

## Cayford, Edna

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**From:** Traci Dempsey <tdempseyipdh@gmail.com>  
**Sent:** Monday, February 23, 2026 8:17 PM  
**To:** Cmte HCIFS  
**Subject:** LD 2209 Testimony ONTP  
**Attachments:** LD 2209 ONTP.docx

**This message originates from outside the Maine Legislature.**

Senator Bailey, Representative Matheson, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

My name is Traci Dempsey and I am a practicing Independent Dental Hygienist in Maine, I am also Immediate Past President of the Maine Dental Hygienists' Association. I am writing to respectfully testify in opposition to this proposal directing the Department of Health and Human Services to study and develop alternative pathways and a "hub-and-spoke" model for dental care delivery.

While improving access to oral health care is a goal we all share, the language of this proposal is overly broad and lacks the specificity necessary to ensure clarity, accountability, and patient safety. The directive to develop a "so-called hub-and-spoke model" that includes "nontraditional dental care practices" and practices "limited in scope" is not clearly defined in statute. Without explicit parameters, standards, and guardrails, this approach risks creating confusion around provider roles, scope of practice, supervision requirements, and regulatory oversight.

In particular, the inclusion of undefined "limited-scope" raises concern about tiered delivery of care. Dentistry is not episodic in nature; it requires continuity, comprehensive diagnosis, and coordinated treatment planning. Vague statutory language opens the door to models that may unintentionally separate preventive, restorative, and surgical services without clear systems of referral, follow-up, and accountability.

Importantly, Maine already has viable, proven mechanisms in place to expand access safely and effectively. These include mobile dental clinics serving rural and underserved communities, Independent Practice Dental Hygienists providing preventive services in community settings, and established systems such as Federally Qualified Health Centers and academic partnerships through the University of New England College of Dental Medicine. These models are operational, regulated, and evidence-based. Rather than exploring loosely defined new structures, we should prioritize strengthening and investing in these existing systems.

If access gaps persist, they are driven in large part by limited provider participation in Maine's Medicaid program, MaineCare. Expanding access to oral health services will require increasing the number of dental professionals who actively participate in MaineCare. To achieve this, the state must prioritize reducing administrative barriers and ensuring that enrollment, billing, and reimbursement processes are efficient, transparent, and timely. Strengthening these operational supports would represent a meaningful and practical step toward closing existing gaps in access to care.

The proposal also directs exploration of additional residency programs for specialists. While increasing specialty capacity may be beneficial, such efforts require significant infrastructure, funding, and long-term planning. These initiatives should be approached deliberately and transparently, with clear benchmarks and feasibility assessments, rather than embedded within broadly worded statutory language.

Access to care must be expanded thoughtfully, with clearly defined standards, strong oversight, and meaningful stakeholder collaboration to protect patient safety and ensure continuity of care. For these reasons, I respectfully urge the Committee to oppose this proposal as currently written and instead focus on strengthening the effective systems already serving Maine communities.

Thank you for your time and consideration.

Traci L. Dempsey, RDH, IPDH  
Immediate Past President  
Maine Dental Hygienists' Association  
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