

MAINE STATE LEGISLATURE

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DATE: Nov. 6, 2024
TO: Joint Standing Committee on Education & Cultural Affairs
CC: Joint Standing Committee on Health & Human Services
Joint Standing Committee on Health Coverage, Insurance & Financial Services
Joint Standing Committee on Innovation, Development, Economic Advancement & Business
FROM: Samantha Warren, UMS Director of Government & Community Relations
samantha.warren@maine.edu / 207-632-0389
RE: **University of Maine System Study on Feasibility of Establishing a Dental Therapy Program (Resolve 2023, Chapter 56)**

The University of Maine at Augusta (UMA) is the state's leading provider of practice-ready allied dental health professionals with 100% job placement rate for its graduates – 95% of whom stay in the state.

The public university, which is part of the University of Maine System (UMS), offers associate and bachelor's degree programs in dental hygiene, certificate and associate degree programs in dental assisting, and an expanded function dental assisting (EFDA) pathway, with 101 students currently enrolled in total. These high-quality programs are affordable for students. For example, the tuition cost for UMA's dental hygiene degree program is just one-third of the price of the private program offered in the state. As part of their training, UMA allied dental students are afforded extensive hands-on clinical experiences, including at university-run dental clinics in Bangor and Lewiston where they provide free and low-cost preventative (cleaning, x-rays, and fluoride treatment) and basic restorative (simple fillings) services to eligible Mainers including low-income children, Veterans, and members of the Maine National Guard.

The difficulty of accessing timely dental care in Maine is well-known and has been exacerbated by the recent expansion of MaineCare coverage to include adult dental care. The leader of the state dental association said earlier this year that [the lack of access to care had reached a crisis level](#) and that increasing the dental field's workforce would be a major legislative priority for the organization in 2025.

Recognizing this critical statewide shortage and the leadership of UMA and its fellow public universities in developing high-quality academic programming responsive to the state's workforce needs, in 2023 the Legislature and Governor Mills [directed the System to study the feasibility of establishing a dental therapy \(DT\) degree program at UMA](#).

As the resolve's lead sponsor, Rep. Anne-Marie Mastraccio, a retired dental hygienist, noted in her testimony, Maine established licensure for dental therapists in 2014 to expand access to care. Yet nearly a decade later, only two DTs are practicing here because there is no education program in the state. Because dental therapists have a scope of practice that goes beyond that of hygienists and includes basic restorations and triage of acute dental trauma, a diverse coalition of supporters of the resolve testified that a DT education and training program in the

state would greatly improve access to care and oral health outcomes, similar to how physician's assistants are being leveraged to address primary care doctor shortages in Maine and nationally. It would also provide allied dental professionals with opportunities for their own upward mobility.

While the resolve requires this feasibility study to be submitted to the Legislature's Education & Cultural Affairs Committee, because of the nature of our findings and recommendations, UMS is also sharing it with the legislative committees with jurisdiction over health and human services, health care professional/occupation licensing and scope of practice (HCIFS), and student assistance programs through the Finance Authority of Maine (IDEA-B).

Results of Survey of Oral Health Professionals in Maine

To better understand the feasibility of establishing a public dental therapy (DT) degree program, in late 2023 UMA/UMS conducted an electronic survey of all dentists, dental hygienists, and expanded functions dental assistants (EFDAs)/radiographers currently licensed in Maine. The survey generated responses from 369 oral health professionals representing every Maine county and practice setting. There was a sharp divide between responding dentists and allied dental health professionals regarding the perceived benefits of establishing a DT program in Maine. The former generally expressed concerns about the level and quality of care that could realistically be provided by these professionals and the latter optimism and opportunity.

Survey responses accompany this report, however, key findings include:

- Dental hygienists and EFDAs/radiographers strongly believed (79%) the establishment of a dental therapy program in the state would increase access to care yet just 31% of responding dentists agreed and 48% said it would not increase access.
- Dental hygienists and EFDAs/radiographers were also overwhelmingly (78%) in favor of UMA offering a dental therapy program, while only 26% of dentists indicated support.
- The majority (64%) of dentists who responded said they would not hire a dental therapist to work in their practice or were undecided about doing so. Similarly, 65% of responding dentists said they would not support their current staff participating in a DT program if it was offered by UMA; 68% said they would not sponsor or offer resident support to a UMA DT program or were unsure; and 74% indicated they would not personally teach in a UMA DT program or were unsure (please note that faculty in a DT program must be licensed dentists).

