State of Maine
132nd Legislature, First Regular and First Special Sessions

Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

December 2025

Office of Policy and Legal Analysis

STATE OF MAINE
132nd LEGISLATURE
FIRST REGULAR AND FIRST SPECIAL SESSIONS

Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

Staff:
Anna Broome, Principal Analyst
Anne Davison, Legislative Analyst
Sophia Paddon, Legislative Analyst
Office of Policy & Legal Analysis
13 State House Station
Room 215 Cross Office Building
Augusta, ME 04333-0013
(207) 287-1670
http://legislature.maine.gov/opla

Members:
Sen. Donna Bailey, Chair
Rep. Ambureen Rana, Chair
Sen. Cameron Reny
Rep. Lucien Daigle
Dr. Israel Adeloye
Therese Cahill
Danica Loring
Dr. Riddhi Badamia
Traci Dempsey
Dr. Jeffrey Walawender
Penny Vaillancourt

Table of Contents

Appendices

Executive Summary

The Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry, referred to in this report as the "commission," was established during the 132nd Maine Legislature, pursuant to Resolve 2025, chapter 107. The Resolve is included as Appendix A. The commission consisted of 11 members representing the Senate, the House of Representatives, and various government agencies and public interests. The membership is included as Appendix B.

The commission was tasked with making recommendations on the following:

1. Strategies to integrate foreign-trained dentists and dentists from other states into the State's dental care workforce;
2. Changes to state laws and rules that may pose unnecessary barriers to practice for foreign-trained dentists and dentists from other states;
3. Necessary supports for foreign-trained dentists and out-of-state dentists moving through the different steps in the licensing process prior to involvement with the Board of Dental Practice;
4. Opportunities to advocate for corresponding changes to national licensing requirements; and
5. Any other matters pertaining to foreign-trained dentists and dentists from other states considered necessary by the commission.

The commission met three times during the legislative interim in 2025 and heard presentations from state agencies and organizations before voting on nine recommendations at the final meeting. Based on its consideration of the information received over the course of its work, this report makes the following recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services. Recommendations that are not unanimous are noted below.

Limited Dentist License

Recommendation: The Legislature should pass legislation similar to LD 1615 in the 132nd, 1st Regular Session, as originally printed, with the following modifications: naming and defining a "limited dentist," replacing the term "adjunct dentist" and changing the number of consecutive years a person must practice under a limited dentist license, in good standing, from three to six in order to become licensed as a dentist. (This recommendation is a majority vote.)

Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, Maine Board of Dental Practice

Recommendation: The Joint Standing Committee on Health Coverage, Insurance and Financial Services should request the Maine Board of Dental Practice to report to the committee by February 2026 and again by February 2027 on the progress it has made towards promulgating rules for licensure by endorsement as required by 10 M.R.S. §8003-H. The rules established by

the Board should include, but should not be limited to, the process and criteria the Board utilizes to do the following:

- Evaluate the "education equivalent of a doctoral degree in dentistry" for applicants seeking licensure through endorsement; and
- Establish of a publicly accessible list of States that the Board has determined met the criteria for substantially equivalent licenses.

Recommendation: The Department of Professional and Financial Regulation should direct the Office of Professional and Occupational Regulation to explore funding sources that would provide the Board of Dental Practice with the ability to increase its administrative infrastructure to develop and administer a pilot project to collect workforce data, at the time of initial licensure and license renewal for both dentists and dental hygienists, as authorized by 32 M.R.S. §18341, sub-§1. The Commission encourages the Office of Professional and Occupational Regulation to allocate some of the funds it may receive towards this purpose to support a full-time employee dedicated to analyzing the data collected by the Board via the pilot.

University of New England, Advanced Standing Track

Recommendation: The Joint Standing Committee on Health Coverage, Insurance and Financial Services should send a letter to the University of New England's College of Dental Medicine encouraging the school to increase the number of spots available to foreign-trained dentists seeking enrollment in the Advanced Standing Track for international dentists program. (This recommendation is a majority vote.)

MaineCare

Recommendation: As part of the 2026 scheduled MaineCare rate review process for Section 25, Dental Services, the Legislature should support an increase in reimbursement rates to levels that will make it economically feasible for dental providers to enroll and treat MaineCare patients. The review process must include systematic input from dental providers. (One member abstained from voting on this recommendation.)

Recommendation: The Department of Health and Human Services, Office of MaineCare Services, should continue its efforts to increase the enrollment of dental providers as MaineCare providers and improve and simplify the process used to claim reimbursements. (One member abstained from voting on this recommendation.)

Recommendation: The Maine Board of Dental Practice should continue to explore incentives to encourage dental providers to enroll as MaineCare providers and treat MaineCare patients, including providing continuing education credits.

Dental Specialists

Recommendation: The Joint Standing Committee on Health Coverage, Insurance and Financial Services should direct the Department of Health and Human Services to explore the development

of a hub-and-spoke model of providing dental services. Hubs could include the University of New England or Federal Qualified Health Clinics, where specialized services are available. Spokes could include mobile units and nontraditional practices, such as dental practices that are limited in scope, that provide services in areas where the population density is insufficient to support a dental provider setting up a practice. (One member abstained from voting on this recommendation.)

Recommendation: The Joint Standing Committee on Health Coverage, Insurance and Financial Services should direct the Department of Health and Human Services to explore options to establish educational specialist residency programs, especially for pediatric dentists, oral surgery and orthodontists. (One member abstained from voting on this recommendation.)

I. INTRODUCTION

Resolve 2025, Chapter 107

Through the passage of Resolve 2025, chapter 107, the 132nd Maine Legislature established the Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry, referred to in this report as "the commission." The resolve directed the commission to study integrating foreign-trained dentists and out-of-state dentists into the dental care workforce in a way that best reflects their level of skills and training and reducing barriers to licensing for foreign-trained dentists and dentists from other states in an effort to address the dental care workforce shortage and long wait times many Mainers face when trying to access oral health care services.

The commission was tasked with making recommendations on the following:

1. Strategies to integrate foreign-trained dentists and dentists from other states into the State's dental care workforce;
2. Changes to state laws and rules that may pose unnecessary barriers to practice for foreign-trained dentists and dentists from other states;
3. Necessary supports for foreign-trained dentists and out-of-state dentists moving through the different steps in the licensing process prior to involvement with the Board of Dental Practice;
4. Opportunities to advocate for corresponding changes to national licensing requirements; and
5. Any other matters pertaining to foreign-trained dentists and dentists from other states considered necessary by the commission.

A copy of the commission's authorizing legislation is included as Appendix A.

The commission had 11 members: four legislators and seven non-legislative members representing interests specifically identified in the resolve. Members were appointed to represent the Board of Dental Practice and the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation. Other members represented Federally Qualified Health Centers, the Maine Dental Association and the Maine Dental Hygienists' Association. A licensed dentist and a foreign-trained dentist were also appointed to the commission. Senator Donna Bailey was named Senate Chair and Representative Ambureen Rana was named House chair. The complete membership list of the commission is included as Appendix B.

The resolve resulted from discussions by the Joint Standing Committee on Health Coverage, Insurance and Financial Services 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 was referred to the committee on April 11, 2025. As originally printed and referred, LD 1615 proposed a new dentist license category that would have allowed a person who practiced as a dentist outside of the United States but does not have the equivalent (as determined by the Board of Dental Practice) of a doctoral degree in dentistry issued in this country, to provide limited services, in

specific settings always under the supervision of duly State-licensed dentist. The committee amended the bill to establish a study commission to take a broader look at the path to licensure for dentists who are foreign-trained or trained out of state.

Commission Process

The commission was authorized to meet a total of four times and met three times during the legislative interim in 2025. They held three meetings on October 8, October 22, and November 5. Materials distributed and reviewed at these meetings, as well as additional background and other study-related materials, are posted online at the following website: Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry.[1] Meeting agendas are included as Appendix C. Archived videos of the meetings are available on the Maine Legislature's website.

The commission approached its work with a focus on access to dental services. If Mainers are unable to access services in this state, or experience significant wait times before receiving those services, what are the barriers to access? The commission spent much of its time discussing the question about access to dental care for individuals covered by MaineCare, partly or wholly, driven by a shortage of dental providers enrolled as MaineCare providers. Commission members agreed that MaineCare patients often have particular difficulty locating a dental provider who accepts MaineCare and therefore must travel to get dental care or go without care altogether. Some specialist services are in short supply across the state, and for MaineCare patients, this shortage is amplified. The recommendations that the commission voted on at the third meeting, and included in this report, address the barriers to access by recommending a new licensing pathway to be developed to provide greater opportunity for dentists to become licensed in Maine as well as expanding education opportunities to attract new dental providers to the State. Recommendations are also aimed at addressing the MaineCare provider shortage by directing state agencies to identify and adopt incentives to make it more appealing or feasible for dental providers to enroll in MaineCare. Further, the commission recommends the development of public databases to provide information on the number and geographic distribution of MaineCare providers throughout the state as well as other informative data.

The final recommendations of the commission can be found beginning on page 19 of this report.

