

**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 Adeboye (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**

*LD 1615: Commission to Expand Access to Oral
health care by studying alternative pathways
for obtaining a license to practice dentistry*

Presented by:
Dr. Israel Adelooye, DMD
Danica Loring, EFDA

Penobscot Community Health Care (PCHC)
October 7, 2025



About us

Dr. Israel Adeloye, DMD

Earned his Doctor of Dental Medicine degree from Tufts School of Dental Medicine in 2014 followed by his Masters Degree in Public Health in 2015

In recognition of his dedication to oral health care, he received the Excellence in Oral Health award from the Maine Primary Care Association in 2017 and 2025.

His passion for public health extend to teaching, where he is deeply committed to nurturing the growth of future healthcare professionals

Danica Loring, EFDA

Earned her Certified Dental Assistant certificate awarded by the Dental Assisting National Board in 2015 followed by her Expanded Function Dental Assistant certification from the University of Maine at Augusta

Previous dental experience includes Dental Assisting instructor and Dental Health Program Coordinator at the University of Maine at Augusta.

About PCHC

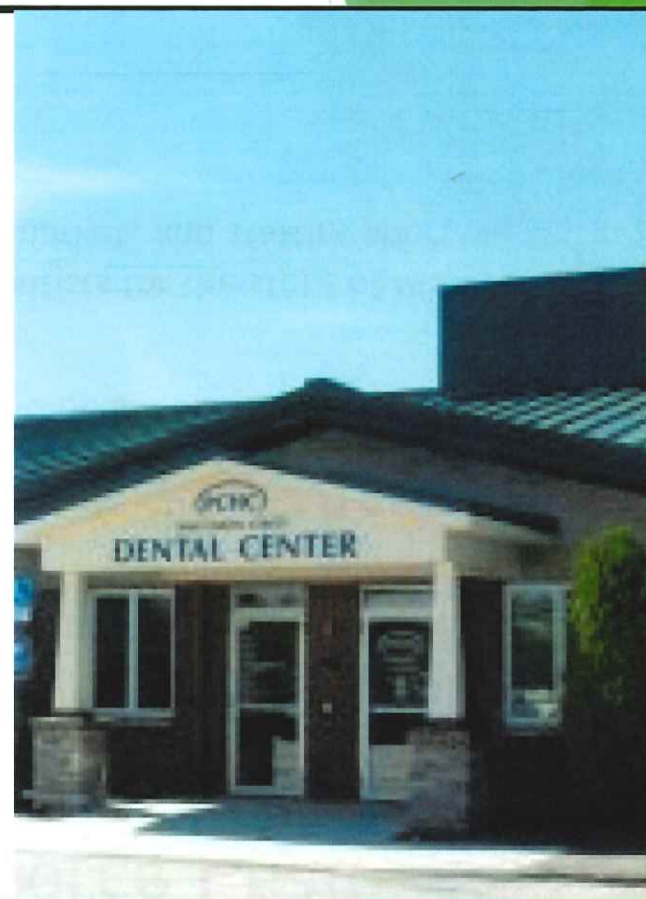
Penobscot Community Health Care (PCHC) is the largest Federally Qualified Health Center (FQHC) in Northern New England. Incorporated in 1997, PCHC's mission is to ensure access to high-quality, affordable health care for all - keeping both the insured and uninsured healthy by emphasizing prevention and health management rather than reliance on emergency or inpatient services.

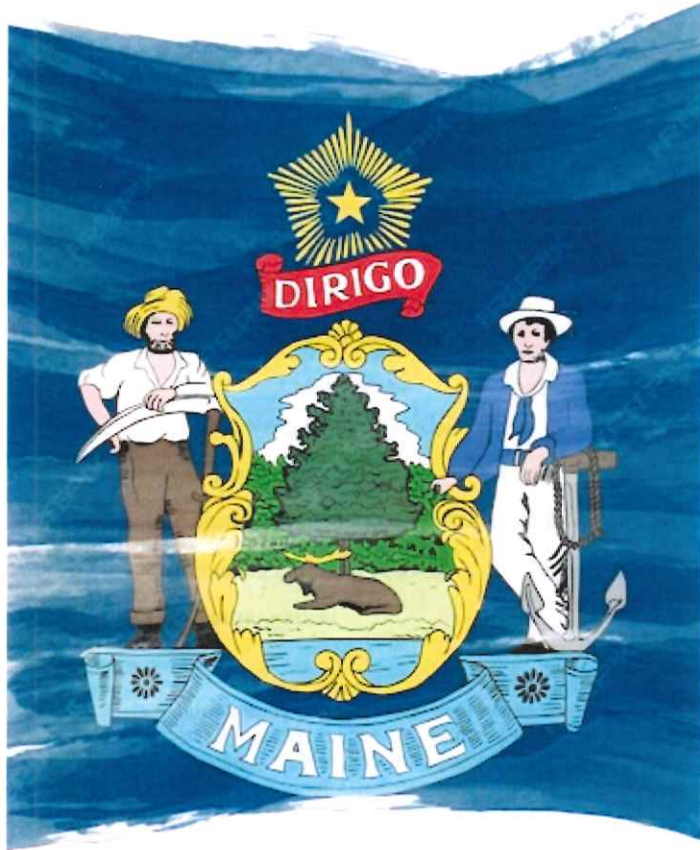
PCHC Dental Center

PCHC's Dental Center is a full-service public health dental practice dedicated to serving the community's most vulnerable populations. Each year, our team provides comprehensive oral health care to 6,000 - 7,000 patients, with demand continuing to grow.

- Our team includes:
 - 5 General Dentists
 - 1 Periodontist
 - 2 Orthodontists
 - 5 Hygienists

In addition to our main Dental Center in Bangor, we proudly extend dental care into local school-based health centers, increasing access for children in need.





Dental Workforce Challenges in Maine

- 2024 - there was approximately 749 active dentists in the state of Maine with a population estimate of 1.41 million
 - The overall dentist shortage nationwide is a pressing issue, affecting practices across the country, including Maine (specifically in rural and underserved areas)
 - Difficulty recruiting dentists for the state of Maine given location, competitive market, and staffing shortages
-

Impact on Patient Access

Maine has the fifth highest rate of emergency department visits in the country - every year approximately 2 million visits to the emergency room are related to dental pain in the United States

Provider shortage is impacting everyone but in particular, those that are enrolled in MaineCare because of the limited practices accepting MaineCare

PCHC alone provides dental services to 6,000 - 7,000 patients a year with additional emergency walk-in-care services for those with or without a dental home

On average a full-time general dentist has a patient panel size that consists of 1,200 - 1,500 patients

Foreign-Trained Dentists: an untapped Resource



- PCHC has seen a significant increase of dental candidates who are foreign trained dentists looking to practice in the state of Maine.
- Many of which have been practicing general dentistry or dental specialty previously in other countries and/or other states
- Successfully completing the National Dental Board Examination (NBDE) Part I & II, North East Regional Board Examination (NERB)

Qualifications for Maine dentist licensure -

Pathway I - Standard Application - not actively licensed as a dentist in another jurisdiction

Verification of Doctoral Degree

Official educational Equivalency Report if doctoral degree is not CODA accredited

Passing scores on the National Dental Board Examination

Passing scores on the Regional Examination or other state board examination approved by the Board

Passing Jurisprudence Examination

Pathway II - Endorsement Application-actively licensed as a dentist in another jurisdiction

Verification of Doctoral Degree

Official educational Equivalency Report if doctoral degree is not CODA accredited

Passing scores on the National Dental Board Examination

Passing scores on the Regional Examination or other state board examination approved by the Board

If actively licensed and practicing during three consecutive years immediately preceding the application, include licensing jurisdiction(s) as part of the licensure application

Passing Jurisprudence Examination

Challenges with Maine Licensure

- ▶ Other states recognize Commission on Dental Accreditation (CODA) or American Dental Association (ADA) approved residency programs to validate their licensure
- ▶ Dental Candidates that have been denied licensure, no longer want to engage in applying for Maine licensure following 3-5 years of practicing in another state through the endorsement process and/or additional education

Each state has its own requirements regarding the criteria needed for foreign trained dentists to get a dental license to practice in their state

Massachusetts: Foreign trained dentists could be eligible for a Dental Intern Limited license, allowing them to practice in specific settings like public health clinics, prisons, hospitals or dental schools under supervision. Private offices remain restricted

Ohio, Texas and Hawaii: Permit foreign-educated dentists to obtain licensure must pass the National Board Dental Examinations (NDBE) and a state or regional bench exam.

Allows them to practice up to 5 years under the supervision of a licensed dentist

They must pass the National Board Dental Examination (NDBE) and a clinical exam

Some states allowing internationally-trained dentists to apply for licensure upon completion of an accredited residency program or an Advanced Education in General Dentistry (AEGD) from an accredited institution.

National Comparison



Examples

Candidate #1

Education

- ▶ Graduate of University of Alabama at Birmingham School of Dentistry
 - ▶ Orthodontic Residency
- ▶ Nova Southeastern University
 - ▶ Masters of Public Health
- ▶ Himachal Pradesh University, India
 - ▶ Bachelor of Dental Surgery

Professional Experience

- ▶ 2012-2016
 - ▶ Dr. Seth's Pediatric Dentistry & Orthodontics, Chandigarh, India
 - ▶ Dent-O-Care Clinic, Uttar Pradesh, India

Dental License: Kentucky, General Dentist License Active Issued: 2024

Candidate #2

Education

- ▶ Harvard University School of Dental Medicine
 - ▶ MsD Certificate
- ▶ Harvard Business School
 - ▶ EMBA Certificate - Program for Leadership Development - Healthcare
- ▶ Tulane University School of Public Health & Tropical Medicine
 - ▶ Masters of Public Health
- ▶ University of Medicine and Dentistry of New Jersey
 - ▶ Restorative and Comprehensive Dentistry Certificate
- ▶ A J Institute of Dental Sciences
 - ▶ Bachelor of Dental Surgery
- ▶ India Institute of Music
 - ▶ Bachelors of Art

Professional Experience

- ▶ Harvard Dental Center - Cambridge Health Alliance, MA
- ▶ Stevenson Dental Institute - Advanced General Dental Residency, CA
- ▶ Dental Resident
- ▶ Smiles 2 Geaux NGO, New Orleans
- ▶ Dental Internship
- ▶ Army Hospital, India
- ▶ General Dentist
- ▶ Patel Dental Clinic, India
- ▶ General Dentist
- ▶ Govt. Dental College & Hospital, India
- ▶ General Dentist

Dental License: Massachusetts, Dental Interim Limited License Active Issued: 2021 (original issued date - renewed each year)

Candidate #3

Education

- ▶ University of Rochester, NY
 - ▶ Postgraduate Dental Residency
- ▶ University of New Haven, CT
 - ▶ Masters of Public Health
- ▶ College of Dental Science and Research Institute, India
 - ▶ Bachelors of Dental Surgery