The UMA/UMS survey also sought to better understand the conditions by which dental hygienists, EFDAs, and dental radiographers would be most likely to participate in a UMA DT degree program if one was established. Respondents raised serious concerns about the time and financial commitments that would be required, which UMA/UMS believes could be a barrier to establishing a sustainable DT degree program.

Again, survey responses accompany this report, however, key findings include:

- The majority (60%) of responding EFDAs/radiographers indicated they would definitely be interested in pursuing a degree in dental therapy if UMA were to offer one and 17% said “maybe,” while only 36% of responding dental hygienists said they would definitely be interested and an additional 34% indicated “maybe.”
- Only 21% of respondents agreed financial constraints would not be a barrier to participating in a dental therapy degree program. Approximately one-third of dental hygienists and EFDAs/radiographers indicated financial constraints would definitely be a barrier to enrolling in a DT program, and 45% said it might be or that they were unsure. About half of the respondents were interested in DT education tuition reimbursement/ loan forgiveness programs even if they required practicing in an underserved area.
- There was not consensus on where in the state a dental therapy program should be located, though central Maine was the region that generated the most support.

Recommendations & Conclusions

It is urgent that more oral healthcare professionals be trained in this state. As Maine Equal Justice’s Kathy Kilrain del Rio, who also chairs the MaineCare Advisory Committee’s Dental Subcommittee, said when testifying in support of the resolve, *“We need to grow our oral healthcare workforce at every level to meet the needs of all Mainers.”*

There is also strong interest among practicing allied dental professionals in pursuing education and work as a dental therapist in Maine if there is an affordable, accessible pathway to do so. As one hygienist who responded to our survey wrote, *“I have been waiting for this since the bill was passed introducing this [dental therapy] as an option for Maine. I would love to be a part of the first class of dental therapists at UMA and provide better access and quality care to the underserved communities of Maine.”*

However, to truly understand if UMA establishing Maine’s first and only public dental therapy (DT) degree program is feasible, it is critical to consider what DT education and training requires, and what resources currently exist within Maine’s public universities to support such a program. A DT degree program would be at the master’s level and require facilities and faculty similar to those of a traditional dental school, which UMA currently lacks. Additionally, because of its rigorous requirements, students would be expected to enroll full-time. This poses a challenge, as many hygienists and EFDAs/radiographers who showed interest in DT through our survey indicated they could only participate in a part-time program, mostly because of existing work commitments.

Furthermore, the Legislature needs to know that UMA’s existing allied dental programs are extremely costly to operate. This is primarily due to low student-to-faculty ratios (typically 5:1), high costs for supplies and equipment, and the maintenance of clinical facilities necessary to meet the stringent standards set by the Commission on Dental Accreditation (CODA). Although UMA charges differential tuition to help cover a portion of these costs, the university fulfills its commitment to student access and its public mission by keeping its allied dental professional

programs relatively affordable compared to private institutions in Maine and both public and private institutions in New England and nationally. As a result, UMA faces an annual operating loss of approximately \$700,000 just in these programs, which is unsustainable in the long term.

More broadly, appropriations for UMS have historically not kept pace with inflation and collectively bargained compensation increases. Since the Great Recession, students have paid a greater share of the System's operating costs than the State. While Governor Mills and the 131st Legislature supported meaningful increases, there is significantly more ongoing investment needed to make up for decades of underfunding Maine's public universities, which are additionally burdened by at least \$1.6 billion in deferred maintenance.

UMA/UMS values the insights of all stakeholders, and our ongoing collaborations with partners in the field are crucial to providing training and career opportunities for our allied dental health students and improving access to oral health care for Mainers. The aforementioned financial challenges coupled with considerable opposition from the majority of Maine dentists who responded to our survey leave us skeptical as to the feasibility of our public institution starting and maintaining a DT degree program and our graduates securing employment in the state. A number of the hygienists who responded to our survey expressed similar concerns (see comments).

Given this, UMA/UMS believes that State support to expand and enhance UMA's existing in-demand allied dental professional education programs would better advance access in Maine to oral healthcare. Specially, we would recommend the following:

- **Financial assistance for allied dental health students at UMA** (ongoing): As noted above, while UMA's dental hygiene, dental assisting, and EFDA degree and certificate programs are highly affordable when compared to peers, the cost remains a barrier to enrolling and persisting through degree completion.