II. BACKGROUND

The following sections describe information presented to the commission regarding Maine's dental workforce and licensing pathways, licensing processes for out-of-state and foreign-trained dentists including the limited license utilized in Massachusetts, MaineCare dental services, and the Maine Center for Disease Control and Prevention's Oral Health Program.

[1] https://legislature.maine.gov/commission-to-expand-access-to-oral-health-care-by-studying-alternative-pathways-for-obtaining-a-license-to-practice-dentistry

A. Trends in Dental Provider Workforce

Discussions of workforce shortages in all areas of the economy have been a consistent topic of conversation in the Maine State Legislature. Joint standing committees have dealt with numerous bills aimed at recruiting, retaining and increasing workforce. It has been a particular concern for committees with jurisdiction over various aspects of healthcare workforce. There have been a number of recent legislative studies focusing on workforce generally and the resolve creating this commission is part of this ongoing conversation.

Although commission members generally agree that there is a significant dental care workforce shortage, at least in certain geographic and specialty areas, precise figures on the number of practicing dentists vary and are difficult to determine accurately. Contributing to the challenge of quantifying shortages, is that not all licensed dentists are practicing dentists and there are gaps in provider numbers such as from the US Department of Veterans Affairs dental providers and those who do not accept insurance. The commission had a number of presentations on the extent of the workforce shortage from several of its own members and from the Oral Health Program within the Center for Disease Control and Prevention within Department of Health and Human Services. (See section F beginning on page 16.)

Federal data shows a shortage of dental providers across the country and within the state. The Health Resources and Services Administration, Bureau of Health Workforce within the U.S. Department of Health and Human Services, calculates Health Professional Shortage Areas (HPSAs) for primary care, mental health and dental care.[2] The calculations are primarily based on population-to-provider ratios, but also include the percentage of the population below 100% of the federal poverty level and travel time to the nearest source of care outside the HPSA designation area. HPSAs can be based on geographical area, population groups, or facility type and they can overlap. According to the Kaiser Family Foundation, Maine had 82 dental health HPSAs at the end of 2024.[3] Ryan Denlow from the Department of Health and Human Services' Oral Health Program presented HPSA data to the commission.[4] He noted that Sagadahoc County is the only county in Maine that does not have a HPSA as of July 2025, and he presented a detailed map of the State showing the shortage areas and HPSA scores.

In addition to the presentation by Mr. Denlow, commission members also presented on workforce data. At the first meeting, commission member, Therese Cahill, representing the Maine Dental Association (MDA), presented data from the American Dental Association's (ADA) Health Policy Institute's "The U.S. Dentist Workforce" report.[5] As of August 2025, the report showed that the overall dentist-to-population ratio in Maine is 53.3 dentists per 100,000 people, compared to the national dentist-to-population ratio of 59.5 dentists per 100,000 people. Maine was also lower than most of New England except for Vermont with 52.4 dentists per

[2] See the Health Resources & Services Administration Scoring Shortage Designation at, https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring.

[3] See Kaiser Family Foundation State Health Facts Data.

[4] Materials distributed at the November 5, 2025 commission meeting are available at https://legislature.maine.gov/doc/12090.

[5] Materials distributed at the October 8, 2025 commission meeting are available at: https://legislature.maine.gov/doc/12012.

100,000 people. However, there is more nuanced data available that takes into account the age of dentists (a potential predictor of retirement), as well as increases in the number of licensed dentists over time. Ms. Cahill noted that the cliff for retirements in Maine was 2022-23 and that the workforce outlook has significantly improved since then.

The same ADA report analyzed the number of licensed dentists over the age of 55 years. By using this measure, it was determined Maine's dentist workforce situation looks considerably better than other states in New England, which generally have an older dentist workforce, as Maine's rate of dentists over the age of 55 years is 30%, which is the lowest in New England.[6]

The report also calculated the changing supply of dentists between 2014 and 2024, and Maine was one of only 15 states that had seen an increase in the number of dentists (4.8%). The only other New England state with an increase was Massachusetts with an 0.4% increase. Commission member, Traci Dempsey, representing the Maine Dental Hygienists' Association, indicated that there has also been a stabilizing of the dental hygienist workforce shortage after a considerable workforce loss following the Covid-19 pandemic.

Commission member, Dr. Jeffrey Walawender, representing the Board of Dental Practice, sought out claims data to provide the commission with a more accurate picture of the number of active dentists, as opposed to licensed dentists, and stated that he felt that Maine is heading in the right direction. Dr. Walawender's data showed a significant increase in active dentists in Maine since 2015, especially compared to New Hampshire and Vermont. He stated that in 2015, Maine had 656 active dentists, 705 in 2019 (a 7.4% increase) and 854 in 2025 (a 30% increase since 2015). By comparison, New Hampshire had 946 dentists in 2015, increasing to 957 in 2019 and 1,025 in 2025 (an 8% increase since 2015), and Vermont had 385 dentists in 2015, increasing to 390 in 2019 and 403 in 2025 (a 4.6% increase since 2015). Dr. Walawender noted that the number of active Maine dentists does not include dental providers not billing insurance, or dentists working within the US Department of Veterans Affairs or the federal prison system.

Commission members Dr. Israel Adeloye, representing a licensed dentist practicing in the State, and Danica Loring, representing Federally Qualified Health Centers (FQHCs), are both dental professionals at Penobscot Community Health Care (PCHC). They presented to the Commission on the challenges that FQHCs and other rural health clinics face in recruiting dentists.[7] FQHCs accept patients of all payer types, including those insured under MaineCare and the uninsured. Dr. Adeloye and Ms. Loring noted that the PCHC alone provides dental services to between 6,000 and 7,000 patients a year with additional emergency services for walk-in patients without a primary dental provider; they reluctantly turn away people daily because of limited capacity due to limited providers. Dr. Adeloye and Ms. Loring stated that PCHC is opening a new dental center in Belfast, and along with its other locations (including two school-based health centers), they would have capacity for 12 additional dentists and 12 hygienists but because of workforce

[6] The report noted that more than two in five dentists in the U.S. were aged 55+ years.

[7] Materials distributed at the October 8, 2025 commission meeting are available at, https://legislature.maine.gov/doc/12012.

shortages, they are unable to fill the positions.[8] They noted that PCHC had seen a significant increase in dental candidates who are foreign-trained looking to practice in Maine but not all have an equivalent doctorate degree. Dr. Adeloye and Ms. Loring also stated that when they have hired foreign-trained dentists who are eligible to be licensed in Maine, they have stayed longer and been more focused on the mission of PCHC than other dentists.

Despite differences of opinion among commission members about the overall supply of dental providers in the State and whether Maine should increase the ability for dental providers trained elsewhere, including foreign-trained dentists, to practice in the State in order to increase the supply, there was a consensus 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 (both for non-MaineCare patients but the problem is amplified for MaineCare patients requiring specialist services). These issues are discussed in further detail later in this report.

University of New England College of Dental Medicine

Addressing the dental provider workforce shortage in Maine is not a new issue for the Maine State Legislature. In 2010, after action by the Legislature, Maine voters passed a $5 million bond that helped build the UNE College of Dental Medicine (CDM) with the hope that a dental school would create a pipeline of dentists in the state. Prior to the creation of the CDM, Northern New England was one of the largest areas in the country without a dental school. CDM accepted its first cohort of students in the fall of 2013 with 64 students who graduated in the spring of 2017. Classes are now up to 70 students and there have been nine graduating classes since. Commission member Therese Cahill noted that more graduates are staying in Maine than in the past.

Dr. Nicole Kimmes, Dean of the CDM, presented on the Advanced Standing Track (AST) for international dentists program that was added in the spring of 2019.[9] This is a 29-month program with limited enrollment for individuals with dental degrees from non-U.S. or Canadian dental schools. AST is an extremely competitive program and demand has consistently far exceeded available spots. There have been 11 graduates from the AST track from 2021 to 2025. For the 2025-26 academic year, there were 208 applicants for the AST track and 67% of those applicants met the school's admissions criteria. When Dean Kimmes was asked if the school had considered increasing the number of available spots in the program, she responded that the school had physically expanded as much as the clinical and externship space permitted, which is required for not only AST students but for all students enrolled at CDM.

CDM also operates the UNE Oral Health Center, which is a clinical education center that creates the opportunity for CDM students, under the supervision of licensed faculty dentists, to provide low-cost oral health care to Mainers. Upon hearing about the program, commission members

[8] Materials distributed at the October 22, 2025 commission meeting are available at: https://legislature.maine.gov/doc/12052.

[9] Materials distributed at the October 8, 2025 commission meeting are available at: https://legislature.maine.gov/doc/12012.

requested demographic data of patients from Dean Kimmes.[10] In response, Dean Kimmes provided that between October 1, 2024 and September 20, 2025, 4,778 people received a total of 31,533 services at the clinic; of the 4,778 patients, 4,595 were Mainers, with the majority of clinic patients (58.58%) residing in Cumberland County. Dean Kimmes also noted that demand for treatment through the clinic exceeds clinic capacity and workload for the student providers. As a result, the clinic has to turn away potential patients. Another reason patients are turned away is that patient needs can be too medically complex for safe treatment in an educational setting, or their expectations of treatment time are not realistic in an educational setting.