Professional Experience

- ▶ Dr. Christopher Fauver, DDS, VT
 - ▶ Public Health Dental Hygienist
- ▶ Sanjivani Hospital, India
 - ▶ Lead Dentist
- ▶ Arham Dental Clinic, India
 - ▶ Associate Dentist

Did not proceed with Maine application for licensure

Dental License: New Hampshire, Dentist License Active Issued: 2025

Potential Licensure Pathways

Residency-based licensure

- US Residency Program

Supervised Practice

- Supervised by a Maine licensed dentist
- Collaborative Agreement

Limited/Restricted License

- Restrict license to specific procedures and/or specialty procedures
- Collaborative Agreement

Thank you

References

- ▶ [* Professionally Active Dentists | KFF State Health Facts](#) [*Maine Population by Year - 2025 Update](#)
[Neilsberg Maine has the 5th highest rate of emergency department visits in the country, many of which are contributed to dental pain](#)
- [Approximately 2 million visits a year to the ER are related to dental pain](#)
- [Maine Dental Directory.pdf](#)
- [OAHC HCIFS Resolve Report 2025.pdf](#)
- [Emergency Room Visits \(Syndromic Surveillance\) | Maine Center for Disease Control & Prevention](#)
- [Emergency Dental Care: Should I Go to the ER for Tooth Pain? - GoodRx](#)
- [Maine Board of Dental Practice](#)
- [Limited Dental Licenses | Mass.gov](#)

*Pages with State Data
(10, 18, 20) on Workforce

The U.S. Dentist Workforce

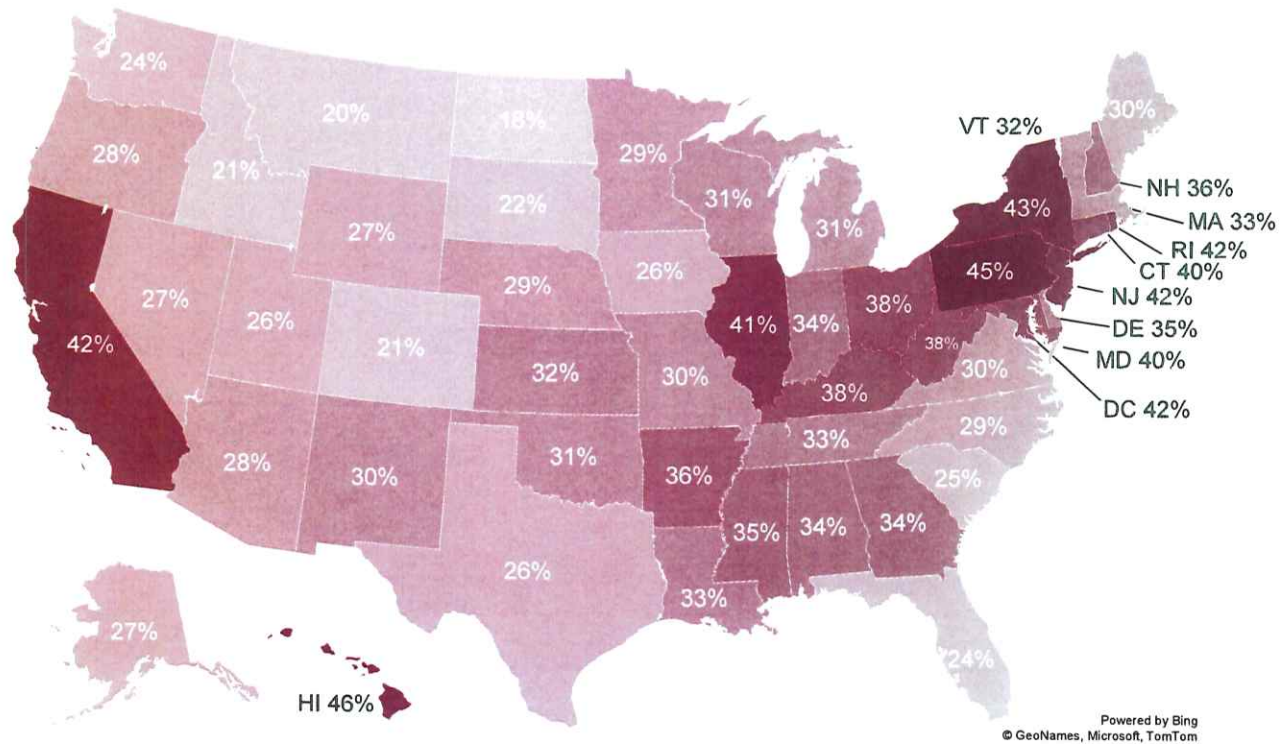
Based on the latest available data from
multiple sources as of August 2025.

HPI Health Policy Institute
ADA American Dental Association*

Main Dental Association

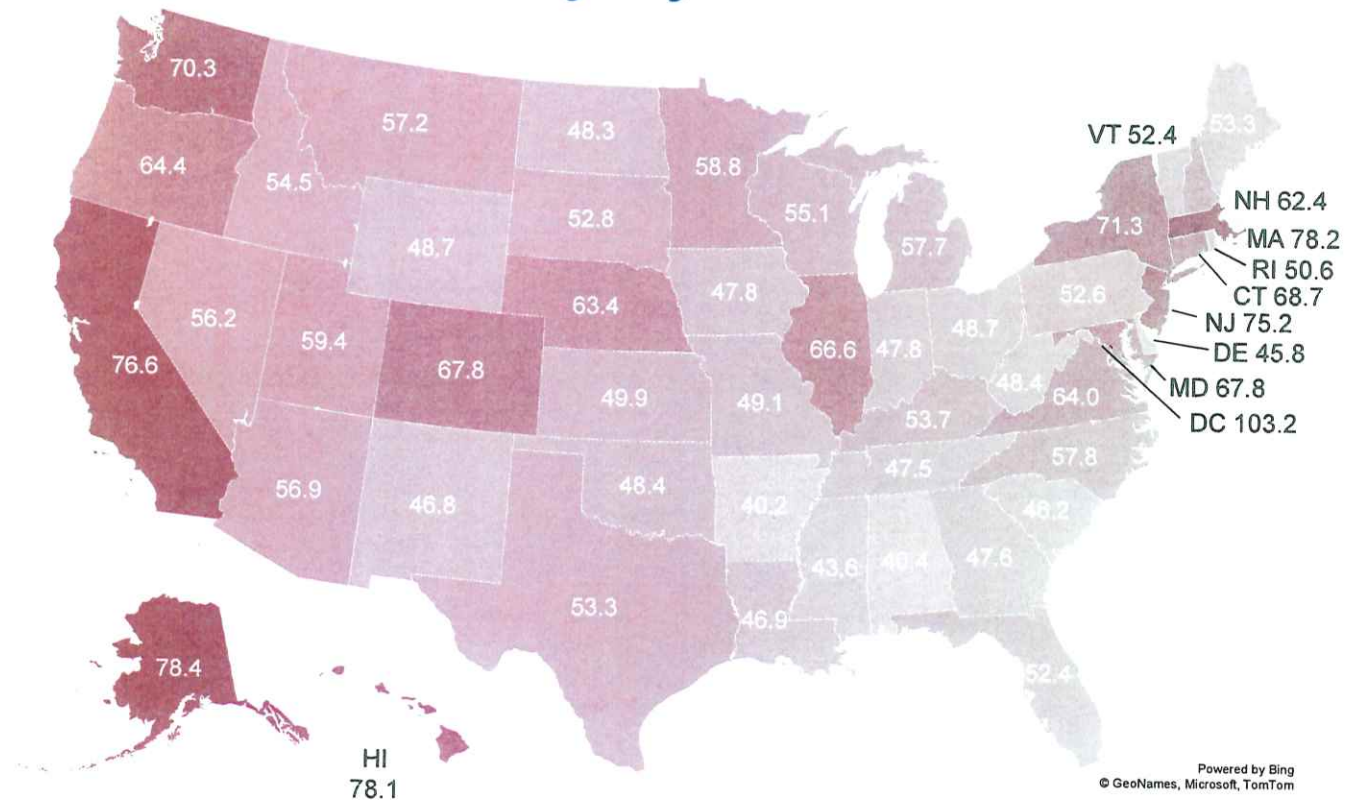
Some States Have an Older Dentist Workforce

More than 2 in 5 dentists were ages 55 and older in states shown in **darker shades**, indicating an upcoming retirement wave in the next decade or so.



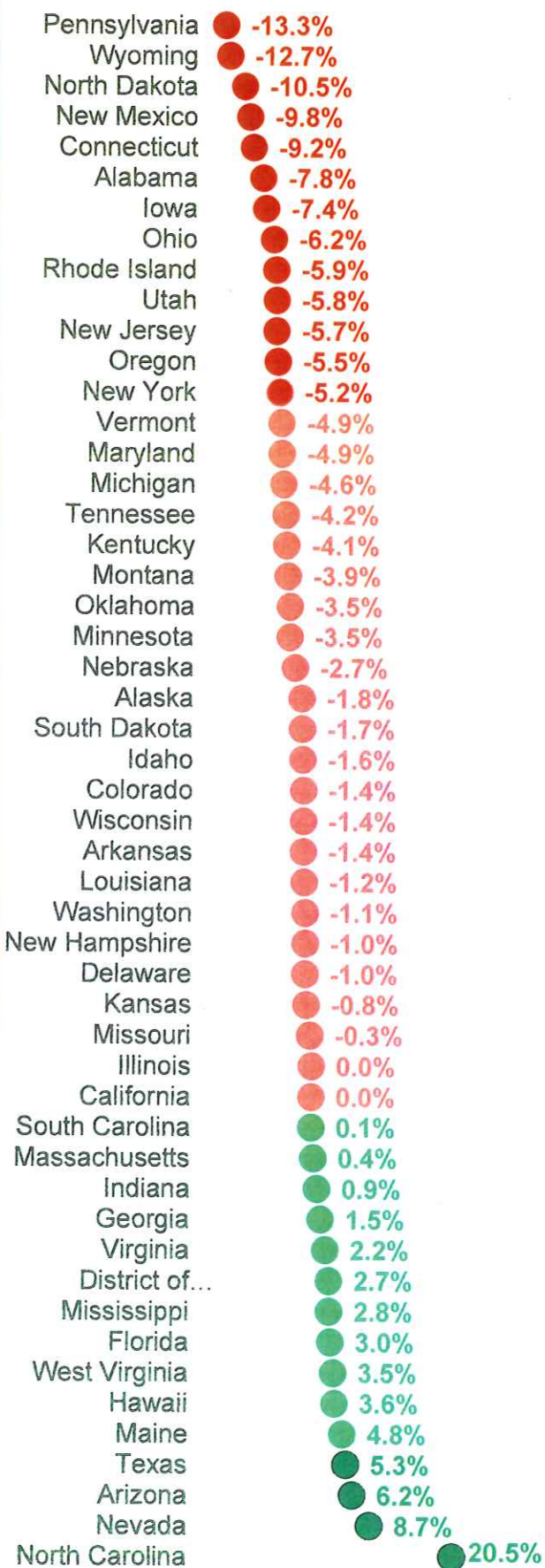
Dentist-to-Population Ratios Vary by State

