

MAINE  
DENTAL  
ASSOCIATION

Testimony of the Maine Dental Association  
before the Health Coverage, Insurance and Financial Services Committee

**In Opposition to**

**LD 2206 An Act Expanding Access to Oral Health Care by Creating a New Path for Obtaining a License to Practice Dentistry**

Public Hearing: Tuesday, February 24, 2026

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

I am Therese Cahill, and I serve as the Executive Director of the Maine Dental Association. The MDA represents all dentists in Maine and is a statewide association dedicated to uniting Maine's dental community for professional excellence and statewide oral health. Thank you for the opportunity to testify today.

While I have stood before you to talk about the workforce challenges in dentistry in Maine, I'm happy to report we have seen an increase in actively practicing dentists in the past year and a half. This information has been documented in multiple venues, including data coming from the American Dental Association (Appendix A and B), reporting made the *Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry* by both the Board of Dental Practice and data from dental claims, the latter which showed there were 854 practicing dentists in the fall of 2025, up from the Maine Department of Labor's number of 530 in 2023. While we continue to have a shortage of dental hygienists and some dental specialty areas, such as oral surgeons, orthodontists, and pediatric dentists, general dentists (which this legislation is specifically targeting) throughout the state are accepting new patients, from Presque Isle to Kittery.

We have a multitude of concerns regarding this legislation, with our most pressing being the establishment of two standards of care. The Maine Board of Dental Practice (MBDP) has worked diligently over the years, in partnership with stakeholders, to establish pathways for potential licensees who did not attend a dental school accredited by the Commission on Dental Accreditation (CODA) to become eligible for a Maine dental license. In fact, Maine is one of the few states who allow for another pathway outside of the straight CODA accreditation. Much goes into the accreditation process, as any university or college will tell you. This type of education is not easily replicated, and the current MBDP process works diligently on an individual basis to examine each application which indicates that kind of replication within the applicant's training when the applicant has not attended a CODA accredited school.

To be clear, CODA accreditation is not something for which only United States dental schools are eligible. There are CODA-accredited programs in Saudi Arabia and Turkey, as well as Canada, Australia, New Zealand, and Ireland; other schools from other countries are consistently being reviewed. This standard is becoming increasingly international.

This bill has ignited lots of attention by dental professionals, and I believe there are many pieces of testimony from these clinicians who can personally speak to the importance of their bachelor's degree and their dental school education in their everyday practice, so I'll leave the medicine and science to them. I would call attention to the fact that the term "associate dentist" typically refers to a position held by a dentist who is an employee of a practice; we currently have hundreds of dentists referenced as associate dentists in Maine. An associate dentist is a fully licensed dentist who has graduated from a CODA-accredited program or has the educational equivalency to such. Any such license named this would create unnecessary confusion.

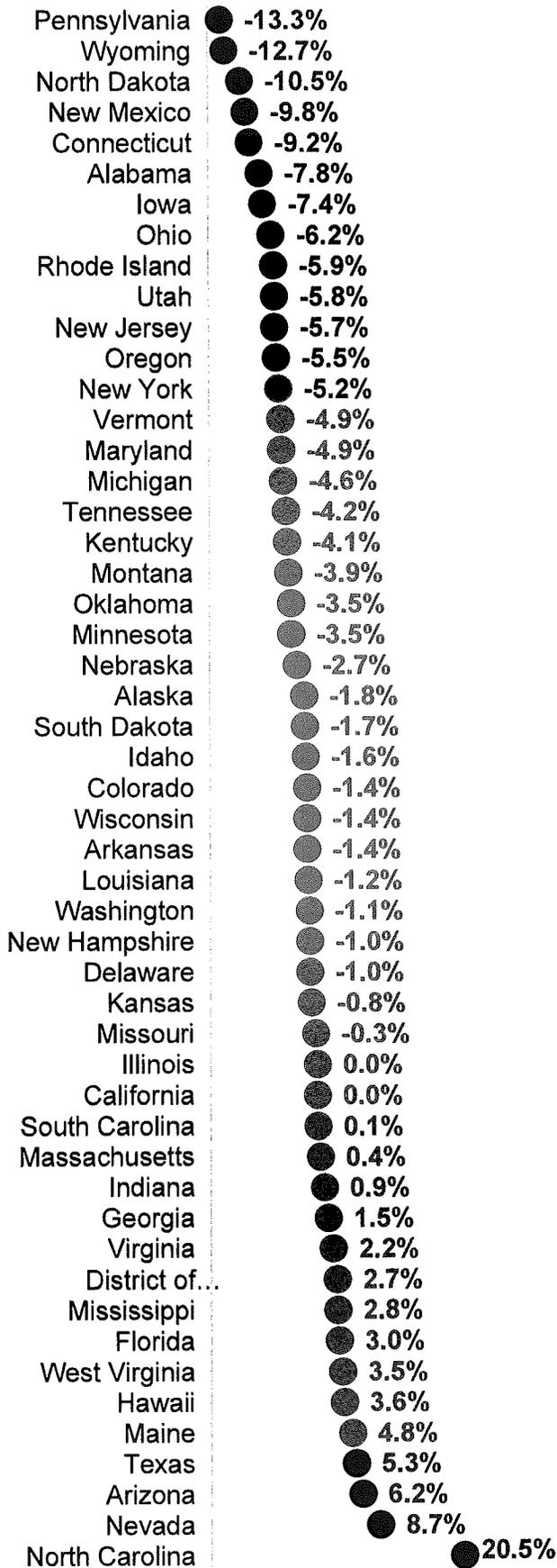
Lastly, what was discussed at the Commission was the shortage of providers this bill is really looking to address is those who accept MaineCare. While Maine is not an outlier here and actually falls near the median nationwide of dentists who take Medicaid (Appendix C), we recognize this is an important challenge and have been submitting pieces of legislation to address this. Along with our partners, we have been working with the Office of MaineCare (OMS) to support recruitment and retention. In fact, the OMS has moved up the Rate Redetermination process for Chapter 25, its policy for dental reimbursement, a year early to this year, so we can make some movement with some of the barriers providers have to taking MaineCare. This is how MaineCare policy should be made, not through the licensing process.