B. Current Licensing Pathways

In Maine, the licensing and regulation of dental providers are overseen by the Maine Board of Dental Practice ("the Board"). The Board is a state regulatory agency established within the Department of Professional and Financial Regulation to protect the public by regulating individuals practicing within the dental profession. Among its responsibilities, the Board examines and licenses qualified applicants across several categories, including dentists, dental hygienists, dental radiographers, dental therapists, and denturists.

At the first commission meeting on October 8th, members received a presentation from Penny Vaillancourt, a member of the commission and Director of the Office of Professional and Occupational Regulation (OPOR), Department of Professional and Financial Regulation (DPFR). The presentation provided members with an overview of the existing licensing pathways and forthcoming licensing pathways available to individuals seeking to become licensed dental providers in Maine, including foreign-trained dentists.[11] Director Vaillancourt explained that the Board currently uses four licensing pathways, three of which are endorsement pathways. (See chart below for a side-by-side comparison of the four licensing pathways).

Standard Pathway to Dentist License

The first licensing pathway, referred herein as the "standard pathway" is established in 32 M.R.S, §18342, sub-§1. Pursuant to the standard pathway requirements set forth in statute and Chapter 6 of the DPFR Rules, the applicant must provide verification of either a doctoral degree from a dental program accredited by the ADA Commission on Dental Accreditation (CODA) or an educational equivalent of a doctoral degree in dentistry as determined by the Board. An applicant must also provide verification of passing all examinations required by the Board. This is the only one of the four licensure pathways utilized by the Board that is not through endorsement.

[10] Materials distributed at the October 22, 2025 commission meeting are available at https://legislature.maine.gov/doc/12052.

[11] Materials distributed at the October 8, 2025 commission meeting are available at https://legislature.maine.gov/doc/12012.

Dentist Licensure by Endorsement

The remaining three licensure pathways, all of which are through endorsement, allow the Board to issue a dentist license to an applicant who holds an active dentist license in another state or another jurisdiction – depending on which pathway is utilized by the Board – and who meets the Board's licensing requirements established through state law and rulemaking.

Licensure by Endorsement Pursuant to 10 M.R.S. §8003-H and 32 M.R.S. §18347, sub-§1 ¶A

Licensure by endorsement pursuant to 10 M.R.S. §8003-H and 32 M.R.S. §18347, sub-§1 ¶A provide that the Board examines the license the applicant holds, as opposed to the applicant's individual qualifications, such as education and examination scores. However, these two endorsement pathways differ in that the pathway pursuant to 10 M.R.S. §8003-H is used for license applicants who hold a dental license from another state whereas the endorsement pathway pursuant to 32 M.R.S §18347 sub-§1 ¶A is utilized to license an applicant who holds a dental license from another jurisdiction – which would apply to foreign-trained dentists.

Another important distinction between the two endorsement pathways pertains to the Board's adoption of rules that govern the licensing process. Licensure by endorsement pursuant to 32 M.R.S §18347, sub-§1 ¶A is governed by the Board of Dental Practice, Chapter 11 Rules, whereas licensure by endorsement pursuant to 10 M.R.S. §8003-H has not yet undergone the rulemaking process.[12]

Director Vaillancourt explained that licensure by endorsement, as established in 10 M.R.S. §8003-H, is a relatively new pathway now available for use by the Board. Previously, the Board was not under the jurisdiction of OPOR and the endorsement process under 10 M.R.S. §8003-H is a pathway established exclusively for boards operating within OPOR. Now that the Board has moved under OPOR's jurisdiction, the licensure by endorsement pathway pursuant to 10 M.R.S. §8003-H will be available for its use. However, because this pathway is new, the Board has yet to promulgate rules to govern the licensure process under this section of law. Understanding that this process takes time and resources, the commission determined that regular updates on OPOR's rulemaking activity and progress would be helpful. The commission therefore unanimously voted to recommend that the Board report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on the status of adopting rules to implement this licensure pathway.

Licensure by Endorsement Pursuant 32 M.R.S. §18347, sub-§1 ¶B

Unlike the licensure by endorsement pathways pursuant to 10 M.R.S. §8003-H and 32 M.R.S. §18347, sub-§1 ¶A which require the Board to look at the license the applicant holds as opposed to the individual qualifications, licensure by endorsement pursuant to 32 M.R.S. §18347, sub-§1 ¶B requires the Board to look at the applicant's individual qualifications such as the education

[12] See Board of Dental Practice Chapter 11 rules, at https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/313c011-2024-111-20-AMD-.docx.

and examinations the applicant received. This licensing pathway, 32 M.R.S. §18347, sub-§1 ¶B, is governed by the Board of Dental Practice, Chapter 6 Rules.[13]

The following chart combines the four pathways to licensure described above into a single side-by-side chart comparing the licenses, qualifications, and jurisdictions (other states or foreign) of the individuals that the Maine Board of Dental Practice uses to determine within each pathway.

Standard Pathway to Dentist License *32 M.R.S. §18342 sub-§1*	**Licensure by Endorsement** *10 M.R.S. §8003-H*	**Licensure by Endorsement** *32 M.R.S §18347 sub-§1 ¶A*	**Licensure by Endorsement** *32 M.R.S. §18347 sub-§1 ¶B*
• Looks at the applicant's individual qualifications verification of doctoral degree in dentistry accredited by ADA Commission, or an educational equivalent of a doctoral degree in dentistry determined by Board • Verification of passing all exams required by the board • Governed by Ch. 6 Rules	• Looks at the <u>license</u> the applicant holds, not their individual qualifications *(education, exams)* • Board determines if the license held in another **state** is substantially equivalent. *(There is no threshold for how long the applicant has held a license from another state before applying for license in Maine.)* • Applicant is in good standing in all states in which they hold or has held a license • There is no cause for denial of a license under §8003, sub-§5-A, paragraph A or any other law • No rules yet	• Looks at the <u>license</u> the applicant holds, not their individual qualifications *(education, exams)* • Applicant holds a substantially equivalent, valid license for at least 3 consecutive years preceding application • Applicant is in good standing with licensing jurisdiction at time of application • Board determines if the license held in another **jurisdiction** is substantially equivalent • Allows the Board to consider an applicant licensed outside of the United States • Governed by Ch. 11 Rules	• Looks at the applicant's <u>individual qualifications</u> *(education, exams)* • Applicant has <u>not held a substantially equivalent, valid license for at least 3</u> years preceding application • Applicant is in good standing with the licensing **jurisdiction** at time of application • Board determines if the applicant's qualifications are substantially similar in meeting the initial requirements for licensure • Allows the Board to consider an applicant licensed outside of the United States • Governed by Ch. 11 Rules

[13] See Board of Dental Practice Chapter 6 rules, at https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/313c006-2024-110-20-AMD-.docx.

Dental and Dental Hygiene Licensure Compact

In addition to the four existing licensing pathways, Maine recently joined the Dentist and Dental Hygienist Licensure Compact ("the compact") which will become a utilized pathway for licensure in the future. According to the Council of State Governments, the compact allows licensed dentists and dental hygienists to practice across all participating states – currently including Washington, Virginia, Ohio, Tennessee, Arkansas, Wisconsin, Minnesota, Iowa, Nebraska, Colorado, Maine, and Kansas – without the need to obtain individual licenses in each state.[14] To be eligible to participate in the compact, a dentist or dental hygienist must meet the following standards:

- Hold an active, unencumbered license in any state participating in the compact;
- Pass the National Board Examination or other exam accepted by the compact commission;
- Complete a clinical assessment;
- Graduate from an education program accredited by the Commission on Dental Accreditation; and
- Have no disqualifying criminal history.

The compact is not yet issuing privileges in any state that has opted into the compact. However, the Compact Commission (the agency established by the member states in the compact) is meeting to continue to develop its implementation process. Director Vaillancourt reported that the Compact Commission has held five meetings in 2025. At these meetings, the Commission has established governance documents, bylaws, and various committees, reviewed request for information responses to begin identifying a licensing platform and proposed a draft definition of "clinical assessment" that has been sent to the compact commission's Rules Committee for further language review. Director Vaillancourt stated that the Compact Commission estimates it will take 18-24 months to fully implement the compact.

C. Licensing of Foreign-Trained Dentists

As defined by the American Dental Education Association, a "foreign-trained" or "foreign-educated" dentist is an individual who has attended, graduated and earned a dental degree from a dental school in a country other than the United States. The Maine Board of Dental Practice Board ("the Board") may license an eligible foreign-trained dentist applicant pursuant to the licensing pathways provided in 32 M.R.S. §18347, sub-§1, ¶A and ¶B (endorsement pathway) as well as in 32 M.R.S. §18342 sub-§1 (standard pathways).[15] As explained by Director Vaillancourt, the Board heavily relies on the endorsement pathways to license foreign-trained dentist applicants. In the 2024 calendar year, of the 98 dentist licenses the Board issued to all applicants, 49% were licensed under an endorsement pathway. Of that 49%, 10 licenses were issued to foreign-trained dentists.

[14] See Dentistry Compact Fact Sheet, at https://ddhcompact.org/wp-content/uploads/sites/31/2023/01/Dentistry_Compact_Fact_Sheet.pdf.