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



Changes in Supply of Dentists Varied by State

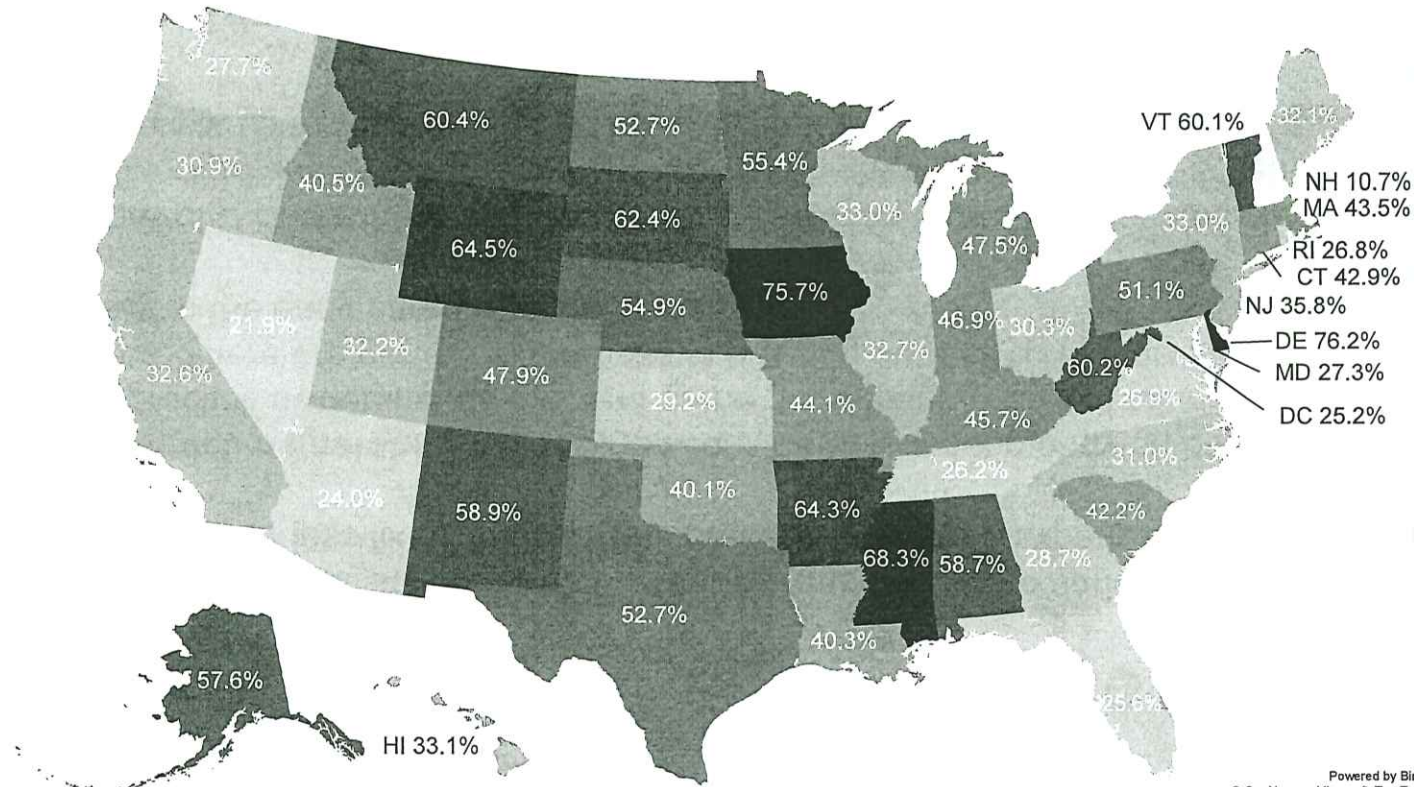
Change in Dentists per 100,000
Population from 2014 to 2024



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

Wide Variation in Medicaid Participation by State

Share of Dentists Enrolled as Medicaid Providers, 2024



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



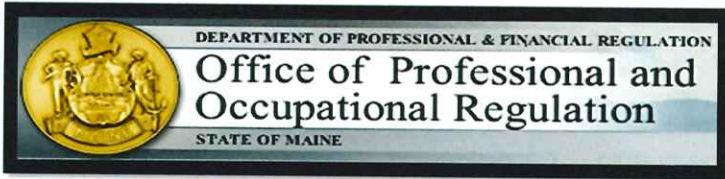
Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry

Licensure Pathways to Practice Dentistry in Maine

Presented October 8, 2025 by

Penny Vaillancourt, Director, Office of Professional and Occupational Regulation (OPOR)
Jeffrey R. Walawender, D.D.S., Chairperson, Maine Board of Dental Practice (MBDP)

Department of Professional and Financial Regulation maine.gov/pfr
Office of Professional and Occupational Regulation maine.gov/pfr/professionallicensing
Maine Board of Dental Practice maine.gov/dental/index.html



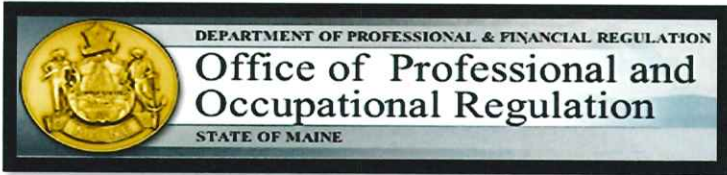
Who is the MBDP and what is its role?

The Maine Board of Dental Practice (MBDP) is one of 38 licensing programs within the Office of Professional and Occupational Regulation (OPOR). Its sole statutory purpose is:

“...to protect the public health and welfare. The board carries out this purpose by ensuring that the public is served by competent and honest practitioners and by establishing minimum standards of proficiency in the professions regulated by the board by testing, licensing, regulating and disciplining practitioners of those regulated professions.” See [32 M.R.S. Section 18321](#)

The MBDP protects the public in three key ways:

1. By **issuing licenses** to applicants who have met minimum competency standards and qualifications set in statute;
2. By providing a **complaint mechanism** to allow members of the public to submit complaints against licensees and by **imposing discipline**, when warranted; and,
3. By **adopting board rules** to amplify the meaning and intent of licensing laws through the Maine Administrative Practice Act.



MBDP Member Composition

Board Composition - Gubernatorial Appointments

Board Membership:

9 members (5 dentists, 2 hygienists, 1 denturist, 1 public member)

Current Members of the Board:

Jeffrey R. Walawender, D.D.S. - Chair

Kathryn Walker Norris, RDH, EFDA, MSED – Vice Chair

Nicole Wasilewski, RDH, IPDH, MSCN

Gregory V. Sarka, D.D.S., M.D.

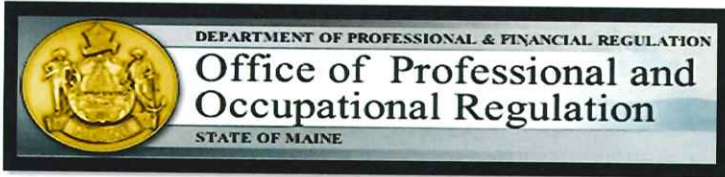
Lawrence D. Bossong, D.D.S.

Peter R. Shumway, D.M.D.

Jacob Roskelley, D.M.D.

Vacant, Denturist Member

Vacant, Public Member

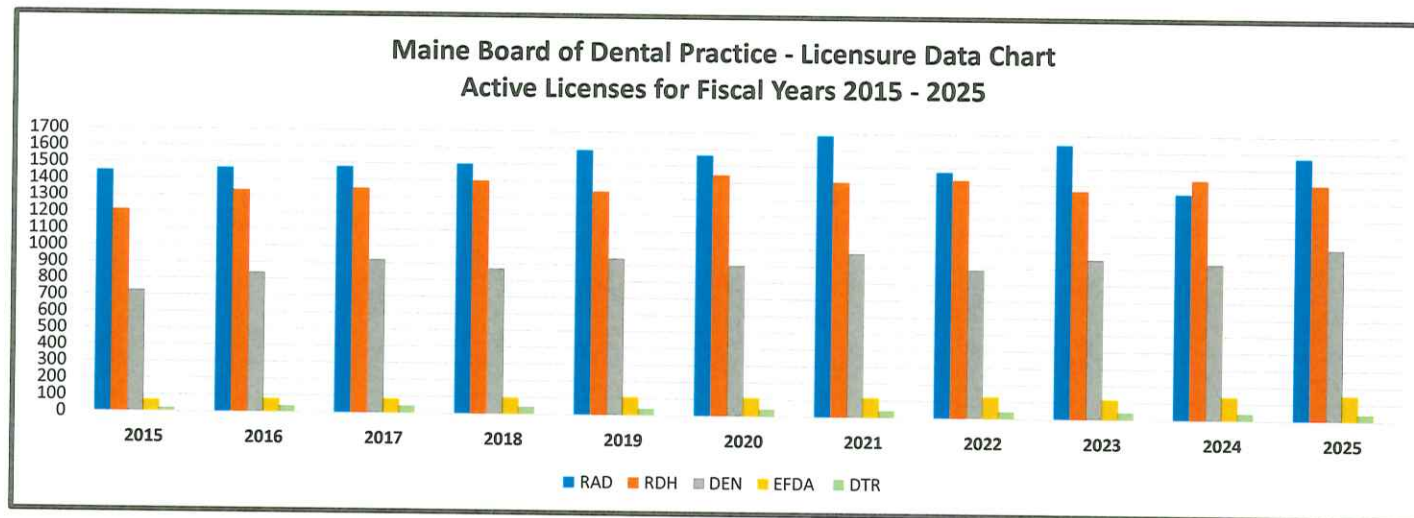


**MBDP Licensing Data as of
October 1, 2025**

Current Number of Active Licenses, Authorities and Permits Issued by the MBDP:

- ☐ **1,085 dentists (includes 1 faculty, 9 residents, 14 temporary)**
- ☐ **42 denturists**
- ☐ **1,459 dental hygienists and the following authorities (includes 5 temporary):**
 - 262 independent practice dental hygiene
 - 37 public health dental hygiene
 - 2 dental therapy
 - 906 local anesthesia administration
 - 411 nitrous oxide analgesia use
- ☐ **162 expanded function dental assistants**
- ☐ **1,640 dental radiographers**
- ☐ **110 sedation and general anesthesia permits**