The Fiscal Year (FY) 2025 undergraduate in-state tuition rate is \$260 per general education credit hour at UMA. However, the differential tuition rate (inclusive of course fees) is \$800 more per credit hour for dental hygiene and \$150 more per credit hour for dental assisting and EFDA. While not all UMA dental hygiene students take out loans, the average debt for those who do is approximately \$20,000 for the three-year associate degree program or \$26,000 for those achieving a bachelor's degree. While dental hygienists earn more than Maine's average annual income, this level of debt may be difficult to discharge, especially for those who practice in rural areas.

The Legislature took an important step in 2023 by expanding eligibility for the Maine Dental Education Loan Program to dental hygienists, dental therapists, expanded function dental assistants, and dental assistants. However, the amount of loan forgiveness available through that program remains limited. Targeted funding to advance affordability — including through UMA student scholarships and/or additional State appropriations for dental education loan forgiveness administered by FAME — would increase enrollment and lead to a greater number of highly qualified allied dental health providers entering the Maine workforce. For example, State subsidy through the Healthcare Training for ME initiative using Maine Jobs & Recovery Plan (MJRP) funds

enabled UMA to produce 75 additional EFDAs with program waitlists in Bangor and Lewiston. Additionally, the State may consider continuing to subsidize enrollment in a UMA online course for independent practice dental hygienists, as was done last year using MJRP funds, that provides these professionals with the business skills they need to operate their own practice in Maine's most underserved communities.

- **Capital investment to modernize UMA dental clinic and laboratory spaces** (one-time): The size and condition of existing clinical and laboratory spaces limit enrollment in UMA's allied dental education programs. Modest investments in these training and service facilities and related equipment pay dividends. For example, Northeast Delta Dental granted UMA \$665,000 to add three state-of-the-art dental units or "chairs," at its Lewiston Center dental clinic. This new equipment enabled the university to expand enrollment this fall in its dental assisting program from six to 12 students and in its EFDA program from 12 to 18 students.

With a one-time investment of \$2 million, UMA could modernize its Bangor clinic — where notably members of the Maine National Guard receive critical services — replacing equipment that is nearly 15 years old and no longer reflects what students can expect to encounter in professional practice. This funding would also cover the acquisition of essential equipment for the clinics at UMA's Lewiston Center and the University of Maine at Presque Isle (where UMA is set to open a third site in 2025 using one-time Congressionally Directed Spending secured by U.S. Sens. Susan Collins and Angus King). Specifically, UMA would be able to purchase state-of-the-art digital dental scanners, 3D dental printers, and CBCT 3D dental radiographic equipment, ensuring students gain consistent, hands-on experience with the latest technology in the field at all three dental clinic locations.

- **Faculty recruitment and retention** (one-time): Because of the ratios required in dental education (typically 5:1, as noted above), any expansion of student enrollment and community services is dependent upon the recruitment and retention of highly qualified instructors. Start-up funding to hire a full-time dentist and allied dental health faculty who could serve students in Bangor, Lewiston and Presque Isle would allow UMA to expand enrollment more quickly with the goal of these programs becoming self-sustaining through tuition and other revenue within three years.

Additionally, the Legislature could consider whether a dental faculty loan forgiveness program administered by FAME, as currently exists for nursing faculty, may support faculty recruitment and retention for all dental education programs in the state given dental practice is more lucrative than academia. UMA/UMS strongly believes any funding for dental faculty loan forgiveness must be supplemental, and not supplant, that provided by the State for nursing faculty.

- **Free dental clinic patient care** (ongoing): Under the supervision of experienced UMA faculty, students at the university's Bangor and Lewiston clinics currently provide affordable and even free preventive dental hygiene and basic restorative care to approximately 2,000 patients each year. Patients pay out-of-pocket or free care is subsidized through grants. For example, UMA is part of the Maine Veterans' Dental

Network and provides care to eligible Veterans thanks to funding provided by the Maine Bureau of Veterans' Services and Northeast Delta Dental. An additional \$60,000 annual appropriation would allow UMA to waive all fees and provide essential care for as many as 1,000 additional patients each year who are facing dental disparities because they are unable to afford treatment, struggle to find dentists accepting Medicaid or Medicare, or cannot pay out-of-pocket costs

Please note that these recommendations do not constitute a formal request, as UMS already submitted its FY 2026-27 biennial budget requests to the Mills Administration. Any State appropriation to support UMA's allied dental education and training programs must be in addition to that necessary for System operations and capital improvements.