[15] In 2020, the Board amended its rules governing licensure by endorsement to recognize dental licenses in other jurisdictions beyond those of the U.S. and Canadian provinces.

A dentist license is not the only license type available to foreign-trained dentists. In Maine there are additional licensure categories – faculty dentist, limited dentist, resident dentist, and temporary dentist – that may also be an option for a foreign-trained dentist.

Faculty Dentist License. To obtain a faculty dentist license, an applicant must demonstrate they hold an active dentist license in another jurisdiction and provide a letter from the employing school. An individual who holds a faculty dentist license is limited to practice in educational or Board-approved satellite settings.

Limited Dentist License. To obtain a limited dentist license, an applicant must demonstrate they hold a doctoral degree from a CODA-accredited program, or the educational equivalent of a doctoral degree in dentistry as determined by the Board, and proof of previous Maine license or active license in another jurisdiction. An individual who holds a limited dentist license is limited to practice in a nonprofit clinic without compensation. Director Vaillancourt noted this license is usually issued to retired dentists.

Resident Dentist License. To obtain a resident dentist license, an applicant must demonstrate they hold a doctoral degree from a CODA-accredited program or the educational equivalent of a doctoral degree in dentistry as determined by the Board. The purpose of a resident dentist license is for the individual with this license to gain clinical skills under the supervision of a dentist in a board-approved setting.

Temporary Dentist License. To obtain a temporary dentist license, an applicant must provide verification of an active dentist license in another state in good standing. There is no examination or conditions of practice placed upon those who hold a temporary dentist license.

The commission also received a presentation from commission member Dr. Riddhi Badamia, a foreign-trained dentist who is licensed in several states.[16] In her presentation, Dr. Badamia provided members with an overview of the licensing process for foreign-trained dentists and shared the barriers she identified that foreign-trained dentists face during the licensing process in Maine and in other states. Some of the barriers she identified related to the education requirements and how states measure the educational equivalency, including the initial opinion one may have towards a foreign dental degree. Dr. Badamia also discussed the differences in regulation that exist for the licensing of foreign-trained dentists and dental therapists. Dr. Badamia noted that she was unable to obtain a license as a dentist in Maine despite having licenses in several other states.

D. Limited Licensure in Massachusetts

At the second meeting of the commission on October 22nd, members received a presentation from Barbara Young, RDH, JD, Executive Director of the Massachusetts Board of Registration in Dentistry, to learn more about the two licensing pathways the state uses to license eligible foreign-trained dental providers. The first licensing pathway reviewed by Ms. Young was for a

[16] Materials distributed at the October 22, 2025 commission meeting are available at https://legislature.maine.gov/doc/12052

limited dental intern license (commonly referred to as a "limited license"), which is established by Massachusetts law M.G.L. Chapter 112, Section 45A.[17] The limited license, which is used to license foreign-trained dentists, is also used by qualified post-doctoral students attending one of the three Boston-area dental schools (Harvard University, Boston University or Tufts University) for advanced dental and specialty training because it allows them to practice more independently than during their prior training. The limited license is also used for dentists who hold faculty positions at one of the three Boston-area dental schools or a research facility (The Forsyth Institute). An important characteristic of the limited license is that an applicant seeking licensure must already have employment lined up before applying for the limited license and must submit the employment agreement along with the other application materials due to the conditions of practice affiliated with the license.

In addition to an employment agreement, some of the documents an applicant seeking a limited license must provide include, but are not limited to, an original transcript from the foreign dental school indicating date of graduation and degree awarded, proof of certification in American Red Cross Cardiopulmonary Resuscitation/Automated External Defibrillation for the Professional Rescuer (CPR/AED) or certification in American Heart Association Basic Life Support for Healthcare Providers (BLS), successful passage of the Massachusetts Dental Ethics and Jurisprudence Exam, letters of standing, practice history, and English language proficiency.

As noted, there are practice conditions on the limited license, including that an individual granted a limited license may practice dentistry only in the hospital or other institution designated on their registration and under the supervision of the registered dentist employer. This condition is why an applicant seeking a limited license must have secured employment prior to applying for the license so that their registration with the dental board can reflect the designated institution or location of practice as well as the name and licensing number of their supervising dentist. If there are multiple affiliated locations with the location of employment, the applicant must list all affiliated locations.

The limited license under the Massachusetts law M.G.L. Chapter 112, Section 45A, allows a limited license dentist to practice only at a prison, hospital, school, or public clinic (and still only under supervision of a dentist at those locations). A holder of a limited license may not practice in a private dental office or clinic, except that a full-time faculty member who holds a limited license may "participate in, and only in, an intramural group dental practice which is operated, managed and physically located within a nonprofit dental educational or research institution and their affiliated hospitals in which the full-time faculty member is employed."

A limited license issued under M.G.L. Chapter 112, Section 45A is valid for a one-year period and can be renewed annually. An individual who holds a limited license may only practice for up to five one-year periods before proof of a passing score on a dental clinical competency exam is required for subsequent years of licensure. Ms. Young noted that a limited license is not a pathway to full licensure but does allow a means for foreign-trained dentists to practice dentistry in the state.

[17] See M.G.L. Chapter 112, Section 45A, at https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section45A.

Dental Hygiene Licensure. The second licensing pathway under Massachusetts law that the commission heard about from Ms. Young was for Dental Hygiene Licensure. Massachusetts law M.G.L. Chapter 11, section 51, which was recently enacted, allows an eligible individual to become registered as a dental hygienist and be given a certificate allowing them to practice dental hygiene if they are "a dentist who has obtained not less than five years of lawful practice in a foreign country or province and who presents to the board a certificate of registration and duration of practice from the foreign country or province's board of registration of dentistry or equivalent entity; provided, however, that such other jurisdictions shall require a degree of competency determined by the board to be comparable to that required of examinees in the commonwealth." Unlike the limited license, there is no threshold that requires a previously licensed individual to take examinations to continue being eligible for a Dental Hygiene License. This licensure option has been enacted in a number of states but the commission did not recommend the use of such an option in Maine.

E. MaineCare

The commission had several conversations and received two presentations (and a third presentation that partially addressed the topic) about the role MaineCare plays in access to dental services over the duration of the study. In discussions regarding these presentations, commission members acknowledge the following: that individuals covered by MaineCare often have difficulty locating a dental provider who accepts MaineCare; and that a dental provider's reluctance to enroll in MaineCare is due significantly to insufficient reimbursement rates and delays in payment.

Under Medicaid, states are required to provide dental coverage that is medically necessary for children through the Early and Periodic Screening, Diagnostic, and Treatment benefit, and the Child Health Insurance Program. However, adult dental benefits are an optional benefit for states to provide under Medicaid (except for emergency services provided in a hospital). The Maine Legislature enacted a dental benefit for adults covered by MaineCare in Public Law 2021, chapter 398 effective July 1, 2022. Included in the 2022-23 biennial budget was funding allocated for dental reimbursement rate reform as part of the Department of Health and Human Services' comprehensive rate system evaluation. (Dental rates are governed by the MaineCare Benefits Manual, Section 25, which determines rates for both child and adult dental services.) As of July 30, 2025, approximately 390,000 Mainers have MaineCare coverage, including about half of all children under age 18. [18, 19]

[18] MaineCare had been expanded under the Affordable Care Act in response to a ballot initiative and a subsequent Executive Order issued on January 3, 2019.

[19] See Maine Department of Health and Human Services, MaineCare's Impact on Maine at, https://www.maine.gov/dhhs/blog/celebrating-60-years-medicaid-mainecares-impact-maine-2025-07-30#:~:text=Today%2C%20about%20400%2C000%20Mainers%20are,than%2050%25%20of%20Maine's%20children

Commission members noted that the introduction of the adult dental benefit under MaineCare went into effect before the provider community had fully recovered from the effects of the Covid-19 public health emergency. As such, during the Covid-19 public health emergency, beginning with the closure of practices in March and April of 2020, there was a downward trend in utilization of dental services regardless of the payer.

Commission members, including Ms. Cahill and Ms. Dempsey, noted that the second cause for low utilization of the adult dental benefit is anxiety about going to the dentist. MaineCare recipients who became newly eligible for the adult dental benefit may not have seen a dental provider for decades and this often meant that patients had more complicated issues.

Utilization Rates

Heather Pelletier, Policy Manager, and Phil Dubois, Senior Data Analyst, within the Office of MaineCare Services in the Department of Health and Human Services, presented data to the commission on utilization of dental services reimbursed by MaineCare, the number of enrolled providers and the rate review process. According to Ms. Pelletier and Mr. Dubois, in 2024, MaineCare saw the highest volume of MaineCare recipients with at least one dental service claim. The data indicate that 46.75% of MaineCare recipients under 21 years of age had a MaineCare claim for a non-preventive dental service, which was an increase of over 3% after a consistent volume of claims from 2020 to 2023. (The Department noted that eligibility expansion and continuous coverage requirements for MaineCare recipients during the Covid-19 public health emergency resulted in a MaineCare child enrollment increase of approximately 20,000 between 2021 and 2024.) Additionally, claims for non-preventive services for adults covered by MaineCare indicated that 13.03% of adult MaineCare recipients received a dental service in 2024. With respect to preventive services, in 2024, 41.5% of children and 6.87% of adults covered by MaineCare had a claim for at least one preventive service.