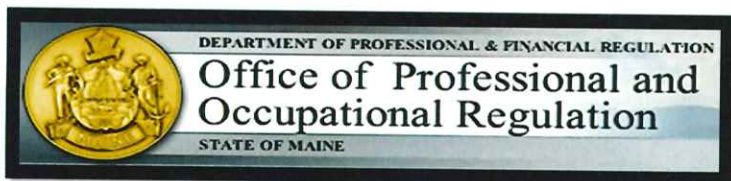
MBDP License Data Chart A





MBDP License Data Chart B

Licensing Data – Fiscal Years 2015 - 2025						TOTALS
	RAD	RDH	DEN	EFDA	DTR	
2015	1447	1211	727	69	22	3476
2016	1466	1334	839	80	39	3758
2017	1478	1351	922	87	45	3883
2018	1498	1401	873	97	45	3914
2019	1588	1342	941	110	40	4021
2020	1564	1445	904	111	44	4068
2021	1687	1410	984	119	43	4243
2022	1477	1428	891	132	43	3971
2023	1644	1370	959	120	44	4137
2024	1354	1439	937	142	45	3917
2025	1571	1412	1029	153	42	4207
As of 10/1/2025	1640	1459	1085	162	42	4388

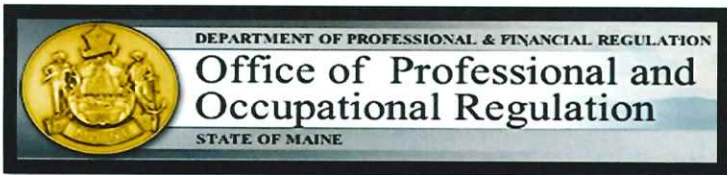


MBDP Dentist Licensing Data – Chart C

Five (5)+ Year Licensing Data – All Dentist Licensure

Calendar Year	# Licenses Issued	# Foreign Trained Dentists Licensed
2025 – current	79 (49% endorsement)	9
2024	98 (55% endorsement)	10
2023	83 (68% endorsement)	10
2022	82 (42% endorsement)	8
2021	75 (57% endorsement)	10
2020	76 (54 % endorsement)	2

In 2020, the Board amended its rules governing licensure by endorsement to recognize licenses in other jurisdictions beyond those of the U.S. and Canadian provinces, and in 2021 proposed legislation to create a new licensure pathway for foreign trained dentists and dental hygienists who did not obtain a degree accredited by the Commission on Dental Accreditation (CODA).



Dentist Licensure Categories – each category includes pathway for foreign trained and/or equivalent licensure in another jurisdiction.

License Type	Education/Other	Examination	Conditions on Practice
Dentist	<ul style="list-style-type: none"> CODA accredited doctoral degree in dentistry; or the educational equivalent of a doctoral degree in dentistry as determined by the Board 	<ul style="list-style-type: none"> Integrated National Board Dental Examination (INBDE) or Parts I and II of the former examination (NBDE) Regional examination (clinical practice examination) Maine's jurisprudence examination (governing statutes and rules) 	N/A
Faculty Dentist	<ul style="list-style-type: none"> Active dentist license in another jurisdiction Letter from employing school 	N/A	<ul style="list-style-type: none"> Limited to practice in educational/board approved satellite settings
Limited Dentist	<ul style="list-style-type: none"> Same as dentist above Proof of previous Maine license or active license in another jurisdiction 	N/A	<ul style="list-style-type: none"> Limited to practice in a nonprofit clinic w/out compensation
Resident Dentist	<ul style="list-style-type: none"> Same as dentist above Supervision plan 	N/A	<ul style="list-style-type: none"> Limited to a board approved supervision plan showing setting, procedures and dentist supervisor.
Temporary Dentist	<ul style="list-style-type: none"> Verification of an active dentist license in another state in good standing 		



MBDP Standard Licensure Pathway

Standard Pathway to Initial Dentist Licensure – 32 M.R.S. § 18342(1)

The Standard Pathway looks at the individual applicant's qualifications to meet the following:

- ☐ Educational qualifications: a CODA accredited doctoral degree in dentistry; or the educational equivalent of a doctoral degree in dentistry as determined by the Board; and
- ☐ Successful passage of the national, regional and jurisprudence examinations.

When determining educational equivalency under the Standard Pathway, the board will consider the following information:

- ☐ Official reports of educational equivalency to a doctoral degree in dentistry from organizations recognized by the National Association of Credential Evaluation Services. WES and ECE are two such organizations that are commonly used with the MBDP; and
- ☐ Additional post educational training accredited by CODA.



MBDP Endorsement Licensure Pathways

Three Endorsement Pathways to Dentist Licensure

- **10 M.R.S. § 8003-H. Licensure by endorsement**

- ☐ This pathway requires the board to determine if the license held in another state is substantially equivalent.

- **32 M.R.S. § 18347(1). Substantially equivalent license with three (3) years active practice preceding application.**

This pathway requires the Board to determine if the license held in another jurisdiction is substantially equivalent.

- **32 M.R.S. § 18347(2). Substantially similar qualifications with less than three (3) years active practice preceding application.**

- ☐ This pathway requires the Board to determine if the individual's qualifications are substantially similar in meeting the initial requirements for licensure (education and examination)



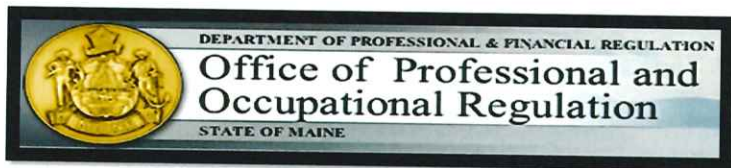
DDH Licensure Compact Status

Dental and Dental Hygiene Licensure Compact (DDH)

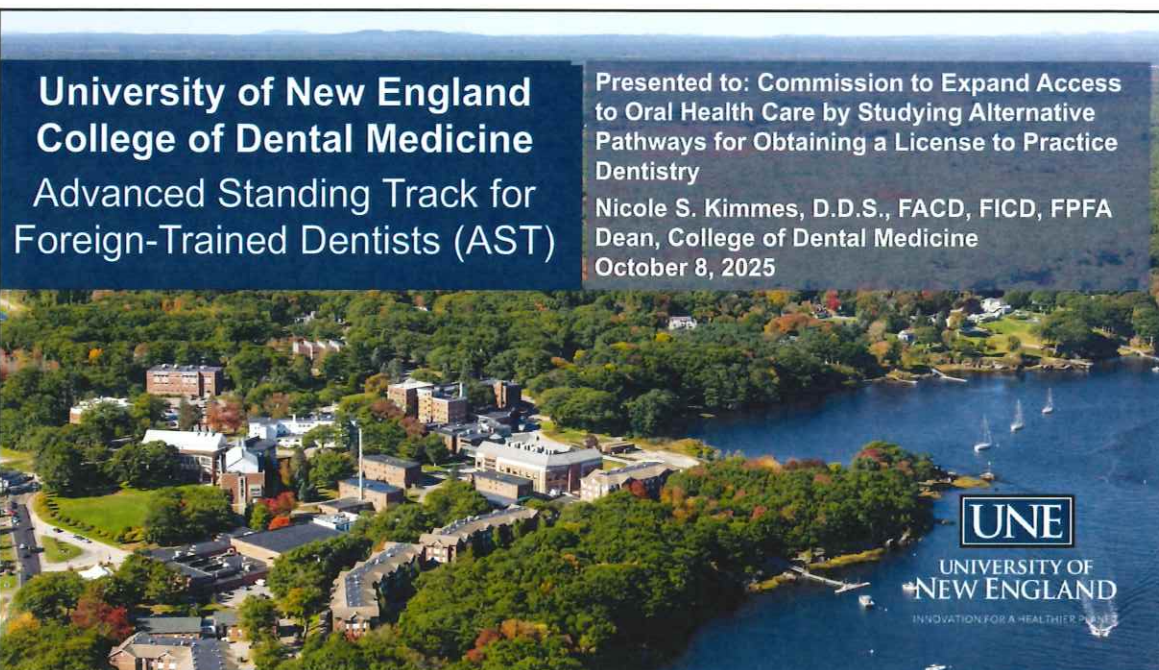
Maine is a member state and the Executive Director serves as a member of the Commission. The compact is active but is not yet issuing compact privileges in any state. Below are highlights of recent compact meetings:

- ☐ First meeting held August 28, 2024 with five meetings held in 2025.
- ☐ Established governance documents, bylaws, and various committees.
- ☐ Proposed draft definition of “clinical assessment” but sent the proposal back to the Rules Committee for further language review.
- ☐ Reviewed RFI information to begin identifying a licensing platform.
- ☐ Estimated timeline to fully implement the compact is 18-24 months.
- ☐ Other participating compact states are: Washington, Virginia, Ohio, Tennessee, Arkansas, Wisconsin, Minnesota, Iowa, Nebraska, Colorado and Kansas.

<https://ddhcompact.org/>



Questions?



University of New England
College of Dental Medicine

- Traditional 4-year D.M.D. Program
- Advanced Standing Track for Foreign-Trained Dentists (AST)

CDM HISTORY

AST ADMISSIONS PROCESS

AST CURRICULUM

AST TUITION

AST DATA

CDM FACULTY & STAFF WITH FOREIGN TRAINING

CDM HISTORY

- In 2010, Maine voters passed a \$5 million bond that helped build the UNE College of Dental Medicine (CDM).
 - At that time, Northern New England (Maine, New Hampshire, and Vermont) was one of the largest geographic regions left in the United States without a dental school.
- We welcomed an inaugural cohort of 64 students in Fall 2013
 - To date, we've graduated 9 classes of students.



INNOVATION FOR A HEALTHIER PLANET

MISSION AND CORE VALUES

The mission of the UNE College of Dental Medicine is to improve the health of Northern New England as well as rural and underserved areas while shaping the future of dentistry through excellence in education, discovery, and service.