Finally, we would like to note that 44% of those who responded to our survey agreed that other factors, like broadening the scope of practice for allied dental health professionals, would increase access to care in Maine. Notably, this included 48% of dentists. It is time for Maine to undertake a review and update of the scopes of practice for dental assistants, dental radiographers, and EFDAs so that these knowledgeable and skilled auxiliary professionals can deliver the care they are capable of to the Mainers who need it most. For example, medical assistants in primary care medical settings can apply cavity preventive fluoride varnish on teeth but dental assistants cannot under Maine's current scope of practice.

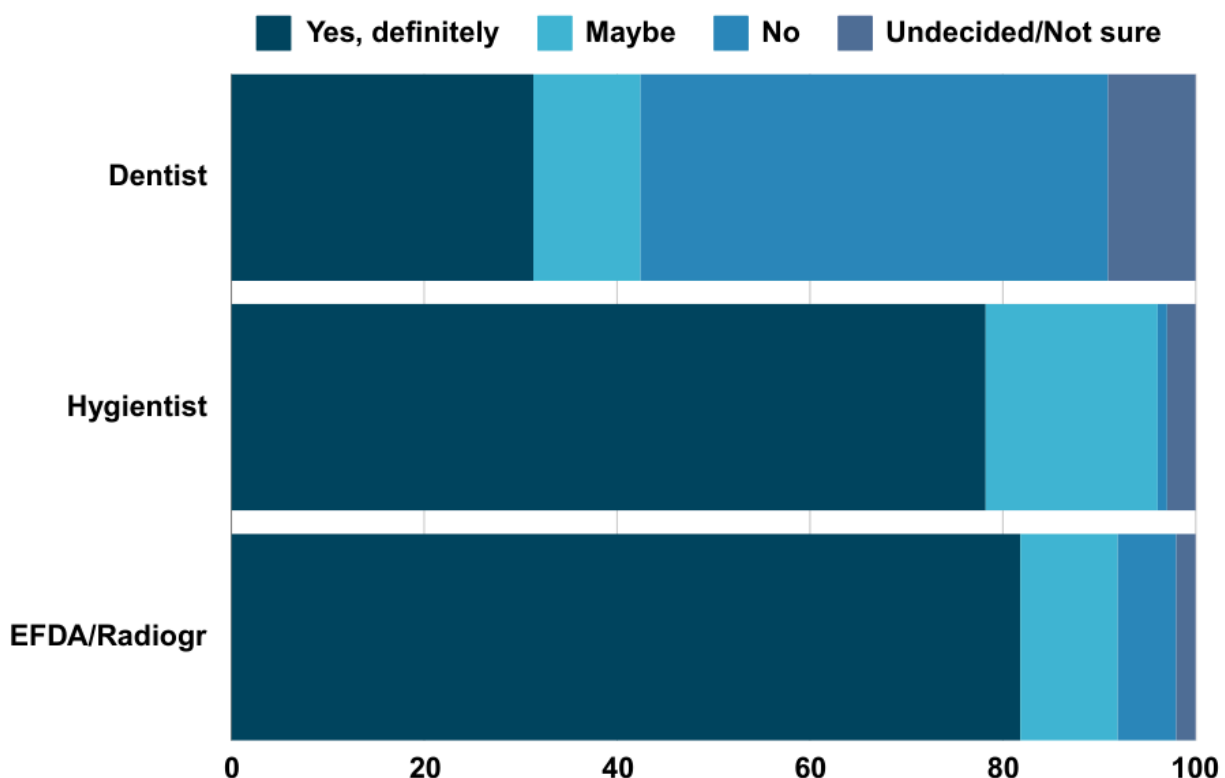
Dental hygienists, dental assistants, and EFDAs are the foundation of dental care in our state. These allied dental professionals maximize dentists' ability to serve patients while also providing high-quality services to patients themselves. While UMA/UMS is not prepared to establish a new dental therapy program at this time, we believe the investments proposed here would yield the highest rate of return for improving access and Mainers' oral health. We welcome the opportunity to review this feasibility study with your Committees or any interested parties. Additionally, we invite you to visit UMA's dental health clinic sites in Bangor, Lewiston, and soon Presque Isle to see how our public university prepares students for workforce success and provides critical oral health care in our communities.