The data also shows that there are differences in utilization between counties. For the year ending June 30, 2025, 61.21% of children under the age of 21 years in Aroostook County received a dental service, which was the highest rate in the State. Washington, Franklin and Piscataquis counties also had rates above 50%. Courtney Pladsen, Office of MaineCare Services' Medical Director, noted that the higher rates reflected the FQHCs in rural areas, including the availability of teledentistry in Aroostook County. For adult dental utilization, the highest rate was in Washington County at 19.59%, which was attributed to a strong FQHC presence in the county.

The presenters from the Office of MaineCare Services noted that, ideally, the 200,000 adult MaineCare recipients would be going to the dentist twice a year for evaluation and cleaning, but utilization continues to be constrained by provider availability. Dr. Pladsen commented that the surveys of MaineCare recipients' experiences have consistently shown that getting access to dental services for their children is a challenge. However, some members reminded the commission that 100% participation is not realistic and not everyone wants to go to a dentist. That rate of utilization does not exist among adults not covered by MaineCare, with or without dental insurance.

Mainecare Enrollment and Reimbursement Rates

In order to treat individuals covered by MaineCare, a dental provider must enroll as a MaineCare provider. Commission members discussed the possible impacts of Medicaid reimbursement rates on decisions by dental providers to enroll as Medicaid providers. Generally speaking, Medicaid rates for all services are lower than insurance or Medicare rates; this also holds true for dental reimbursement rates. As part of the implementation of the MaineCare adult dental benefit, the Department of Health and Human Services conducted a review of reimbursement rates by surveying rates in states with full adult and child dental benefits and two commercial benefit plans and worked with the MaineCare Advisory Committee's Dental sub-committee that was newly formed to provide feedback and guidance.

As a result of the review, the MaineCare Benefits Manual, Section 25 dental rule was repealed and replaced with a new rule that went into effect July 1, 2022, with a reformed dental benefit and increased reimbursement rates. The Office of MaineCare Services focused on preventive care dental services, including services provided at primary care medical offices. Comprehensive rate reform continued in 2024 with an initiative led by the Department to assess dental reimbursement benchmarks, update rates and apply a cost-of-living adjustment (COLA) to dental rates. This reform followed the comprehensive rate reform process that was enacted in Title 22, section 3173-J, which provided new rates effective July 1, 2024.[20] However, during the reimbursement rate review process for Section 25, the Department noted that because commercial rates were not keeping up with inflation, the existing methodology would have resulted in lower rates rather than the intended higher rates.[21] A further full rate determination process using a new methodology is scheduled for 2026, one year ahead of the five-year timetable stipulated in section 3173-J.

American Dental Association Data

The American Dental Association (ADA) compiles Medicaid reimbursement rates and dental provider enrollment from other states.[22] In 2024, the Medicaid reimbursement rates across New England states (all of which have an enhanced adult benefit beyond emergency room reimbursement) were as follows:

[20] 22 M.R.S. §3173-J

[21] See materials on the Department of Health and Human Services, Office of MaineCare Services, MaineCare Rate System Reform webpage at, https://www.maine.gov/dhhs/oms/providers/mainecare-rate-system-reform.

[22] See materials posted on the study commission's website including rates for all states at, https://legislature.maine.gov/doc/12052.

State	Medicaid FFS Reimbursement of average dentist charges: Child dental services	Medicaid FFS Reimbursement of average dentist charges: Adult dental services	Medicaid FFS Reimbursement of average private dental insurance payment rates: Child dental services	Medicaid FFS Reimbursement of average private dental insurance payment rates: Adult dental services
Maine	47.0%	49.4%	64.6%	68.2%
Connecticut	47.0%	29.9%	79.6%	49.4%
Massachusetts	44.6%	33.9%	88.3%	61.0%
New Hampshire	42.0%	11.6%	64.8%	16.8%
Rhode Island	40.2%	38.2%	70.2%	66.6%
Vermont	57.6%	59.0%	77.9%	82.0%

The ADA also tracks Medicaid participation by dental providers. According to the data, in 2024, 32.1% of Maine dentists were enrolled as providers, compared to the national low of 10.7% in New Hampshire to the national high of 76.2% in Delaware. The highest participation in New England was Vermont with 60.1% enrollment. (The ADA cautions that enrollment does not necessarily mean the provider is actively treating Medicaid patients.) Commission member Therese Cahill, representing the Maine Dental Association, stated that when Vermont increased its rates, provider participation in Medicaid improved.

Maine Department of Health and Human Services Data

According to the Department, excluding FQHCs, the number of providers enrolled in MaineCare has decreased since 2019 and has been hovering around 200 to 220 providers since the expansion of the adult dental benefit and since the 2022 rate increases. There are approximately 50 FQHC dental providers in Maine, a number that has been trending upwards. Commission members discussed, and it was confirmed by the Department, that dental specialists who served MaineCare patients were particularly sparse. For example, there are five pediatric dentists in the state who are accepting MaineCare patients. Of those five, four of them are in York or Cumberland County and only accepting patients from those counties, and only one is booking new patients out less than six months. Other specialists are also scarce with only two orthodontists, four oral surgeons and one periodontist accepting MaineCare patients; there were no endodontists. A clear picture of where dental providers who take MaineCare patients are practicing is not available, although Dr. Pladsen stated that the Office of MaineCare Services has been working towards compiling a publicly accessible provider directory with real time data, but it is not anticipated to be ready for another year or two.

Dr. Pladsen also noted that there has been a third-party system technical issue that has prevented appropriately timed reimbursement for MaineCare claims submitted by enrolled dental providers and taken more than a year to resolve. This issue also prevented the Department from engaging in significant outreach efforts to recruit providers to enroll as MaineCare providers, although

some efforts continued, including those through other organizations such as the Children's Oral Health Network.

Commission members agreed that dental providers can find the administrative requirements of enrolling as a MaineCare provider to be complicated. They also agreed that the claims process for reimbursement for services to individuals covered by MaineCare was seen as difficult and burdensome. The ADA provides guidance materials to dental providers who wish to treat Medicaid beneficiaries and a copy of the ADA guidance materials was provided to commission members.[23] Commission members noted that if the enrollment and claims processes were streamlined, perhaps more dental providers would enroll, and remain enrolled, as MaineCare providers.

The commission also discussed the possibility of other types of incentives offered through the licensing process, to encourage dental providers to enroll as MaineCare providers. For example, the Board of Dental Practice could offer continuing education credits to any licensee that enrolls as a MaineCare provider.

Federally Qualified Health Center Reimbursement

Dental services provided at FQHCs are reimbursed differently from other fee-for-service dental providers. Dr. Pladsen explained that comparing reimbursement rates for FQHCs to other providers is comparing apples to oranges. FQHCs are required to serve all patients including those who are uninsured. FQHCs receive a rate for an encounter based on the scope of services that the particular FQHC provides, regardless of whether the service was a dental cleaning, a complicated extraction or some other medical service being provided at the center. However, dentures and crowns are reimbursed under the same Section 25 fee schedule as other dentists. There was disagreement among commission members about whether the FQHC rate was equitable compared to private sector dental provider reimbursement rates.

Ongoing Work

In May 2024, the Office of MaineCare Services established an internal dental taskforce led by its medical director to engage interested parties and provide ongoing internal feedback on dental coverage provided by MaineCare. In 2025, the Center for Health Care Strategies chose 11 states, including Maine, to participate in the Medicaid Oral Health Workforce Implementation Learning Series. The goals of the series include identifying priorities and designing policy strategies that enhance oral health workforce capacity. The Dental Task Force within the Department is leading this initiative.

F. Oral Health Program

At the third meeting of the commission on November 5th, commission members received a presentation from Ryan Denlow, the Oral Health Educator in the Oral Health Program within the

[23] Materials distributed at the October 22, 2025 commission meeting are available at: https://legislature.maine.gov/doc/12052

Center for Disease Control & Prevention (CDC) in the Department of Health and Human Services.[24] According to Mr. Denlow, the program's mission is to promote public leadership to assist community initiatives to prevent, control, and reduce oral diseases; plan, implement, and evaluate programs for oral health promotion and disease prevention; and work to coordinate and integrate community based oral health services to increase access.

The School Oral Health Program (SOHP), within the Oral Health Program, partners with public schools and providers (including some FQHCs, school-based health centers and independent practice dental hygienists) to offer both preventive oral health services and educational materials that bridge gaps between the oral health services and public school students. According to Mr. Denlow, schools that are not currently partnering with the SOHP still have access to educational materials. A significant focus of the SOHP is prevention through screenings, fluoride varnish, sealants and silver diamine fluoride. The SOHP develops educational materials and also collects outcomes data to determine the success of strategies. The SOHP developed a three-tier approach for school enrollment in the 2024-25 school year to determine the appropriate engagement level based on community need and capacity. All schools are enrolled in Tier 1, offering oral health screening and fluoride varnish. Tier 2 schools offer Tier 1 services plus advanced prevention (cleanings and sealants) and early intervention (caries arrest and silver diamine fluoride). Tier 3 services offer Tier 1 and 2 services plus dentist examinations.[25]

The CDC collects data on the number of schools visited and services provided through the SOHP. For example, during the 2023-24 school year, the SOHP visited 229 schools and completed 13,287 screenings, and in school year 2024-25, the program visited 365 schools and completed 19,532 screenings. Of those screenings in both years, over 30% showed untreated decay. The data also include an assessment of the urgency of treatment.

