 2022, PCHC ran the only general dentistry residency program in the State of Maine, which continued for over a decade. We graduated close to 100 dentists into the marketplace, many of whom are still practicing in Maine. As one of the nation's first teaching health centers, PCHC has always



placed strong emphasis on continuous learning and excellence at our dental practice, and that has historically included, in addition to the oversight laid out above, careful oversight of new/training dentists and the associated quality assurance. Our high standards are in fact the reason why we believe so strongly that a pathway to full licensure for these dentists that requires three years of general supervision by an experienced dentist makes good sense – and is something that would maintain high standards for clinical care.

Consider: dentists, unlike medical doctors, are not required to do a residency program. They can graduate with the limited clinical training they receive in dental school and hang the proverbial shingle. Voluntary dental residency programs are typically only for one year (not the minimum 3 years required of physicians). The proposed 3-year general supervision of a dentist who attended a non-CODA accredited school contemplated by LD 1615 will arguably lead to safer and higher quality practicing dentists than a recent grad who does not attend a residency program. LD 1615 essentially sets up a three-year apprenticeship even for dentists with extensive experience in practice (for case examples, refer to *the* testimony of Representative Ambureen Rana). This level and length of supervision would work to ensure they truly are capable in all procedures and practices of dentistry – much like the supervision of clinical care provided to residents in a formal residency program.

Most who testified know, or should know, that PCHC patients receive high quality care, and that we would not compromise quality for expediency. They know that LD 1615 would not push unqualified providers or “fake dentists” onto low-income patients. Indeed, any practicing dentists in Maine can avail themselves of this new licensure pathway if they wish to hire a dentist that has not attended a CODA accredited school.

The bill provides, at bottom, a new way to increase the supply of qualified dentists in Maine by adjusting outdated licensing rules and collaborating with experienced dentists in Maine to ensure professional standards are upheld. While opponents claim to be concerned about the quality of care for low-income patients, if you look more closely, you’ll see some fear mongering in the name of guild protectionism.

As PCHC’s leader, I am responsible for more than 700 employees, including 220 highly trained clinicians. Together, we care for nearly 60,000 patients across 22 clinical sites throughout Penobscot, Waldo, and Somerset Counties. Our dental practice sees thousands of patients annually and turns away many thousands more because we cannot hire enough dentists to meet the need. We do not compromise – ever – on the qualifications of the professionals we hire or the quality of care we provide – it’s in fact why we have been closed to new patients for several years now. The dentists we are hoping to advance through this new pathway will be high quality, and they will allow us eventually to re-open to new patients so that we can actually meet the needs of our community.



Thanks to Representative Rana and the stakeholders who worked on this bill, the language includes numerous safeguards to ensure that standards in fact are not being lowered and that all Mainers can have both access to treatment and confidence in the treatment:

- The applicant must have received a degree in dentistry from a dental school
- The applicant must pass all examinations required of any dentist licensed in Maine
- The applicant must have an employment offer from a licensed dental practice in Maine
- The applicant must submit a statement from the supervising licensed Maine dentist who will be providing the general supervision if the applicant is granted a license
- The supervising dentist is responsible for all authorized services and procedures performed by the adjunct dentist
- A detailed written practice agreement must be signed by the adjunct dentist and the supervising dentist, be filed with the board, and made available to patients

Finally, rather than streamline the licensing process as proposed, most opponents of the bill aligned around the suggestion that the state should solve the provider shortage by enacting loan repayment programs, creating tax incentives for new graduates, and increasing Medicaid reimbursement rates. While PCHC supports those suggestions, the practical reality is that the State lacks funding for such new programs. Without costing the state any money, LD 1615 would help solve the shortage problem and expand access to oral healthcare.

Change is hard, but it is incumbent upon all of us to set aside our unique brand of exceptionalism, look reasonably together at this issue, and allow that training programs in other countries can be rigorous – often more so than US based programs – and also produce highly skilled dentists. If we do not, we lose out on a skilled labor pool, and right now we do not have that luxury. We owe it to the thousands of Mainers who do not have a regular dentist to enshrine into law a more balanced process to evaluate and license dentists in these unique situations.

I urge you to see through the rhetoric and focus on the facts – and on the pressing need to expand access to high-quality oral health care in Maine.



Thank you very much for your time and the work you do for the State. Please reach out to me if you have any other questions or concerns on my cell, 207-712-9873. I am happy to answer any additional questions you may have.