INNOVATION FOR A HEALTHIER PLANET

CDM OVER THE YEARS

- UNE CDM's 4-year D.M.D. program started in 2013
 - 64 students per cohort
- CODA Accreditation and graduation of 1st class in spring 2017
- In Spring 2019, added an Advanced Standing Track for Foreign-Trained Dentists
 - 29-month program
 - Limited enrollment
- Expansion of simulation clinic in summer 2022
 - Conventional DMD program class size increased from 64 to 70 students per class
 - AST increased by the number of students to fill attrition vacancies plus 2
- Reaccreditation in spring 2025

AST ADMISSIONS PROCESS



INNOVATION FOR A HEALTHIER PLANET

AST APPLICATION PORTAL & CRITERIA

- Applications submitted through the American Dental Education Association Centralized Application for Advanced Placement for International Dentists (ADEA CAAPID)
- Dentist's degree from a non-U.S./Canadian dental school
- Passage of INBDE exam (or both NBDE Part I and Part II exams), preferably within the last five (5) years
- Written and spoken English fluency
 - English language proficiency test (Test of English as a Foreign Language – TOEFL or the International English Testing System – IELTS)
- Residency Requirements



INNOVATION FOR A HEALTHIER PLANET

AST APPLICATION CRITERIA

- Personal Statement
- 3 supplemental essays
- 3 letters of evaluation
 - 2 letters from administrators and/or faculty from the applicant's dental school
 - 1 academic or professional reference who can attest to the applicant's character, conduct, and professional ability



INNOVATION FOR A HEALTHIER PLANET

AST FIRST FILE REVIEW

- CDM utilizes a holistic “whole file review” process
- AST Applications that meet minimum criteria are given to 2 faculty/staff members to evaluate the following areas:
 - Academic Preparedness
 - Dental Clinical Experience
 - Service Orientation/Fit with the CDM Mission
 - Personal Qualities/Alignment with CDM Core Values
 - Written Communication



INNOVATION FOR A HEALTHIER PLANET

AST INTERVIEW AND BENCH TEST (BY INVITATION ONLY)

- Interview
 - Fit with the CDM's mission and core values
 - Communication skills
 - Professionalism and ability to work effectively as a team member
 - Clinical readiness
 - Growth mindset
- Technical Skills Examination (manikin-based)
 - Posterior MOD composite resin preparation and restoration
 - Anterior all ceramic crown preparation
- Written examination (designed to assess foundational dental and biomedical science knowledge)



INNOVATION FOR A HEALTHIER PLANET

AST CURRICULUM



INNOVATION FOR A HEALTHIER PLANET

AST CURRICULAR COMPARISON

- Transcripts are carefully reviewed
 - Focus is on the courses that students complete during the first four semesters of the DMD program (and for which AST students receive advanced standing credit)
- Performance on the Technical Skills Examination is reviewed
- AST curricular plan is finalized and approved by the Dean
- Curricular plan will be adjusted at any point if it is discovered that more emphasis is needed on certain aspects



INNOVATION FOR A HEALTHIER PLANET

AST CURRICULUM – 1ST SEMESTER

- Same expectations for academic performance as conventional DMD
- First semester (spring):
 - Intense curriculum that incorporates aspects of D1 & D2 curriculum
 - Designed to:
 - Integrate the student into the second-year class
 - Calibrate the student to the first two years of the CDM curriculum
 - Assess the student's level of skill as measured by simulation exercises and assessments
 - Integrate the student into patient care and their Group Practice
 - Ensure the student may safely begin patient care



INNOVATION FOR A HEALTHIER PLANET

AST CURRICULUM – 1ST SEMESTER

- Advanced Standing Essentials of Clinical Dentistry course includes aspects of the following courses:
 - Clinical Dentistry 1, 2, 3, and 4
 - Foundations of Patient Care 1, 2, 3, and 4
 - Principles of Epidemiology
 - Principles of Public Health
 - Prosthodontics 1 and 2
 - Professional Development 1, 2, 3, and 4
 - Patient Care 1, 2, and 3
- Students complete a written examination and challenge 18 Simulation Skills Assessments that students in the conventional DMD program have challenged up to that point in the curriculum
 - Dental anatomy, crowns, RPDs, root canal therapy, amalgam and composite restorations, stainless steel crown, pulpotomy, screening examination



INNOVATION FOR A HEALTHIER PLANET

AST CURRICULUM – 1ST SEMESTER

- Students also take the following courses along with the regularly enrolled second-year DMD students:
 - Biomedical Systems 4
 - Clinical Dentistry 5
 - Professional Development 5
 - Prosthodontics 3
 - Social and Behavioral Health
- Assessed in these courses in the same manner as regularly enrolled students



INNOVATION FOR A HEALTHIER PLANET

AST CURRICULUM – 2ND-7TH SEMESTER

- Beginning the second semester (summer) and lasting until graduation, AST students participate in the same curriculum as regularly enrolled DMD students and are assessed in the same manner:
 - Elective courses
 - Orthodontics course
 - Patient Care 4-9 courses - 36-40 hours/week for 6 semesters
 - Practice Management course module
 - Professional Development 6-11 courses
 - Externship rotation during 4th year (up to 2 rotations each 10-12 weeks)



INNOVATION FOR A HEALTHIER PLANET

AST TUITION



INNOVATION FOR A HEALTHIER PLANET

AST TUITION

Advanced Standing 3-Year Track

Fee	First Year	Second Year	Third Year
Tuition	\$48,915	\$102,270	\$102,270
General Service Fee	\$415	\$1,245	\$1,245
Program Fee	\$5,900	\$11,790	\$11,790
Malpractice Insurance	\$100	\$100	\$100

Costs are based on 2025–2026 rates and do not factor potential increases.



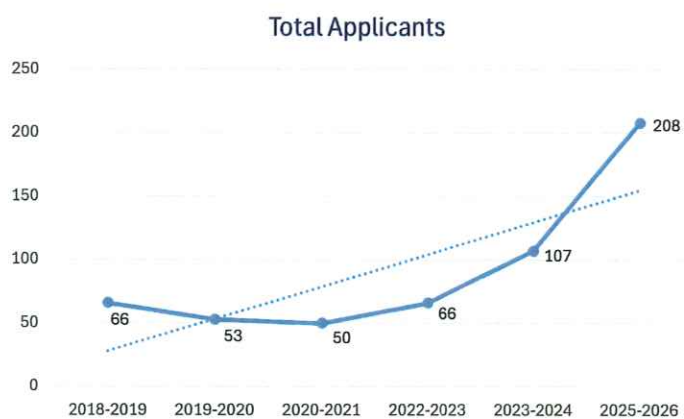
INNOVATION FOR A HEALTHIER PLANET

AST DATA



INNOVATION FOR A HEALTHIER PLANET

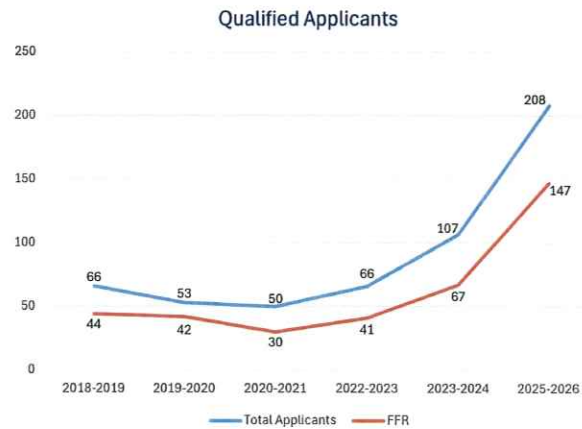
AST ADMISSIONS - 2018 – 2026*



*Applications not accepted 2021-2022 and 2024-2025

INNOVATION FOR A HEALTHIER PLANET

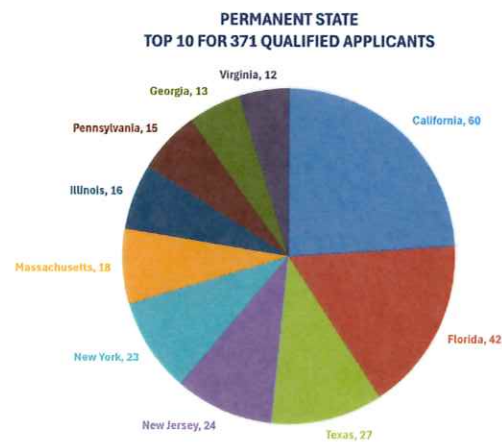
AST ADMISSIONS - 2018 – 2026*



*Applications not accepted 2021-2022 and 2024-2025

INNOVATION FOR A HEALTHIER PLANET

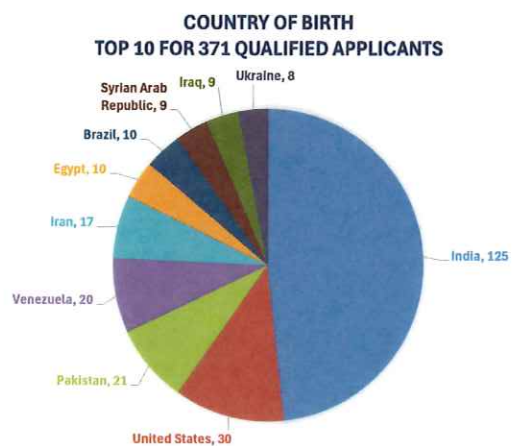
AST ADMISSIONS - 2018 – 2026*



*Applications not accepted 2021-2022 and 2024-2025

INNOVATION FOR A HEALTHIER PLANET

AST ADMISSIONS - 2018 – 2026*

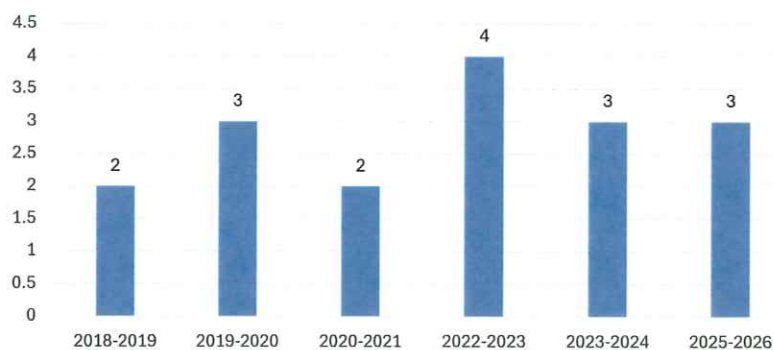


*Applications not accepted 2021-2022 and 2024-2025

INNOVATION FOR A HEALTHIER PLANET

AST ENROLLEES - 2019 – 2026*

**MATRICULATED STUDENTS PER ACADEMIC YEAR
TOTAL = 17**

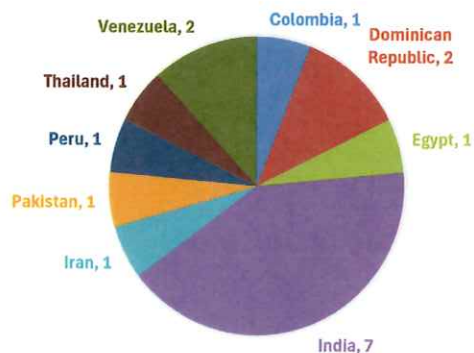


*Did not enroll students 2021-2022 and 2024-2025

INNOVATION FOR A HEALTHIER PLANET

AST ENROLLEES - 2019 – 2026*

DENTAL SCHOOL COUNTRY FOR ALL 17 WHO HAVE MATRICULATED



INNOVATION FOR A HEALTHIER PLANET

AST Outcomes (11 Graduates - 2021-2025)

State/Province	# of AST Graduates
CA	1
FL*	1
MA	1
MD	1
ME**	1
MI***	1
NC	1
NJ	2
PA	1
Canada	1

* Dental HPSA

** FQHC

*** Endodontics Residency



INNOVATION FOR A HEALTHIER PLANET

FACULTY & STAFF WITH FOREIGN TRAINING



INNOVATION FOR A HEALTHIER PLANET

CDM Faculty/Staff Foreign-Trained Dentists

- 8 full-time and 1 part-time faculty have dental degrees from outside the US plus additional education in the US:
 - Dental Public Health: 1 full-time
 - General Dentist: 3 full-time
 - Oral Medicine: 2 full-time
 - Periodontist: 2 full-time; 1 part-time
- 2 full-time staff members have dental degrees from outside the US; 1 has a medical degree



INNOVATION FOR A HEALTHIER PLANET

MaineCare's Dental Benefit Reform Work and Metrics

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

October 8, 2025



MaineCare Dental Benefit Expansion

Maine's 2022-2023 Biennial Budget

Signed in 2021, the Biennial Budget:

- Directed the Department to expand MaineCare Benefits Manual (MBM), Chapter II, Section 25 to cover full adult dental services
- Allocated funding for Dental Rate Reform funding as prioritized by the Department's Comprehensive Rate System Evaluation



MEMBER-CENTERED DATA-DRIVEN INTEGRITY COLLABORATIVE TRANSPARENT INCLUSION

3

Maine's 2022-2023 Biennial Budget Bill was signed into law in 2021 and directed the Department to expand full dental coverage to adults and allocated funding for the completion of dental rate reform as part of the Department's Comprehensive Rate System Evaluation, conducted by the firm Myers and Stauffer. The Bill directed that a Dental Subcommittee of the MaineCare Advisory Committee (MAC) be convened to support this work.