The Oral Health Program also keeps lists of dental centers and clinics in the state indicating the type of insurance, including MaineCare, that is accepted. It also provides links to a MaineCare Provider Directory. The directory is updated every 2-3 years and, according to Mr. Denlow, the latest update is expected to be published in early November. Commission member Dr. Walawender, stated that it would be helpful if the directory was updated much more frequently and noted that a similar presentation to the Board of Dental Practice would be a good idea. Commission members also noted that the focus of the SOHP is on exams and preventive services, but there still needs to be providers to treat decay and other oral health issues. They noted that the SOHP fits well into a hub-and-spoke oral health system with providers on the spokes making referrals for more complicated services to the hubs.

G. Specialist Services

Commission members agreed that individuals across the state often had difficulty accessing specialist dental services. Pediatric dentistry and oral surgery were identified as being in

[24] Materials distributed at the November 5, 2025 commission meeting are available at: https://legislature.maine.gov/doc/12090

[25] See Additional information on the School Oral Health Program is available in its report to the Health and Human Services Committee at https://legislature.maine.gov/doc/11889

particularly short supply. Lack of access to these services is further amplified in rural areas of the state and for individuals covered by MaineCare. For example, in order to serve pediatric patients, pediatricians have been stepping into the dental space by treating patients with a treatment called silver diamine fluoride (a mixture of silver and fluoride) to arrest and prevent tooth decay, as one strategy to address the lack of pediatric dental providers.[26]

The commission suggested that a hub-and-spoke model could be applied to dental services to ease access to care in rural areas and to specialty services. Such a model is used to provide services to individuals with opioid use disorder in Maine (see 5 M.R.S. §20055). Under this example, specialty behavioral health programs are provided at "hubs" such as hospitals while primary care and counselling services are provided at "spokes." Referrals for treatment go in both directions. For dental services, hubs could be the University of New England or FQHCs where both routine dental services and specialty services are provided. Spokes would be smaller units distributed across the state and would include dentist offices, dental practices with a narrower scope of care, independent practice dental hygienists, and mobile units. Because the specifics of a hub-and-spoke model are unique to the type of care provided, the commission recommended that the Department of Health and Human Services explore the idea of a hub-and-spoke model for dental services as a method of improving connections between dental providers as well as being more strategic about the development of spokes in areas that are currently underserved compared to larger urban areas where patients may have a choice of dental providers.

The commission also discussed the need for more options for educational specialist residency programs that could increase the specialist workforce. Commission member, Dr. Walawender, asked the Department of Health and Human Services if the federal Rural Health Transformation Program (RHTP) grant might include pediatric and oral surgery residency programs. The department responded that although the RHTP grant did not prioritize adding new residency programs for use of that funding, the Department would be open to exploring other ways to advance dental care in rural Maine, including through new rural rotations.[27]

III. RECOMMENDATIONS

The final recommendations of the commission, including votes of committee members, are described below, organized thematically. Members who were present at the third meeting, held on November 5th, 2025, voted in person or over Zoom. Chairs allowed members who were not present at the third meeting to vote via email.[28]

[26] See https://themainemonitor.org/doctors-treating-dental-decay/

[27] See the Department of Health and Human Services website for information on the RHTP: https://www.maine.gov/dhhs/ruralhealth

[28] Commission member Director Vaillancourt was a resource to the commission, providing information and responding to questions that pertained to the recommendations. In line with Executive policy, Director Vaillancourt abstained from several votes; all abstentions recorded in this section are from Director Vaillancourt.

Recommendations

Limited Dentist License

Recommendation A-1: The Legislature should pass legislation similar to LD 1615 in the 132nd, 1st Regular Session, as originally printed with the following modifications: naming and defining a "limited dentist" replacing the term "adjunct dentist" and changing from three to six the number of consecutive years a person must practice under a limited dentist license, in good standing, in order to become licensed as a dentist.

Votes: 6 votes in favor, 4 votes in opposition, one abstention[29] [30]

In accordance with the commission's charge to create pathways for foreign-trained dentists to be licensed in Maine, some members support adopting a limited license model which was proposed initially by LD 1615, Resolve, to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry. The Resolve is the outcome of LD 1615, An Act to Expand Access to Oral Health Care by Creating a New Path for Obtaining a License to Practice Dentistry, which was referred to the Joint Standing Committee on Health Coverage, Insurance and Financial Services on April 11, 2025. LD 1615, as originally printed, proposed a new dentist license category that would allow a person who received their dental training in a country outside of the United States but does not have the equivalent (as determined by the Board of Dental Practice) of a doctoral degree in dentistry issued in this country, to provide limited services, in specific settings always under the supervision of duly State-licensed dentist. This proposed licensing category was inspired and modeled after the one that has been implemented in Massachusetts (see page 10). It also proposed to establish a pathway to be licensed as a dentist after practicing under an adjunct dentist license for three consecutive years in good standing.

Those in support of this recommendation would make changes to LD 1615, as originally printed, by replacing the term and definition of "adjunct dentist" with "limited dentist" and changing the number of consecutive years a person must practice under a limited license in order to become a licensed dentist, from three to six years.

Under the proposed Maine version of this limited license, after the foreign-trained limited licensee engages in this reduced form of practice for six consecutive years, and remains in good standing, a full license to practice should be issued. The benefits of this approach work to achieve the charge of the commission while also expanding avenues for portions of Maine's population to have access to dental care.

The recommended legislation supported by the majority of commission members is included as Appendix D.

[29] Votes in favor are from commission members Bailey, Rana, Reny, Adeloye, Loring, and Badamia. Votes opposed are from commission members Daigle, Cahill, Dempsey and Walawender.

[30] Although Director Vaillancourt abstained from registering a vote, she noted she opposed the idea of a limited license as a pathway to full licensure consistent with her testimony presented at the public hearing on LD 1615.

Maine Board of Dental Practice, Office of Professional and Occupational Regulation, Department of Professional and Financial Regulation

Recommendation B-1: The Joint Standing Committee on Health Coverage, Insurance and Financial Services should request the Maine Board of Dental Practice to report to the committee by February 2026 and again by February 2027 on the progress it has made towards promulgating rules for licensure by endorsement as required by 10 M.R.S. §8003-H. The rules established by the Board should include, but should not be limited to, the process and criteria the Board utilizes to do the following:

- **Evaluate the "education equivalent of a doctoral degree in dentistry" for applicants seeking licensure through endorsement; and**
- **Establish of publicly accessible list of States that the Board has determined met the criteria for substantially equivalent licenses.**

Votes: Unanimous support (11 votes in favor)

The Legislature has acknowledged that streamlining licensure of certain professionals in the State, including dentists, is important to ensuring that Maine people have adequate access to the services they provide. It did so by enacting 10 M.R.S. §8003-H which requires licensing boards and commissions within the Office of Professional and Occupational Regulation to establish a process for licensure by endorsement for applicants who can demonstrate licensure in another state as long as that state has substantially equivalent requirements. This requirement includes a directive that OPOR adopt rules to implement these processes. Staffing constraints within OPOR have delayed development of the required rules, although they are working toward that goal. In accordance with its charge, the commission unanimously supports a recommendation that the Board of Dental Practice, with OPOR, report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services in February 2026 and again in February 2027 on its progress promulgating rules governing the process for licensure of dentists by endorsement. In developing this recommendation, commission members identified one benefit of having a public facing list of the states that the Board determined have substantially equivalent licensing criteria is that it would help attract more dentists to the State as it would make it simpler for dentist practicing in another state to determine if their license would transfer to Maine. This, in turn, would increase the overall dental provider workforce in the State and thus increase access to dental care.

Recommendation B-2: The Department of Professional and Financial Regulation should direct the Office of Professional and Occupational Regulation to explore funding sources that would provide the Board of Dental Practice with the ability to increase its administrative infrastructure to develop and administer a pilot project to collect workforce data, at the time of initial licensure and license renewal for both dentists and dental hygienists, as authorized by 32 M.R.S. §18341, sub-§1. The Commission encourages the Office of Professional and Occupational Regulation to allocate some of the funds it may receive for this purpose to support a full-time employee dedicated to analyzing the data collected by the Board via the pilot.

Votes: Unanimous support (11 votes in favor)

The commission identified specific workforce issues that have the potential to limit Mainers' access to dental care, such as geographic distribution, the percentage of dentists approaching retirement age and the percentage of dentists serving those on MaineCare. Although there are differences of opinion about the overall supply of active dental care providers in the state, commission members agreed that the collection of data on dental care providers could be improved and centralized. Throughout its process, commission members recognized there are shortcomings of the data collected and tracked by state agencies regarding the dental workforce and that the data collected is not easily accessible for agencies, legislative members or members of the public. Improving data collection will help identify the location of active providers, age, specialty, MaineCare enrollment status and other important demographic information which can be used to target policies intended to strengthen and maintain the supply of dental providers and ensure access to care geographically and by way of specialty. These data elements were also recognized by the commission as important factors affecting access to dental care for all individuals.