We urge the Committee to reject LD 2206. The companion bill coming from the Commission, LD 2209, will produce meaningful results to the current infrastructure. Between that and the work OMS will be doing with the MaineCare rates, please consider allowing the process to unfold on these two movements prior to making any changes to the licensing standards for Maine dentists.

Thank you for your time and attention.

# Changes in Supply of Dentists Varied by State

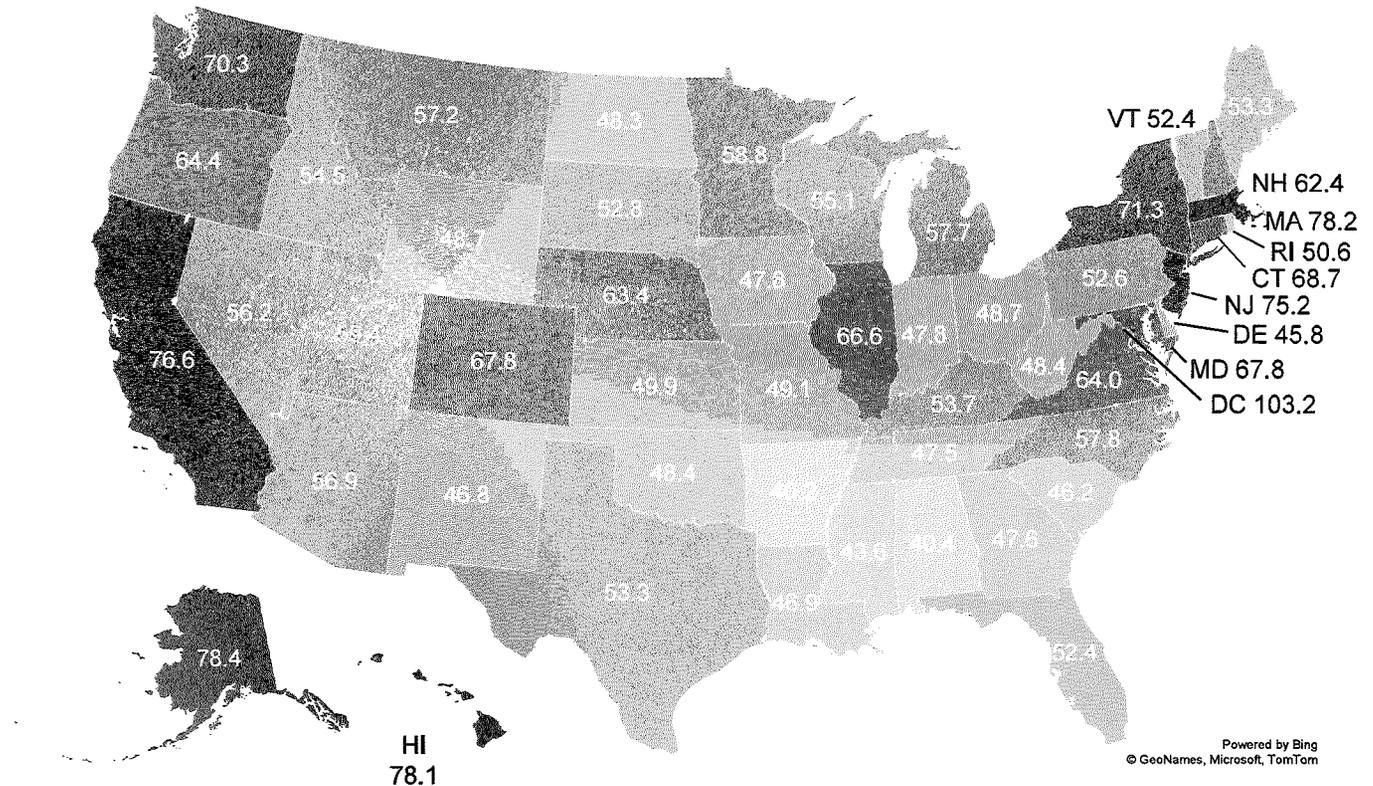
Change in Dentists per 100,000  
Population from 2014 to 2024