2021-2022: MaineCare Dental Reform Scope

Interested Party Feedback

- Reimbursement increase to support provider enrollment and access
- Improve children's dental and orthodontia coverage
- Add comprehensive, adult dental benefit coverage
- Reduce provider administrative burden
- Improve access to dental preventive care



Comprehensive Review

- Six Medicaid states with comprehensive adult and children's dental benefits
- Two Commercial Dental Benefit Plans' Coverage
- Clinical Provider Consultant
- Ongoing review with the MaineCare Advisory Committee (MAC) Dental Subcommittee



MaineCare Actions

- Full reform of MaineCare's children's and adult's dental benefit policy
- Expanded adult dental benefits
- Comprehensive Rate reform
- Reduced overall administrative burden
- Primary care reimbursement for oral health assessment and fluoride treatment



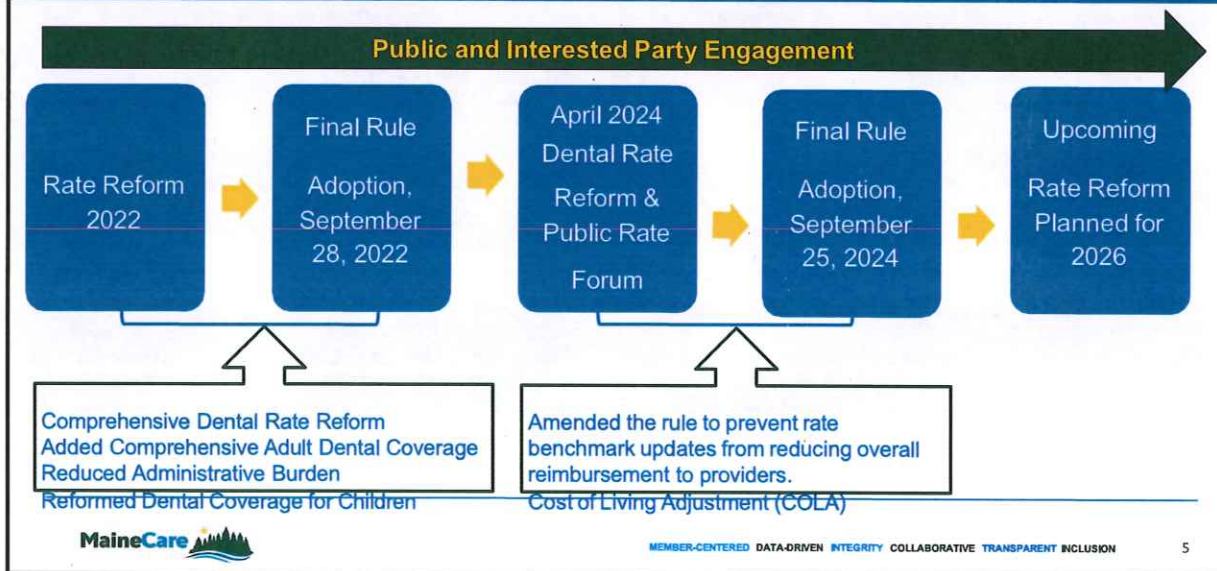
MEMBER-CENTERED DATA-DRIVEN INTEGRITY COLLABORATIVE TRANSPARENT INCLUSION

4

MaineCare responded by dedicating staff and engaging with the MAC Dental Subcommittee (Subcommittee), comprised of professional representative organizations as well as individual practices, for feedback and guidance. In addition to expanding coverage for comprehensive adult dental benefits, feedback from the Subcommittee included recommendations to increase rates to support provider enrollment and access to services, improve children's coverage, reduce administrative burden, and expand access to preventive dental care. The Subcommittee also requested that MaineCare survey both Medicaid comprehensive coverage of adult dental services in other states, and of at least one commercial insurer.

The MaineCare team engaged in an in-depth review of six states with Medicaid coverage of full adult and children's dental services and two commercial benefit plans. This review included a complete review by a clinical consultant and iterative review with the Subcommittee for guidance and feedback on coverage decisions. This review process determined that to achieve the goals of the project and address the needs identified by the Subcommittee, the full benefit must be reformed, including both children and adult services. Concurrently, the MaineCare team, led by Associate Director of Data Analytics and Rate Setting, David Jorgenson, engaged in a comprehensive dental rate reform effort that included engagement with the Subcommittee and interested parties.

MBM, Chapter II, Section 25: Dental Services Reform Timeline



Effective July 1, 2022, the Emergency Dental Services rule repealed the former rule and replaced the rule with a dental benefit with reformed and overall increased rates, added comprehensive adult coverage, fully reformed children's coverage, reduced administrative burden, and increased coverage of preventive services. The permanent adoption of the rule was effective on September 28, 2022 and included additional administrative burden reduction. MaineCare worked to increase access to preventive care and dental services by adding coverage effective May 14, 2022, of oral health risk assessments and topical fluoride varnish delivered at primary care offices to members without a dental home or whom have not seen a dentist in the past year with the requirement to provide both education on the importance of dental care and referral to a dental provider.

MaineCare's commitment to comprehensive rate reform continued in 2024 with a dental rate reform initiative. This initiative included public and interested party engagement to assess dental reimbursement benchmarks, update rates, and apply a Cost-of-Living Adjustment (COLA) to MaineCare's dental rates. This rate reform process was completed in accordance with 22 MRSA §3173-J, the statute that establishes the standards for the development and maintenance of sustainable efficient, and value-oriented MaineCare payment models and rates. Rulemaking to permanently adopt these changes was adopted effective September 25, 2024, with the rate updates effective on July 1, 2024. MaineCare's next dental services rate reform initiative is planned for 2026.

MaineCare's Work Continues- Dental Task Force

OMS Dental Task Force



- Ongoing, bimonthly engagement with the MAC Dental Subcommittee
- Robust engagement with interested parties beginning in 2024 and continuing:
 - Maine Dental Association
 - Children's Oral Health Network
 - Medicaid State Dental Association
 - Maine Oral Health Centers Alliance
 - New England State Dental Directors
- Three public forums to provide policy and process guidance on MAC Dental Subcommittee feedback areas
- Participation in the Center for Health Care Strategies' (CHCS), *Medicaid Oral Health Workforce Implementation Learning Series*



MEMBER-CENTERED DATA-DRIVEN INTEGRITY COLLABORATIVE TRANSPARENT INCLUSION

6

MaineCare's engagement with the public and interested parties is ongoing and includes staff from across many MaineCare teams. In May of 2024, MaineCare established an internal task force, led by MaineCare Medical Director Courtney Pladsen, to engage with interested parties and provide internal feedback to support the dental benefit. This group robustly engages and collaborates with community partners, including the Subcommittee, Maine Dental Association, Children's Oral Health Network, Maine Oral Health Coalition, and other oral health professionals to collectively address concerns and identify solutions. In the fall of 2024, the task force delivered three public forums to provide clarity on policy and process in response to concerns and questions raised in the Dental Subcommittee.

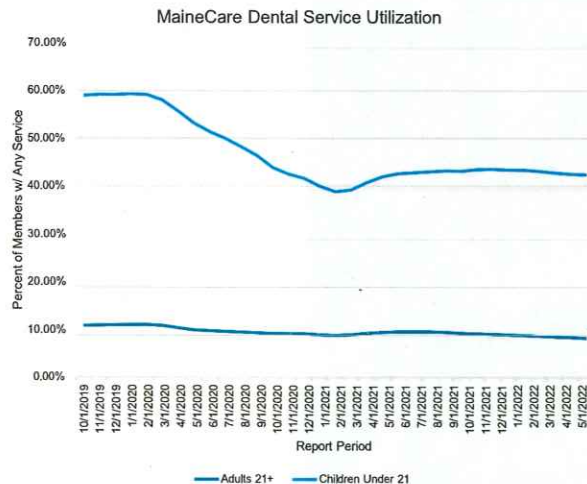
In 2025, the Center for Health Care Strategies (CHCS) chose eleven states, including Maine, to participate in their Medicaid Oral Health Workforce Implementation Learning Series. The goals of this learning series include identifying priorities and designing policy strategies that enhance oral health workforce capacity in their state. MaineCare's Dental Task Force is leading this initiative for the Department to identify solutions and strategies for Maine.

MaineCare Dental Metrics

The OMS Data Analytics team produces a Dental Metrics report every quarter. The following slides will cover some highlights from that report.

Prior to July 2022

- Adults utilized MaineCare-covered dental services at a much lower rate than children.
- During COVID, there was a reduction in dental service utilization rates for both adults and children.



MEMBER-CENTERED DATA-DRIVEN INTEGRITY COLLABORATIVE TRANSPARENT INCLUSION

8

This slide shows historical trends for adults and children receiving any dental service. This is data through June 2022 prior to the expansion of the benefit.

We can see that adults utilized MaineCare-covered dental services at a much lower rate than children,

And that is because the scope of benefits was severely limited for adults.

The adult series looks flat relative to the child series, but the utilization rate was also trending downward over this period for adults.

We can also see that there was a downward trend in utilization rates during the initial onset of the COVID public health emergency.

This trend appears more pronounced in the child population, but it occurred in the adult population as well.

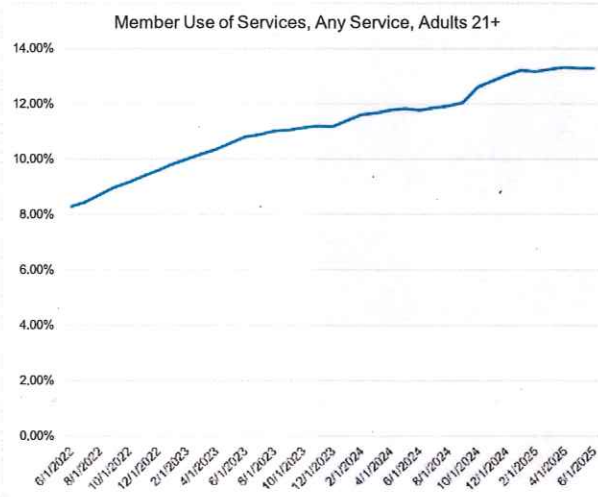
Dental utilization was actually lowest in March and April of 2020 due to closures in response to the pandemic.