Acknowledging the need for improved data collection, commission members identified the Board of Dental Practice as a strong data collection source because current law requires applicants and licensees seeking renewal from the Board of Dental Practice to submit applications, fees, and other required materials. The application materials received from each applicant and licensee can be utilized to provide informative data. The pilot program will help identify that data that, when collected, and will be most helpful to the board as well as inform policies that support a strong network of dental care providers for Mainers. If determined necessary, the pilot could inform a future amendment to current law enumerating the specific data to be collected and the purposes for which it is to be used.

UNE Advanced Standing Track for International Dentists

Recommendation C-1: The Joint Standing Committee on Health Coverage, Insurance and Financial Services send a letter to the University of New England's College of Dental Medicine encouraging the school to increase the number of spots available to foreign-trained dentists on the Advanced Standing Track for international dentists program.

Votes: 7 votes in favor, 3 votes in opposition, one abstention[31]

At the first commission meeting, members heard a presentation from the Dean of the University of New England's College of Dental Medicine, Nicole Kimmes on the school's Advanced Standing Track for international dentists program and the challenges in opening more spots in the program. The Advanced Standing Track for International Dentists program is a 29-month program designed for international dental school graduates who wish to practice in the United States. The program provides its students a customized curricular plan for the first semester that is based on each student's needs and previous education. (See page 5 for more information on

[31] Votes in favor are from commission members Bailey, Reny, Daigle, Cahill, Dempsey, Badamia, and Walawender. Votes opposed are from commission members Rana, Adeloye, and Loring.

this presentation.) A majority of commission members support expanded access to the program for foreign-trained dentists by encouraging the college to increase the number of spots available to foreign-trained dentists. Commission members who voted against this recommendation did so for practical and financial reasons, citing program costs, not because they were opposed to the idea in principle.

MaineCare

Commission members consistently heard about the unique challenges both providers and patients report experiencing with MaineCare, which include accessing dental care from providers who accept MaineCare, enrolling in MaineCare as a provider, and accepting and treating MaineCare patients. In response to these challenges, commission members voted on the following recommendations that aim to attract and increase the number of dental providers accepting MaineCare. The following three recommendations stem from presentations and discussions commission members had regarding MaineCare.

Recommendation D-1: As part of the 2026 scheduled MaineCare rate review process for Section 25, Dental Services, the Legislature should support an increase in reimbursement rates to levels that will make it economically feasible for dental providers to enroll and treat MaineCare patients. The review process must include systematic input from dental providers.

Votes: 10 votes in favor; 1 abstention

As the commission heard, the process of setting MaineCare reimbursement rates is governed by 22 M.R.S. §3173-J, which established "a rate-setting system for the development and maintenance of MaineCare payment models and rates that comply with the requirement in 42 United States Code, Section 1396a that rates be consistent with efficiency, economy and quality of care; that are adequate to support MaineCare member access to services; and that are equitable and data-driven."[32] Pursuant to §3173-J, there is a full rate determination process scheduled for 2026 which provides the Department the opportunity to adjust reimbursement rates. (See section X for more information.) The commission supports the Department of Health and Human Services increasing reimbursement rates pursuant to the rate reform process provided in Title 22, section 3173-J to levels that make it more economically feasible for dental providers to enroll in MaineCare. Throughout the commission process, commission members identified low reimbursement rates and untimely and late reimbursement as factors impacting the number of providers enrolled in MaineCare. Enrollment as a MaineCare provider is not financially feasible for many potential dental providers. Commission members who support this recommendation recognize that an increase to reimbursement could increase the number of dental providers enrolled in MaineCare which could increase the overall accessibility to dental care services for MaineCare patients.

[32] 22 M.R.S. §3173-J.

Recommendation D-2: The Department of Health and Human Services, Office of MaineCare Services, should continue its efforts to increase the enrollment of dental providers as MaineCare providers and improve and simplify the process used to claim reimbursements.

Votes: 10 votes in favor; 1 abstention

Commission members agreed that dental practices find enrollment as a MaineCare provider to be administratively complicated, and the claims process for reimbursement is also difficult and burdensome. If the Department streamlined the enrollment and claims processes, more dental providers might enroll as providers, remain enrolled, and treat individuals covered by MaineCare.

Recommendation D-3: The Maine Board of Dental Practice should continue to explore incentives to encourage dental providers to enroll as MaineCare providers and treat MaineCare patients, including providing continuing education credits.

Votes: Unanimous support (11 votes in favor)

As provided by commission member Director Vaillancourt, the Maine Board of Dental Practice oversees the licensing and renewal of licenses of most dental providers practicing in the State. To this end, commission members recognize that the Board has the unique position to encourage a significant portion of dental providers in the State to enroll in MaineCare. The Board can develop and offer incentives for dental providers who enroll in MaineCare. One specific incentive suggested by commission members is the Board of Dental Practice offering continuing education credits to a licensee that enrolls in MaineCare. As provided by the Board of Dental Practice, Chapter 13 rules, an individual who holds a dentist license in the State must complete 40 hours to remain eligible for licensure.[33] As previously noted, any increase in the number of dental providers enrolled in MaineCare will ultimately increase accessibility to dental care for individuals on MaineCare.

Dental Specialists

The commission makes two recommendations specific to dental specialist care in the state.[34] Over the course of its meetings, commission members considered the limited number of dental specialists who practice in Maine. Specifically, commission members heard that the situation is so severe in parts of the State, pediatricians have been stepping into the dental space by treating pediatric patients with a treatment called silver diamine fluoride to arrest and prevent tooth decay, as a measure to cover the gap in care created by a lack of pediatric dental providers. The commission makes these recommendations with the objective to increase access to specialist care and increase the number of dental specialists practicing in the State.

[33] The Board of Dental Practice Chapter 13 rules also provides the continuing education requirements for other dental licensure categories.

[34] A dental specialist includes but is not limited to pediatric dentist, orthodontics, oral and maxillofacial surgeon.

Recommendation E-1: The Department of Health and Human Services should explore the development of a hub-and-spoke model of providing dental services. Hubs could include the University of New England or Federal Qualified Health Clinics, where specialized services are available. Spokes could include mobile units and nontraditional practices, such as dental practices that are limited in scope, that provide services in areas where the population density is insufficient to support a dental provider setting up a practice.

Votes: 10 votes in favor; 1 abstention

The commission suggested that a hub-and-spoke model could be applied to dental services to ease access to care in rural areas and to specialty services. This model is already employed in Maine to provide services to individuals with opioid use disorder. "Hubs" are large facilities that offer multiple services, including specialist services. The commission suggested that a dental hub could be the University of New England or an FQHC where both routine dental services and specialty services are provided. "Spokes" are smaller units distributed across the state and would include dentist offices, dental practices with a narrower scope of care, independent practice dental hygienists, and mobile units. Referrals can go in both directions. A hub-and-spoke model for dental services may improving communication and connections between different types of dental providers. It could also allow for a more strategic development of spokes in areas that are currently underserved compared to larger urban areas where patients may have a choice of dental providers.

Recommendation E-2: The Joint Standing Committee on Health Coverage, Insurance and Financial Services should direct the Department of Health and Human Services to explore options to establish educational specialist residency programs, especially for pediatric dentists, oral surgery and orthodontists.

Votes: 10 votes in favor; 1 abstention

The second of these recommendations aims to increase the overall number of dental specialists practicing in the State through the establishment of a residency program for dental specialists. Commission members noted a specific need for increases in the numbers of pediatric dentists, oral surgeons and orthodontists. If there were residency programs for these dental specialties, it could alleviate some of the pressures on pediatric physicians currently administering dental care and increase the number of dental providers who can treat complex dental cases that require surgery or orthodontia. The Department of Health and Human Services should be directed to explore possible pathways to establish residency programs for those specialist categories.

APPENDIX A

Authorizing Legislation: Resolve 2025, chapter 107

APPROVED
JULY 1, 2025
BY GOVERNOR

CHAPTER
107
RESOLVES

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-FIVE

H.P. 1069 - L.D. 1615

Resolve, to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this resolve establishes a commission to study alternative pathways for obtaining a license to practice dentistry; and

Whereas, it is important to conduct this evaluation to address workforce shortages that impact the availability of oral health care services to Maine residents; and

Whereas, this legislation must take effect as soon as possible in order to provide adequate time for the commission to complete its work in a timely manner before submitting its report; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

Sec. 1. Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry established. Resolved: That the Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry, referred to in this resolve as "the commission," is established.