Sincerely,

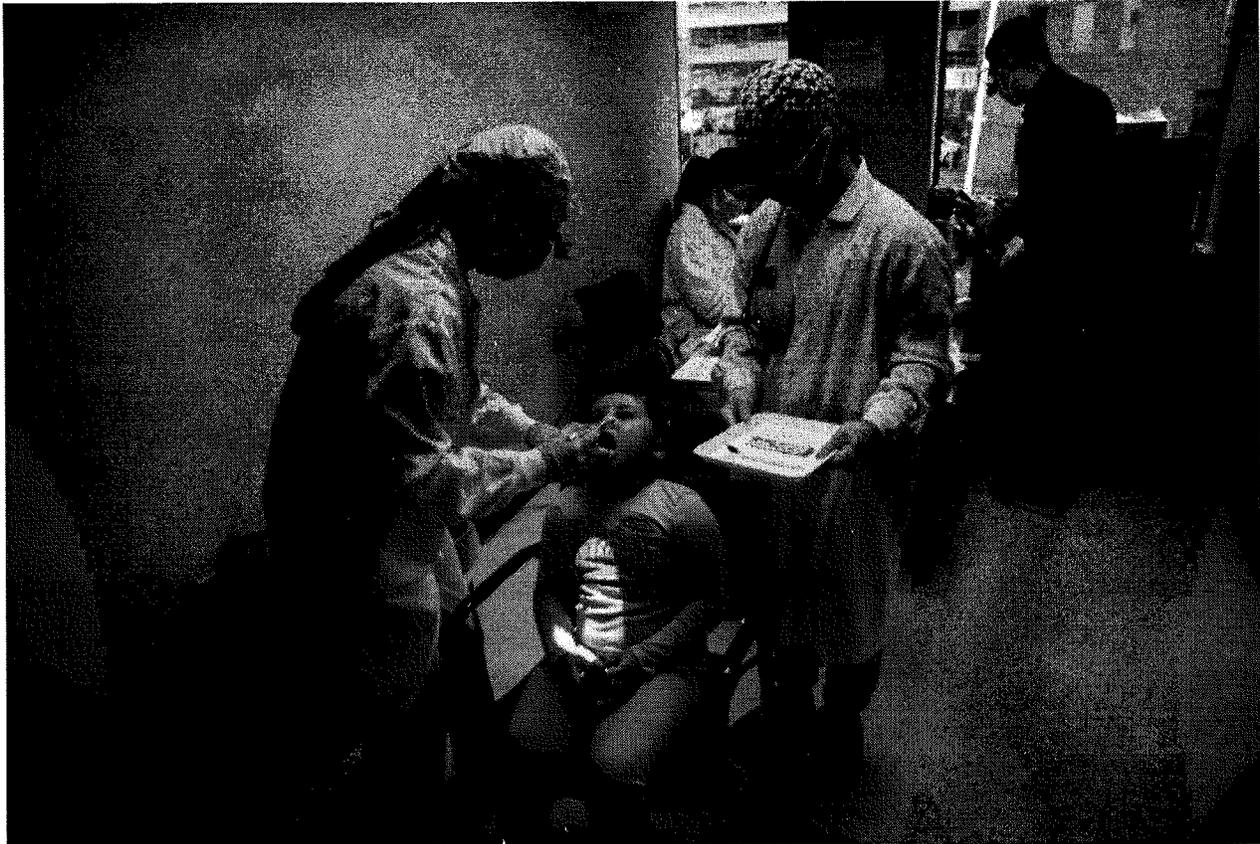
A handwritten signature in black ink, appearing to read "Lori Dwyer", is positioned below the word "Sincerely,".

Lori Dwyer
President and CEO
Penobscot Community Health Care

cc: Rep. Ambureen Rana
Maine Dental Association
Maine Dental Hygienists' Association
Maine Department of Professional & Financial Regulation

Access to dental care in Maine reaching a crisis point

pressherald.com/2024/05/02/access-to-dental-care-in-maine-reaching-a-crisis-point



University of New England students Sarah Hall, left, and Rhianna Sweeney treat 5-year-old Lorena Standback, of Westbrook, at a free dental clinic for children at The Opportunity Alliance in Portland. *Derek Davis/Staff Photographer*

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.



Dulceneia Standback, 39, of Westbrook, holds onto her 4-year-old daughter, Maya, while University of New England student Rhianna Sweeney treats her teeth during a free dental clinic at The Opportunity Alliance. *Derek Davis/Staff Photographer*

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.



University of New England student Lily Benner holds a model mouth for Lorena Standback, 5, of Westbrook to practice brushing during a free dental clinic at The Opportunity Alliance. *Derek Davis/Staff Photographer*

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.



Manna Dzhuleba, of Auburn, sits with her son, Andrew, 9, at a free dental clinic for children hosted by the University of New England and The Opportunity Alliance. The family fled the war in Ukraine and came to Maine last August. *Derek Davis/Staff Photographer*

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.



Manna Dzhuleba, of Auburn, holds her son, Andrew, 9, at a free dental clinic for children hosted by the University of New England (UNE) and The Opportunity Alliance. *Derek Davis/Staff Photographer*

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.



University of New England professor Garrett Richardson speaks with Manna Dzhuleba, of Auburn, with the help of a remote interpreter, at a free dental clinic for children on Thursday. At right is Dzhuleba's son Andrew, 9, who is practicing brushing a model with UNE student Rhianna Sweeney. *Derek Davis/Staff Photographer*

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.