That reality is delayed in this representation of the data because each data point in the series on this graph represents a 12-month moving average, so the variations in month-to-month utilization are flattened out.

As a result, on these graphs we don't see that low point until February of 2021.

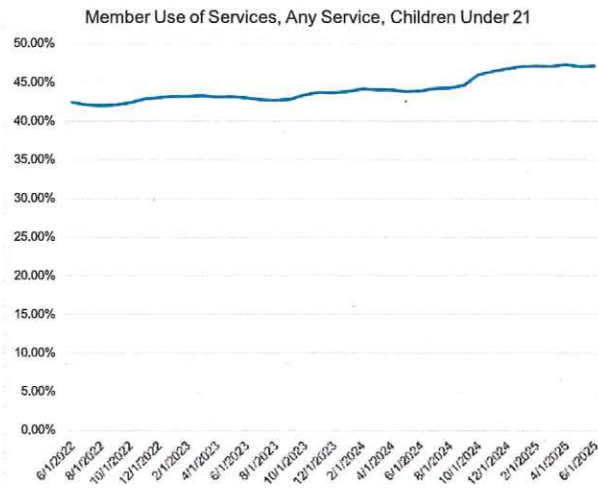
After July 2022 - Adults

- The decreasing trend in overall dental service utilization for adults has reversed.
- By August of 2023, utilization rates surpassed 2019 levels and are continuing to climb.

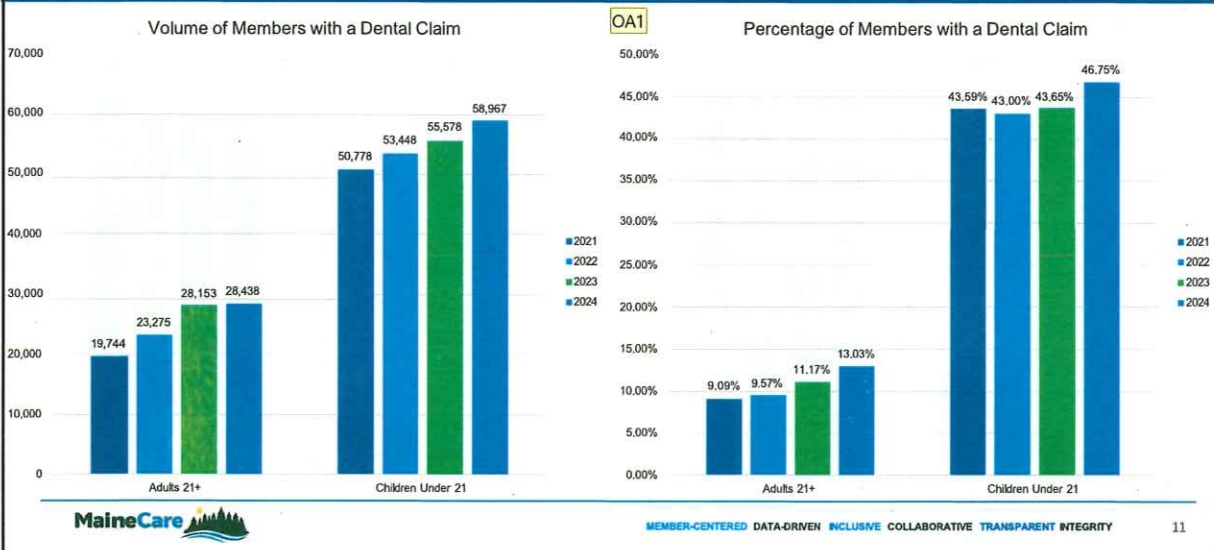


After July 2022 - Children

- Dental utilization rates among children have also been increasing.
- However, the rate of utilization has not yet returned to the 2019 pre-COVID levels.



2024 saw the highest volume of members with at least one dental service claim



2024 (calendar year) saw the highest volume of members with at least one dental service claim.

The left side of this slide depicts the volume of adults and children who had a dental claim. The right side of this slide depicts the same data expressed as a percentage of the member population.

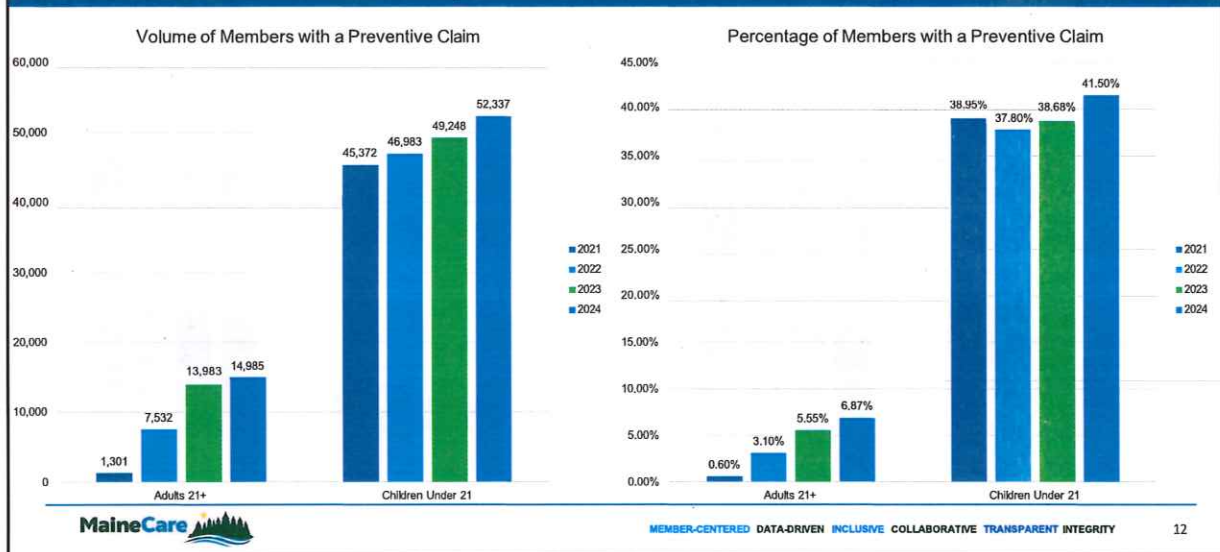
We can see that while the percentage of child members who had a dental service claim was relatively flat from 2021 through 2023, the actual volume of child members who had a claim has increased steadily since 2021.

The reason for this is that the denominator (member population) increased significantly during this same period.

From 2021 through 2024 the MaineCare child population increased by around 20,000 members due to eligibility expansions and as a result of continuous coverage requirements during the COVID public health emergency.

We saw similar eligibility expansions in the adult population as a result of continuous coverage requirements, and for Medicaid expansion.

2024 saw the highest volume of members with at least one preventive service claim



The rate increases that were effective in July of 2022 prioritized reimbursement of diagnostic and preventive services, with the intent of incentivizing access to these essential services.

We have seen steadily increasing rates of utilization here as well.

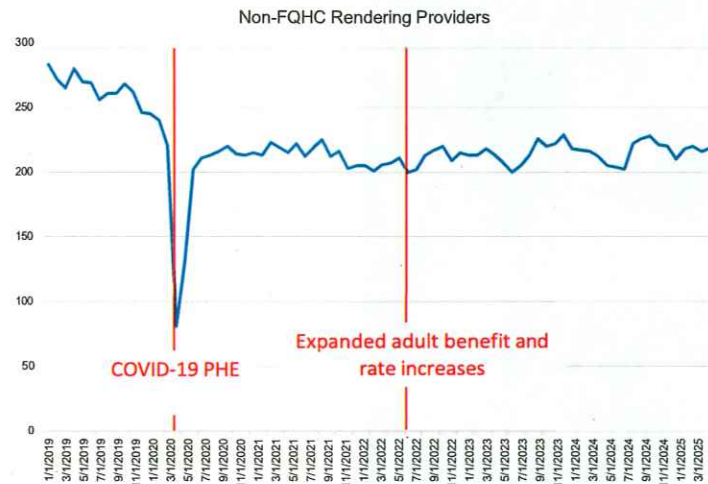
2024 (calendar year) saw the highest volume of members with at least one preventive service claim.

However, to put this into perspective, the MaineCare program is covering 200,000+ adult members who ideally would be going to the dentist twice per year for an oral eval and a prophylaxis cleaning.

Utilization continues to be constrained by provider availability.

Provider Participation – Non-FQHC

- The number of dental rendering providers has decreased since 2019.
- The number of rendering providers has stabilized since July 2022.



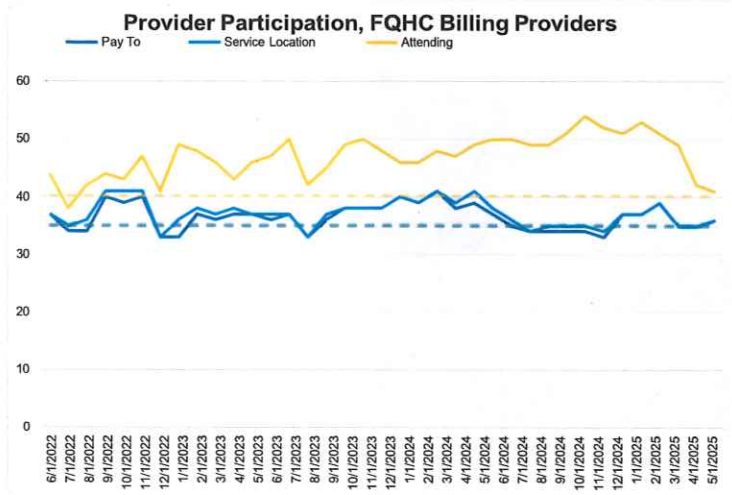
The number of rendering providers has decreased since 2019.

We can see that the number of providers was decreasing into 2020. We saw a steep decline into April of 2020 due to the closures during the COVID public health emergency, and then the count recovered by around June 2020, but not back to early 2019 levels.

We have been hovering around 200 to 220 rendering providers since the expansion of the adult dental benefit and the rate increases in July 2022.

Provider Participation - FQHC

- The number of attending providers at FQHCs is trending upward.



Thank you!

Heather Pelletier

Policy Manager

Heather.Pelletier@maine.gov

Phil Dubois

Senior Data Analyst

Philip.Dubois@maine.gov





Date: September 8, 2025

To: Anna Broome, Maine State Legislature
From: Kelsie George, NCSL
Topic: State Licensure for Foreign-Trained Dental Professionals

Dear Anna,

Thank you for reaching out to NCSL with your question on state licensure pathways for foreign-trained dental professionals. The document below includes background information, recently enacted state legislation and additional resources.

NCSL takes no position on state legislation or laws mentioned in linked material, nor does NCSL endorse any third-party publications; resources are cited for informational purposes only.