Survey of Oral Health Professionals in Maine

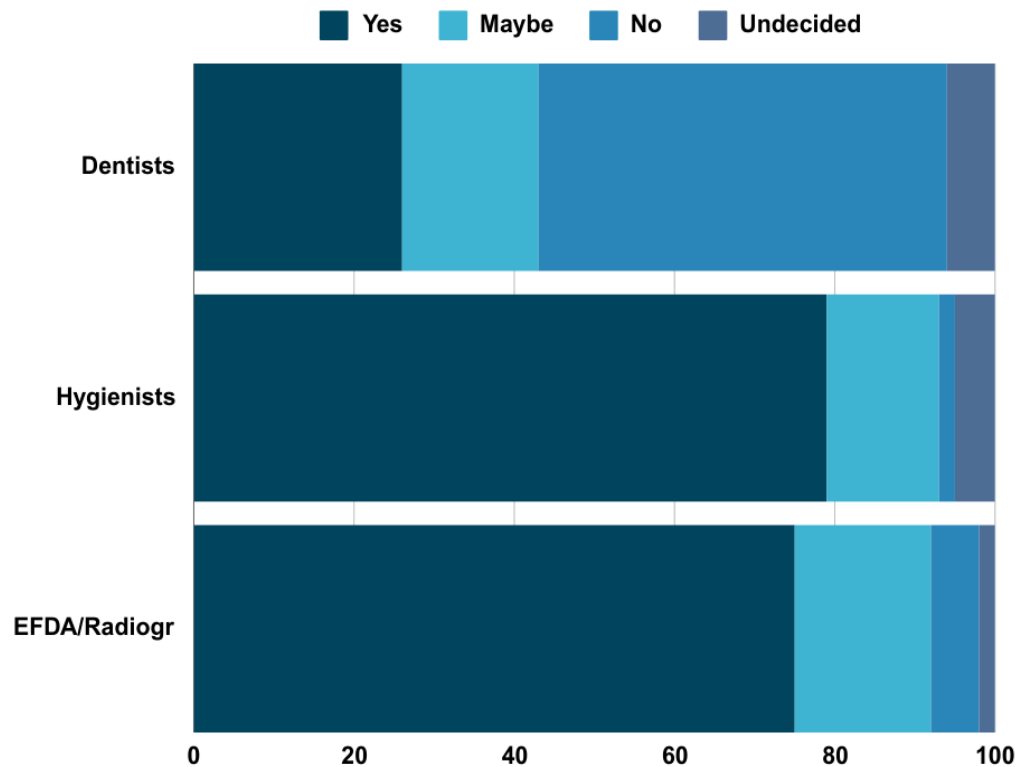
To better understand the feasibility of establishing a public dental therapy (DT) education program, in late 2023 UMA/UMS conducted an electronic survey of all dentists, dental hygienists, and expanded functions dental assistants (EFDAs) and radiographers currently licensed in Maine. The survey generated responses from 369 oral health professionals representing every Maine county and all practice settings, including 122 dentists, 195 hygienists and 52 EFDAs/radiographers. The results of key survey questions as a percentage of all responses, as well as select comments from respondents, are provided below.

Our thanks to UMA Director of Institutional Research and Assessment Dr. David Prestby for his assistance with the survey, and to the oral health professionals who responded.

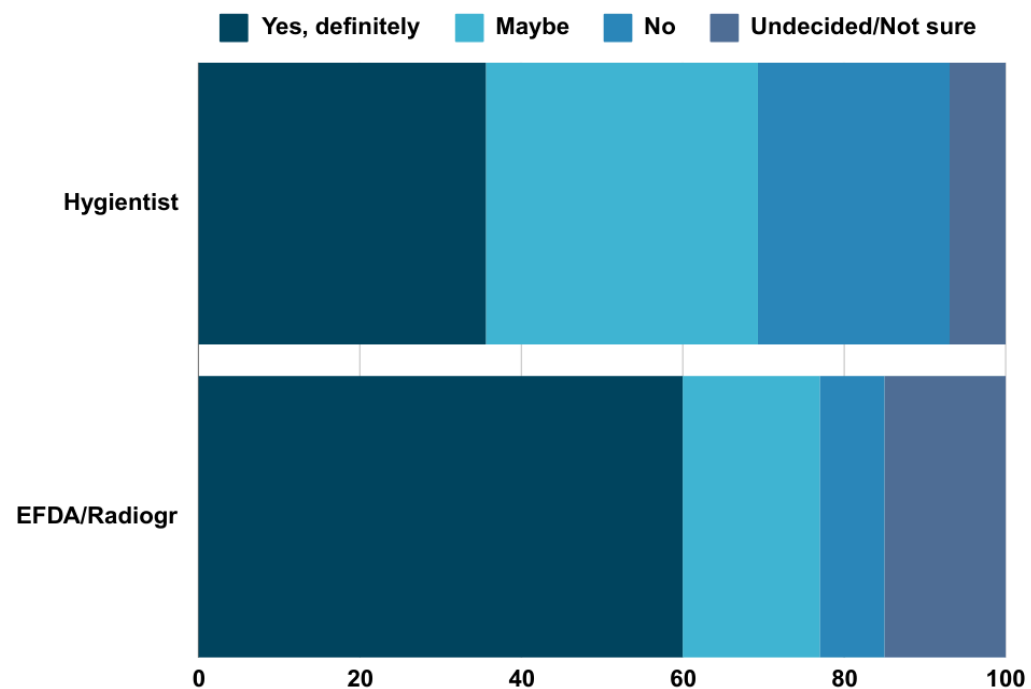
Do you think a dental therapy program in Maine would increase access to care?