HEALTH, HEALTH MONITOR, HEALTHCARE SYSTEM

Some Maine doctors are treating kids' dental decay themselves as the ranks of dentists fall



By Rose Lundy
rose@themainemonitor.org

Published on: October 9, 2025

Updated on: October 9, 2025

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More pediatricians have begun using a topical solution made of silver and fluoride to treat their patients' cavities.

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Dr. Brian Youth, a primary care pediatrician, and one of his colleagues, Dr. Laura Blaisdell, practice with silver diamine fluoride at a Maine pediatrics conference workshop in 2024. Photo courtesy Maine Chapter of the American Academy of Pediatrics.

Maine is grappling with such a shortage of dentists that some doctors are adapting to treat early tooth decay themselves.

Most children in Maine don't get an annual checkup and cleaning from a dentist. Even having dental insurance doesn't guarantee access: Only a third of children with any type of insurance get both a check up and a cleaning each year, according to a study last year from the University of Southern Maine Muskie School of Public Service and Catherine E. Cutler Institute.

The most commonly proposed solutions are to train more dentists and increase MaineCare rates to make it more affordable for dentists to accept lower-income patients, said Becca Matusovich, executive director of the Children's Oral Health Network of Maine.

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coalition focused on improving prevention, education and treatment tools for children's oral health.

However, Matusovich said potential solutions shouldn't be limited to adding more dentists and increasing reimbursement.

"We are so far from the scale we need that just training more dentists won't get us where we need to be," she said.

In response, her organization is working to expand access to oral health treatment beyond the dentist's office. These early intervention options can stop cavities from getting worse and help alleviate the backlog for dentists, leaving them to focus on more advanced treatment, Matusovich said.

One example is a treatment called silver diamine fluoride, which more pediatricians in Maine have started using in recent months as training programs have ramped up. Dentists have used the treatment much longer.

The World Health Organization in 2021 added the treatment to its Model List of Essential Medicines, and the American Academy of Pediatrics has issued guidance on using it in the medical setting. The solution is a mixture of silver and fluoride.

Dr. Brian Youth, a pediatrician at MaineHealth and president of the Maine Chapter of the American Academy of Pediatrics, was one of the first in the state to incorporate silver diamine fluoride treatment into his primary care practice, first at the Pediatric Residency Clinic at Maine Medical Center and now also at MaineHealth Pediatrics in Westbrook.

Most pediatricians already offer fluoride varnish during well-child visits as a preventative measure, Youth said. Now, when he finds a cavity, he can offer silver diamine fluoride to essentially petrify the decay and kill the bacteria.

Youth said it's a fairly easy process. First he dries the tooth. Then he uses

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appointment four to six weeks later to see if they need a second application and to check if they can see a dentist for further assessment.

"Pediatricians have so much on their plate that they need to cover with families at different visits, and some might see this as an additional task that pediatricians are taking on because patients can't get the dental care that they need," Youth said. "But I would say this is an important one because of the morbidity associated with dental [decay] in our patients."

RELATED STORY: [MaineCare dental patients face long waits, drives for care](#)

Cavities and tooth decay can cause infection, be painful for children and could make them less likely to attend school, Youth added.

Since he started offering silver diamine fluoride treatment last fall, Youth and his colleague Dr. Laura Blaisdell have treated more than 70 patients at the Pediatric Residency Clinic at Maine Medical Center. They have also taught pediatric residents in training on the application of silver diamine fluoride.

Matusovich, with the Children's Oral Health Network of Maine, said some potential downsides of the treatment can be that it can stain the teeth brown or black where the decay is addressed, and children with silver allergies should check with their doctor first. She added that it's not recommended if the cavity is too far along.

More pediatricians could soon join Youth. In recent months, the Children's Oral Health Network of Maine funded training events on silver diamine fluoride conducted by the primary care program From The First Tooth, including a recent one in Washington County. And a pilot program that wrapped up this summer trained six school nurses and one school-based health center in Maine to identify early signs of decay and apply silver diamine fluoride.

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cleanings and early interventions in the school setting, and then use telehealth visits for dentists to remotely review X-rays and other documents.

The pilot wrapped up last year, but Matusovich said the initial participants are continuing the program, and her organization received additional funds to expand into new communities.

And a bill introduced last session, L.D. 1746, would have required the Maine Department of Health and Human Services to develop a model for additional preventative oral health and disease interventions in schools and provide at least one mobile dental services provider in each public health district. It also would have required DHHS to train primary care providers on minimally invasive treatments for children.

That bill was carried over and will be considered in the upcoming session.

"Prevention is key for sure, but what these new tools and new strategies are giving us is also the ability to stop cavities very quickly," Matusovich said. "There's this step in between where now we have silver diamine fluoride and other minimally invasive care options that can be much more available outside of the dental office."

Correction: This story has been updated to clarify that Dr. Brian Youth first started silver diamine treatment at Pediatric Residency Clinic at Maine Medical Center.

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