Between 2014 and 2024, most states experienced a decrease in dentists per 100,000 population while 15 states saw an increase. Various factors are at play, including retirement rates and migration of new dentists from state to state.

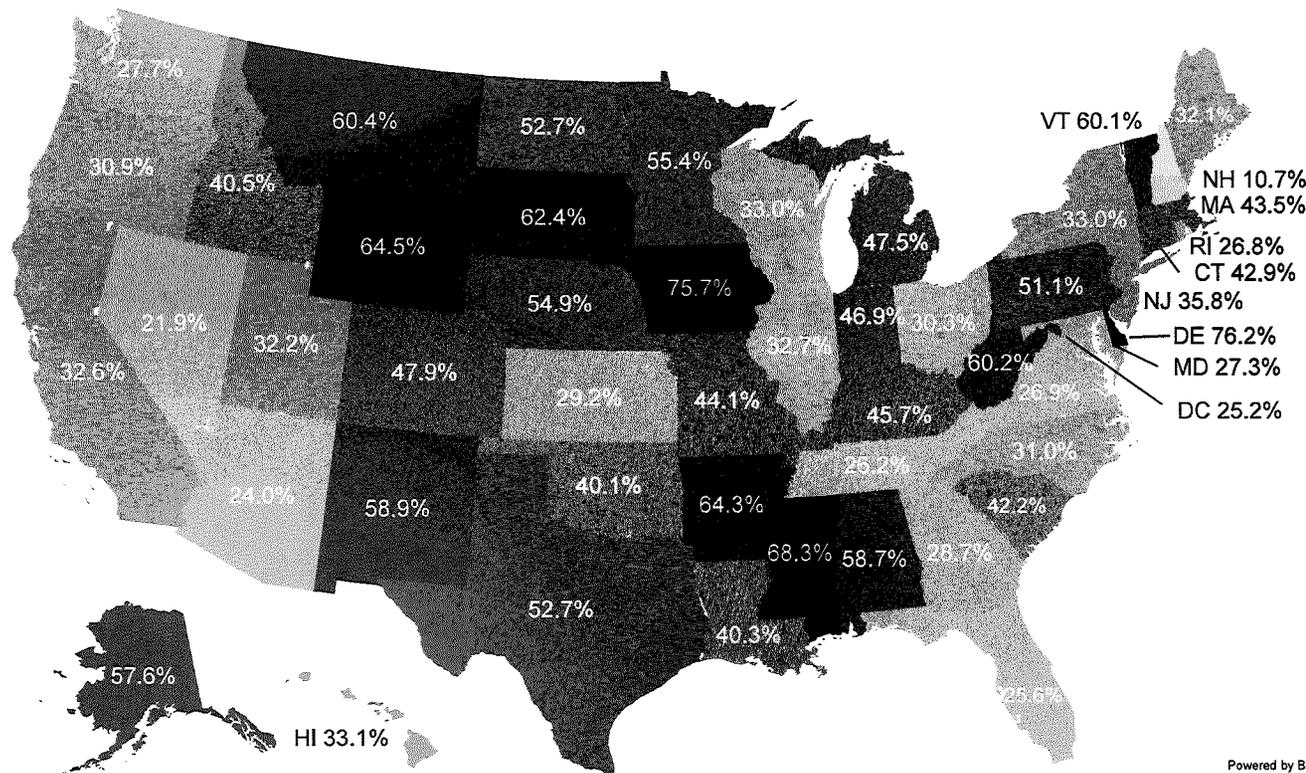
# Dentist-to-Population Ratios Vary by State

While the overall dentist to 100,000 population ratio in the U.S. is 59.5 in 2024, these ratios varied by state, from a low of 40.2 in Arkansas to a high of 103.2 in the District of Columbia.



# Wide Variation in Medicaid Participation by State

Share of Dentists Enrolled as Medicaid Providers, 2024



- The share of dentists enrolled in Medicaid varies by state, ranging from 10.7% in New Hampshire to 76.2% in Delaware.
- Enrollment does not necessarily mean all dentists actively treat Medicaid patients.