Would you be in support of a new dental therapy program being offered by the University of Maine at Augusta?

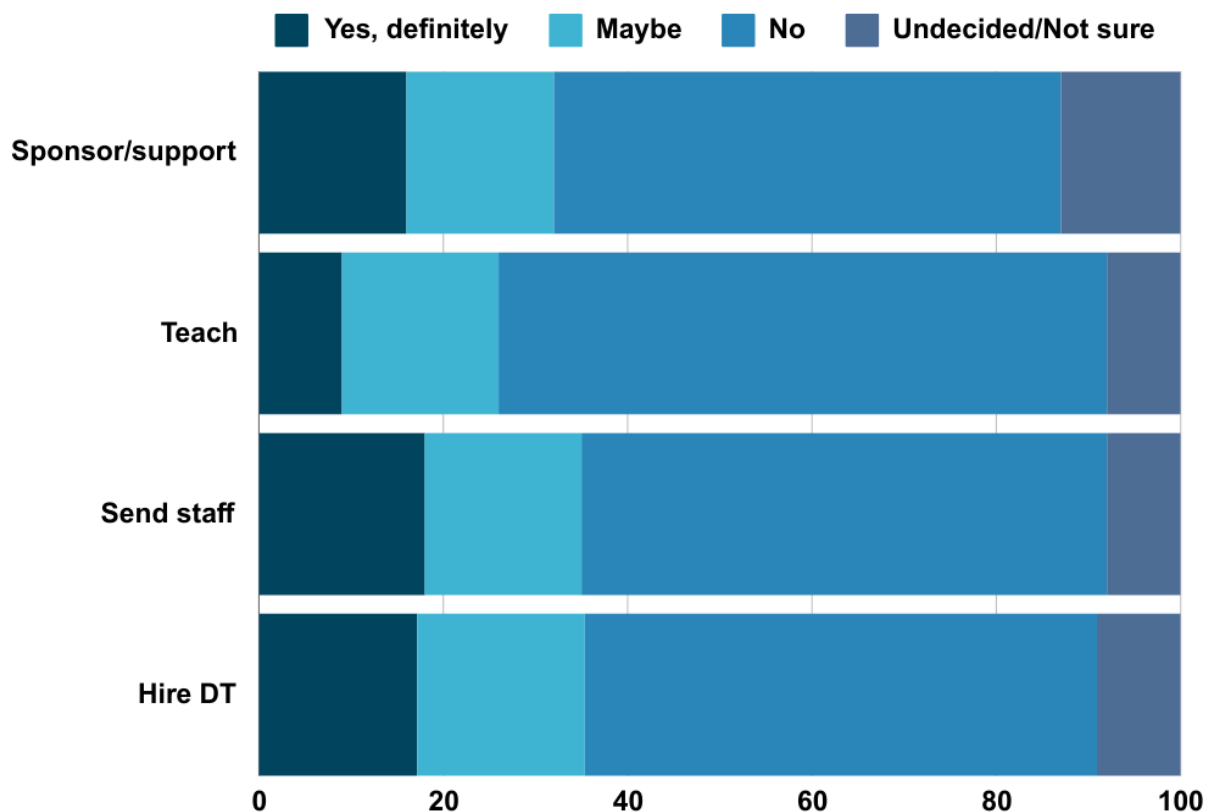


If offered, would you (dental hygienist and EFDAs/radiographers) be interested in completing a degree in dental therapy at the University of Maine at Augusta?