Sec. 2. Commission membership. Resolved: That, notwithstanding Joint Rule 353, the commission consists of 11 members appointed as follows:

1. Two members of the Senate, appointed by the President of the Senate, at least one of whom must be a member of the Joint Standing Committee on Health Coverage, Insurance and Financial Services;

2. Two members of the House of Representatives, appointed by the Speaker of the House of Representatives, at least one of whom must be a member of the Joint Standing Committee on Health and Human Services;

3. One member who is a member of the Board of Dental Practice, appointed by the Board of Dental Practice;

4. One member who is a representative of the Maine Dental Association, appointed by the President of the Senate;

5. One member who is a representative of federally qualified health centers that provide dental services, appointed by the President of the Senate;

6. One member who is a dentist licensed to practice in the State, appointed by the President of the Senate;

7. One member who is a foreign-trained dentist, appointed by the Speaker of the House of Representatives;

8. One member who is a representative of the Maine Dental Hygienists' Association, appointed by the Speaker of the House of Representatives; and

9. One member representing the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, appointed by the Governor.

Sec. 3. Chairs. Resolved: That the first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the commission.

Sec. 4. Appointments; convening of commission. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members, the chairs shall call and convene the first meeting of the commission. If 30 days or more after the effective date of this resolve a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the commission to meet and conduct its business.

Sec. 5. Duties. Resolved: That the commission shall study integrating foreign-trained dentists and out-of-state dentists into the dental care workforce in a way that best reflects their level of skills and training and reducing barriers to licensing for foreign-trained dentists and dentists from other states. The commission shall explore a wide range of options for how to help enable foreign-trained dentists and out-of-state dentists who wish to live and practice in the State to address potential workforce shortages. The commission shall make recommendations on:

1. Strategies to integrate foreign-trained dentists and dentists from other states into the State's dental care workforce;

2. Changes to state laws and rules that may pose unnecessary barriers to practice for foreign-trained dentists and dentists from other states;

3. Necessary supports for foreign-trained dentists and out-of-state dentists moving through the different steps in the licensing process prior to involvement with the Board of Dental Practice;

4. Opportunities to advocate for corresponding changes to national licensing requirements; and

5. Any other matters pertaining to foreign-trained dentists and dentists from other states considered necessary by the commission.

The commission shall review and identify best practices from similar efforts in other states. The commission may hold hearings and invite testimony from experts and the public to gather information. The commission may develop guidelines for full licensure and conditional licensure of foreign-trained dentists and dentists from other states and recommendations for the types of strategies, programs and support that would benefit foreign-trained dentists and dentists from other states to use the fullest extent of their training and experience.

Sec. 6. Staff assistance. Resolved: That the Legislative Council shall provide necessary staffing services to the commission, except that Legislative Council staff support is not authorized when the Legislature is in regular or special session.

Sec. 7. Stakeholder participation. Resolved: That the commission may invite the participation of stakeholders to participate in meetings or subcommittee meetings of the commission to ensure the commission has the information and expertise necessary to fulfill its duties, including, but not limited to, representatives of the University of New England College of Dental Medicine and the Maine Public Health Association.

Sec. 8. Report. Resolved: That, notwithstanding Joint Rule 353, no later than December 10, 2025, the commission shall submit a report that includes its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Health Coverage, Insurance and Financial Services. The joint standing committee may report out legislation to the Second Regular Session of the 132nd Legislature based on the report.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

APPENDIX B

Membership list: Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

Resolve 2025, c. 107

Membership List

Name	Representation
Senator Donna Bailey, Chair	Member of the Senate, appointed by the President of the Senate, at least one of whom must be a member of the HCIFS Joint Standing Committee
Representative Ambureen Rana, Chair	Member of the House of Representatives, appointed by the Speaker of the House of Representatives, at least one of whom must be a member of the HHS Joint Standing Committee
Senator Cameron Reny	Member of the Senate, appointed by the President of the Senate, at least one of whom must be a member of the HCIFS Joint Standing Committee
Representative Lucien Daigle	Member of the House of Representatives, appointed by the Speaker of the House of Representatives, at least one of whom must be a member of the HHS Joint Standing Committee
Dr. Israel Adeloye	Member who is a dentist licensed to practice in the State, appointed by the President of the Senate
Therese Cahill	Member who is a representative of the Maine Dental Association, appointed by the President of the Senate
Danica Loring	Member who is a representative of federally qualified health centers that provide dental services, appointed by the President of the Senate
Dr. Riddhi Badamia	Member who is a foreign-trained dentist, appointed by the Speaker of the House of Representatives
Traci Dempsey	Member who is a representative of the Maine Dental Hygienists' Association, appointed by the Speaker of the House of Representatives
Jeffrey Walawender, DDS	Member who is a member of the Board of Dental Practice, appointed by the Board of Dental Practice
Penny Vaillancourt	Member who is a representative of the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulations, appointed by the Governor

APPENDIX C

Meeting Agendas

Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

Wednesday, October 8

10 AM – 1 PM

Room 209 (Health & Human Services Committee Room)

Cross State Office Building, Augusta, ME

Agenda: Meeting #1

10:00 **Welcome**

Chairs, Senator Donna Bailey and Representative Ambureen Rana

Commission member introductions

10:10 **Review of Resolve 2025, chapter 107 (authorizing legislation for the study)**

OPLA staff

10:20 **Dental profession workforce issues**

- Dental provider perspectives
  Dr. Israel Adeloye (Community Health Center representative) and Danica Loring (Federally Qualified Health Center representative)

- Professional association perspectives
  Therese Cahill (Maine Dental Association) and Traci Dempsey (Maine Dental Hygienists' Association)

11:00 **Pathways to licensure in dentistry in Maine**

Jeffrey Walawender, DDS (Board of Dental Practice) and Penny Vaillancourt (Dept. of Professional and Financial Regulation, OPOR)

11:30 **College of Dental Medicine, UNE presentation**

Discussion of the Advanced Standing Track for Foreign-Trained Dentists program

Dean Nici Kimmes, DDS

12:00 **Challenges for dentists who trained elsewhere (i.e. in other states or internationally)**

Dr. Riddhi Badamia

12:15 **MaineCare's dental expansion**

Heather Pelletier (DHHS)

12:30 **Other states' approaches to licensure**

OPLA staff

12:45 **Informational requests and next steps**

OPLA staff

1:00 **Adjourn**

Next meeting date: Wednesday, October 22nd, 10am in Room 209 (HHS) CSOB

Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

Wednesday, October 22

10 AM – 1 PM

Room 209 (Health & Human Services Committee Room)

Cross State Office Building, Augusta, ME

Agenda: Meeting #2

10:00	**Welcome**
10:05	**Pathways to licensure in dentistry in Massachusetts** *Barbara Young, Executive Director – Massachusetts Board of Registration in Dentistry*
10:30	**Barriers to licensure for foreign trained dentists** *Dr. Badamia (commission member)* *Luis Trasvina (Colorado)*
11:00	**Integrating immigrants into the workforce** *Angelina Klouthis Jean – Maine Dept of Labor*
11:30	**Information request responses**
12:00	**MaineCare dental enrollment, reimbursement and initiatives** *Courtney Pladsen, Medical Director, Office of MaineCare Services*
12:30	**Committee discussion of next steps and recommendations**
1:00	**Adjourn**

Next meeting date: Wednesday, November 5th, 10am in Room 209 (HHS) CSOB

Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

Wednesday, November 5

10 AM – 1 PM

Room 209 (Health & Human Services Committee Room)

Cross State Office Building, Augusta, ME

Agenda: Meeting #3

10:00am	**Welcome**
10:10am	**Oral health program initiatives, CDC**
	Ryan Denbow, Center for Disease Control & Prevention
10:30am	**Information request follow-ups**
10:40am	**Committee discussion of recommendations**
1:00	**Adjourn**

APPENDIX D

Recommended Legislation

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. Limited dentist. "Limited dentist" means an individual who holds a valid limited dentist license issued by the board.

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

3-B. Limited dentist license. "Limited dentist license" means the authority granted to an individual who is a graduate of a dental school or college, who is licensed to practice dentistry in this State, practicing 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 a limited dentist license in good standing and provides verification that the applicant has actively practiced during the 6 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. Limited dentist license. An applicant for a limited dentist license must comply with section 18341 and must provide:

A. Verification of a degree in dentistry from a dental school or college located in the United States or another country;

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 a limited 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:

5. Supervision of dental therapists and limited dentists. A dentist, referred to in this section as ~~the~~ "the supervising dentist," who employs a dental therapist or limited 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 limited dentist supervised by that dentist that are beyond the scope of practice of the dental therapist or limited 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 limited 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 limited 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 limited dentist upon request.

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

7. Limited dentist practice requirements. A limited dentist must comply with the following practice limitations.

A. A limited 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 limited dentist is authorized to perform. A limited 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 limited dentist is authorized to provide by the written practice agreement.

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

(1) The services and procedures and the practice settings for those services and procedures that the limited 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 limited 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 limited 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;

(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 limited dentist.

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

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

E. A limited 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 limited dentist.

F. A limited 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.

SUMMARY

This bill establishes a new dentist license category, a limited dentist license, which allows a qualified dentist who lacks the board-determined educational equivalency to a United States doctoral degree in dentistry, such as a dentist trained outside of the United States with a bachelor of dentistry degree, to obtain a license to practice dentistry under the general supervision of a licensed dentist through a written practice agreement signed by both parties. The bill also establishes a pathway to be licensed as a dentist after practicing under a limited dentist license for 6 consecutive years in good standing.