A series of questions were posted specifically to dentists, including:

- Would you be willing to sponsor or offer resident support to a new dental therapy program if offered by the University of Maine at Augusta?
- Would you be interested in teaching in a new dental therapy program if offered by the University of Maine at Augusta?
- Would you send your current staff for training at the University of Maine at Augusta to become a dental therapist?
- Would you hire a dental therapist to work in your practice?



Selected Comments from Dentists

I have modeled the use of Dental Therapists. I am not sure it will solve access problems. Due to their limited scope, while they can help out with those procedures, most likely they will have procedures that a dentist would need to do. So you may actually be creating more excess demand than supply.

The DT program is unethical creating a two-tiered treatment for Maine people - those who can afford a dentist and those who can't. I deeply care about the citizens and state of Maine - I strongly believe that this will decrease the quality of care that the Maine people will receive and

continue to push dentists away from the state that we desperately need. There are other better alternatives than this like simply making it easier for dentists to practice in the state. Dentistry is expensive and never easy – no matter who is performing the procedure. Ask yourself if you want a dentist or DT performing treatment on your loved ones.

Please put time, effort, and funding into making MaineCare more of a realistic option. We used to take MaineCare for children at our practice, but new rules state that we either have to take it for everyone or none at all. We don't need new job descriptions (DT) – those people are not going to graduate and move to areas that need access to care. If dentists are unwilling to set up shop in rural, low-income areas, "dental therapists" won't either. We need MaineCare to actually reimburse us at a reasonable rate. The state needs to realize that oral care is tied to overall health and quit messing around with low rates. Just imagine if most offices accepted MaineCare. Access to care problems would largely be solved.

These folks will know just enough to get themselves into trouble and not be able to get themselves out of trouble. People will be injured by undertrained and overambitious "therapists." Also these folks will not increase access to care. They will go to population centers so that they can make a decent living just like dentists.

As a DT requires a dentist to work, the issue I see is that we can't keep dentists in FQHCs in Northern Maine longer than two years and it is difficult to get another. What will happen at a clinic if no dentist is available? Space for the DT and a dentist is difficult. The patients served in public health settings seem to have, from my experience, very complicated medical histories and many times require accommodations and difficult treatment planning.

Working as a dentist in public health I can confidently say that most patients in this setting are vulnerable. Dentists who treat patients in a public health setting need to have skills in educating the patient, performing procedures to high standards. DT, however skilled, would not have the training that general dentists have. DT would provide treatment but at what level? Most of the less fortunate patients need access to high quality of care and it is even more important to provide this since most patients cannot follow up with treatment. The clinician has to be skilled enough to provide treatment efficiently and at a high level because of this. I just don't believe that DT is the solution.

We currently have a shortage of dental assistants, hygienists and educators. Why not spend time & resources maintaining the foundation of dentistry before we build an addition?

I do not believe this program will accomplish what it plans to do in serving the underserved. I have grave concerns for scope of practice definitions such as "simple" restorations or extractions that could put the patients/community at harm.

No matter how minimal the scope of practice the therapists will have, it is simply unsafe for the public, despite what our legislature might have heard from Minnesota's Dental School. Dental clinical practice is a hard skill set to master and needs to be trusted in the hands of doctors, not someone who has had a crash course in an attempt to short-track the learning process, in mere hopes that it will be a bandage for a perceived access to care issue in Maine.

There are many factors to consider when determining whether or not a dental therapist would SUCCESSFULLY increase production and SAFE access to QUALITY care – many of these factors are well outside the control of a dentist and DT. Additionally, there are also many factors to consider when determining salary but would largely be commensurate with geographical

region, patient demographic served by the practice, insurance reimbursement, production, overhead, experience, and length of practice. Additional consideration: How do patients feel about DTs? There is no solution – only trade-offs.

I am concerned that the UMA hygiene program loses money each year, and it does not sound like it is a financially sustainable program at this point in time. I believe we should be focusing on increasing the workforce by recruiting students to go to hygiene school (and EFDA programs), rather than start a new program for DTs.

Selected Comments from Dental Hygienists

This is absolutely the best approach to increasing access to care.

I think this idea is such an amazing idea and needs to be established in such an underserved area. I have been looking at the various areas who provide this schooling and I am unable to move in my current situation so this would be ideal and so beneficial to my area. I also know my boss would also be in favor! We need all hands on deck

If this had been established when first passed I would definitely furthered my degree/education but getting closer to retirement I am not as certain I would. I do believe this would add access to care, especially in the more underserved parts of Maine such as where I live. My only concern would be there is already such a hygiene shortage in Maine, will this make it worse?

Expanding dental assistants scope will not help solve the access to care dilemma we have here in Maine. Dentists need to accept state-insured recipients or give already-educated hygienists the opportunity to further their skills with this program.

This is long overdue - I'm particularly concerned about the lack of dental care in residential facilities for elder care.

I would hope the dentist who leads the program has a heart and drive for public health. Dental therapists can help a practice run more effectively and I would love to see them in the places where providers are needed the most.

I am within 10 years of retiring and I have been waiting for a very long time for this to be available. The facility is so needed! Patients wait far too long for restorative treatment. There are many teeth lost in this state due to patients having to wait for treatment. Our state needs these resources!

The insurance programs need to recognize us as a provider on our own and pay us for the work we do properly. State-funded programs need to pay more in regard to their extremely outdated fee schedules that barely cover costs. You can't expect providers to work for free. I think the dentists are not going to want to lose profit and you will have a hard time with this because we still have to work under them and their restorative income mainly is from hygienists finding the problems. I also believe that hygienists, independent hygienists and dental therapists education should be forgiven like nurses. We are healthcare providers that are needed and treat the public yet always forgotten and underpaid with no benefits typically. I think you need to take all of this into account to make it work.

I am concerned about people getting a degree and then not being able to find a dentist to work under.

If I were not 60 years old, I'd love to learn to provide more care to my patients. There are far too many underserved people and DTs could help by providing more affordable care.

My only concern would be being able to work and complete the program at the same time. It would be difficult financially to complete the course and not be able to work unless the program was shorter.

I think this is a great idea, and much needed in our communities. Where Maine was the first state to employ a DT on the East Coast, it only makes sense that there is a place to be trained as a DT in Maine as well.

I 100% support dental therapists myself but have some worries. My first worry is that a lot of dentists in the state will not agree with it and there will be lots of pushback. If DTs can practice without needing an agreement with a dentist that would make the world of a difference. I myself would definitely be interested in it if that would be the case. I have SO many patients who cannot get into a dentist quickly in an emergency or, at all due to offices not accepting new patients.

I believe this program is a wonderful opportunity for younger registered dental hygienists to advance their careers, providing much-needed care in Maine. I'm proud to see how far our profession has advanced since I was licensed in 1980.

Tuition reimbursement and allowing independent practice dental hygienists to practice in their own facilities as DTs once properly trained would increase access to care. There aren't enough dentists accepting MaineCare- but many of us IPDHs are accepting new patients and could get people the care they need until they could be seen by a dentist.

Where I practice, a significant benefit would be adding to the scope of practice the ability to adjust, reline and fabricate dentures/partials. Without this addition, I do not personally see a benefit to pursuing a DT license. I could see a significant benefit to having expanded-function dental hygienists who could be trained in denture services, simple extractions, etc. It would be difficult to step away from employment to return to school full-time for an advanced in-person degree. Having evening or weekend training for specific expanded functions would be a more feasible option.

Selected Comments from EFDAs and Radiographers

I have been an EFDA for almost 15 years. I'd love a chance to broaden my scope of practice to my patients and community.

This would be one of the greatest opportunities for our community – people in need and the dental professionals wanting to take further steps to offer even more care!

This is a much-needed program that would definitely allow for additional access to care. Dental health is critical to overall health. I would be very interested in this program if it were available as an associate program with a minimum of 5 years of dental clinical experience as a

prerequisite. There are many dental assistants that learn on the job rather than attend college. These individuals should be given credit for life experience.

I believe DTs should have similar rights to practice autonomously, as nurse practitioners do to truly increase access to care. Especially because DT programs are accredited by CODA and will hold DTs to the same standards of care compared to dentists.

It would be great to have a night school. Most dental professionals need to go to work for the week. More school after hours would be great!!!

Let's expand our auxiliaries' current scopes of practice such as allowing EFDA to administer nitrous and DAs to apply fluoride. DT needs to be open for anyone to apply and attend, not just hygienists.

The dental therapist statute was watered down to the point of being a joke. DT positions were intended to provide access to rural areas where there are no dental practices. The need is there...