Sincerely,

Kelsie George
Senior Policy Specialist, NCSL
kelsie.george@ncsl.org

Marcus C. Evans Jr.
President, NCSL
Assistant Majority Leader,
Illinois

Lonnie Edgar
Staff Chair, NCSL
Mississippi Joint Legislative
PEER Committee

Tim Storey
Chief Executive Officer,
NCSL

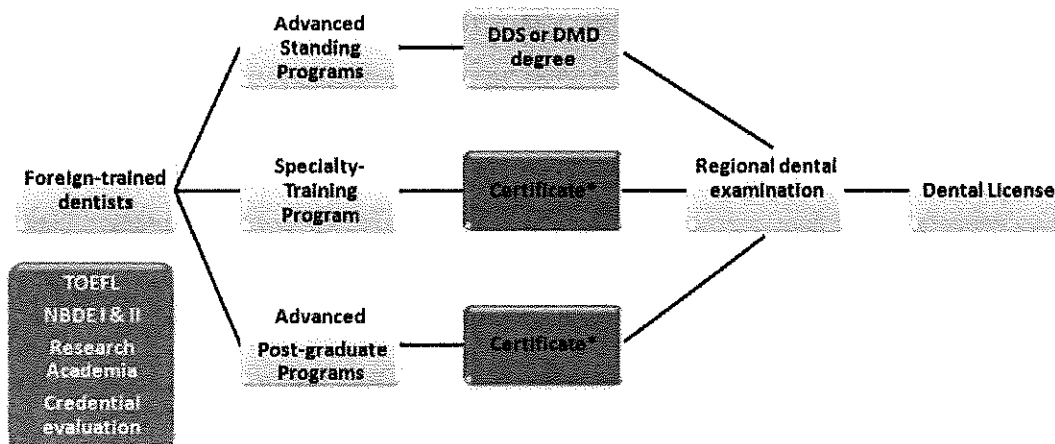
Foreign-Trained Dental Professionals

Licensure requirements are set by state boards of dentistry or agencies charged with professional licensing and certification. According to the American Dentistry Association, generally, foreign-trained dentists must meet the following criteria (though this may differ across states):

1. Graduate from a dental education program accredited by the Commission on Dental Accreditation.
2. Pass the Integrated National Board Dental Examination, both Part I and Part II.
3. Complete a clinical assessment by a third-party testing agency, as defined by a state licensure board.

Students who graduate from a Canadian program, accredited by the Commission on Dental Accreditation of Canada, may be eligible for licensure by reciprocity in certain states, depending on statute and regulation.

The licensure process for foreign-trained dentists generally follows the pathway in the graphic below, from a 2018 study in foreign-trained dentist licensure, though it may differ from state to state.



Source: *Foreign-Trained Dentists in the United States: Challenges and Opportunities*, *Dentistry Journal* (2018).

Foreign-trained dentists may face many challenges to achieving licensure, including stringent admission processes, high tuition costs, immigration barriers and cultural differences, according to the same 2018 study.

Advanced Standing or Internationally Trained Dentist Programs (ITDPs)

Advanced standing programs, or programs designed specifically for internationally trained dentists, allow participants to complete a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree within 2 to 3 years of study, and then taking required examinations for licensure. These programs are accredited by the American Dental Association Commission on Dental Accreditation. According to a 2018 study of foreign-trained dentist licensure, advanced standing programs generally require applicants to:

1. Pass a Test of English as a Foreign Language.
2. Pass the National Board Dental Examination Part I and Part II.
3. Provide transcripts from a dental school evaluated by independent credentialing institutions.

They may also require psychomotor bench tests, case presentations and personal interviews.

According to the American Student Dental Association, the following states and universities have an advanced standing or internationally trained dentist program for dentists who are trained outside of the U.S. This represents slightly more than half (41 of all 76) U.S. dental schools. Arkansas, Connecticut, Georgia, Kentucky, Mississippi, Missouri, Ohio, Oregon, South Carolina, Tennessee, Utah and West Virginia have dental schools, but do not maintain an internationally trained dentist program.

A 2021 study of educational offerings for foreign-trained dentists pursuing licensure suggests that less than 60% of dental schools offered an Internationally Trained Dentist Program, and at least 32 other programs offered non-clinical, non-accredited programs that do not lead to licensure, such as observerships or externships. While approximately 50% of applicants are accepted into dental schools across the U.S., approximately 2% of applicants are accepted into internationally trained dentist programs.

State Licensure Pathways for Foreign-Trained Dental Professionals

The Dental Sedation Techniques and Anesthesia Resources identifies two states (California and Texas), who allow practice without a degree accredited by the Commission on Dental Accreditation (CODA). California (Cal. Code Regs. §§1040 and 1041, see Dental Board of California) and Texas (Tex. Occupations Code §256.002, see Texas State Board of Dental Examiners).

States may also facilitate practice across state lines through interstate compacts or other licensure portability measures. The Dentist and Dental Hygienist Compact is an interstate occupational licensure compact that facilitates practice privileges for licensed professionals in participating states.

At least 12 states are participating in the Dentist and Dental Hygienist Compact: Arkansas, Colorado, Iowa, Kansas, Maine, Minnesota, Nebraska, Ohio, Tennessee, Virginia, Washington and Wisconsin.

A dentist or dental hygienist is eligible to participate in the compact if they have:

1. An active, unencumbered license in any participating state.
2. Passed the National Board Examination or other exam accepted by the compact commission.
3. Complete a clinical assessment.
4. Graduate from an education program accredited by the Commission on Dental Accreditation (CODA).
5. No disqualifying criminal history.

The compact specifies that dentists who use the compact must have completed a CODA accredited predoctoral program leading to a Doctor of Dental Surgery or Doctor of Dental Medicine degree. Dentists who are not able to satisfy this requirement, such as foreign trained dentists, are not eligible to apply for compact privileges.

Foreign trained dentists may participate in the compact if they meet certain requirements, according to the Dentists and Dental Hygienists Compact:

“The compact specifies that dentists who use the compact must have completed a CODA accredited predoctoral program leading to a Doctor of Dental Surgery or Doctor of Dental Medicine degree. Dentists who are not able to satisfy this requirement, such as foreign trained dentists, are not eligible to apply for compact privileges.”

Recent Enacted State Legislation

Recently enacted legislation (2022 to present) addressing foreign-trained dental professionals is included below. *Please note, this list may not be exhaustive.*

- **California** AB 2860 (2024) – Licensed physicians and dentists from Mexico programs.
 - **Maine** HP 1069 (2025) – Establishes a Commission to Expand Access to Oral Health Care by Studying Alternative Pathways for Obtaining a License to Practice Dentistry.
 - **Maryland** HB 1159 (2023) – Alters the circumstances under which a dentist who is a faculty member at the University of Maryland School of Dentistry and trained at a foreign dental school must be qualified by the state Board of Dental Examiners to take an examination.
 - **Massachusetts** HB 4842 (2025) – Allows the board of dentistry to register a dental hygienist and grant a certificate allowing them to practice dental hygiene if they meet certain criteria, including if they are a dentist with less than 5 years of lawful practice in a foreign country who presents documentation to the board .
 - **Texas** SB 1 (2025) – Sets certain limitations on the use of state-appropriated funds for nonresident enrollment in state-supported professional schools; allows the Texas A&M University System Health Science Center to admin up to 20 competitively recruited nonresident dental students each year into the International Advanced Standing Program. (see p. III-292).
 - **Virginia** SB 590 (2022) – Allows the Board of Dentistry to grant, without examination, a faculty license to teach dentistry in an accredited dental program to a graduate of a dental school or college or the dental department of an institution of higher education in a foreign country that has been granted a certification letter from the dean or program director of an accredited dental program confirming that the applicant has clinical competency and clinical experience that meet the credentialing standards of the dental school with which the applicant is to be affiliated.
-

- **Virginia SB 1360 (2025)** – License for foreign dental program graduates to teach dentistry at an institution of higher education.
- **Virginia SB 1475 (2025)** – Requires the board of dentistry to convene a work group of stakeholders to assess expedited pathways for licensure for dentists and dental hygienists; requires them to study options and make recommendations for a pathway for qualified internationally trained dentists to practice dental hygiene under the supervision of a licensed dentist.

Additional Resources

- Scope of Practice Policy: Oral Health Occupations, NCSL (2025)
 - Meeting Children Where they Are: State Strategies to Increase Preventative Oral Health, NCSL (2025)
 - Telehealth: Licensure and Interstate Compacts, NCSL (2024)
 - Are Interstate Compacts an Answer to Health Workforce Shortages?, NCSL (2024)
 - A Healthy Mouth Can Lead to a Long and Healthy Life, NCSL (2024)
 - Workforce Strategies to Improve Access to Oral Health Care, NCSL (2023)
-

Intro

Lack of a fully staffed dental team impacts patient access, unevenly redistributes responsibilities within the existing team, and leads to exacerbation of stressors on dental professionals and operation of the dental clinic. Despite variation in education and licensing requirements, there is uniformity among states in prioritizing workforce. This list provides examples of creative models of addressing the shortage of allied dental team members. Leadership of every State Dental Association has access to the most current and comprehensive resources on strategy and legislative tactics in the [ADA Workforce Toolkit](#) available on ADA Connect. If you do not have access, please contact your State Dental Associations directly. If you would like to feature your state effort please email dentalpractice@ada.org.

Supervision and Scope at a Glance by State

HYGIENIST SUPERVISION

Alabama is the only state remaining that requires direct supervision for hygienists regardless of the procedure they are performing. HB 1062, recently enacted in Mississippi, allows general supervision for hygienists, with the following limitations: a dental hygienist may provide services to patients of record, for not more than ten consecutive business days, the supervising dentist examined the patient of record at least seven months prior to treatment, the services are according to treatment protocol prescribed by dentist and the patient of record is notified in advance of the appointment that the supervising dentist will be absent from the location.

In 2024, state legislatures removed some restrictions on hygienist supervision. South Dakota removed a provision requiring recent active practice on the part of the hygienist before they can enter collaborative supervision. Tennessee increased the number of hygienists a dentist may supervise to five. Legislation enacted in Virginia, HB 605, allows a hygienist to treat a patient under remote supervision for 180 days before requiring the patient to be seen by a dentist (currently, the law allows this for 90 days).

HB 321, recently enacted in Montana, allows a dental hygienist to perform dental hygiene preventative services in a school-based oral health program under public health supervision.

DENTAL ASSISTANT SUPERVISION

In Alaska, a dental hygienist holding an advanced practice permit may delegate to a dental assistant the application of topical preventive agents under either indirect or direct supervision and the placement of pit and fissure sealants under direct supervision.

In Nevada, Senate Bill 268 would allow a dental hygienist with a special endorsement to practice public health dental hygiene to authorize a dental assistant or expanded function dental assistant under his or her direct supervision to: apply dental sealants; apply topical fluoride; perform coronal polishing; take radiographs; and provide oral health education.

LOCAL ANESTHESIA

12 states allow hygienists to administer local anesthesia under general supervision: Alaska, Arizona, Colorado, Idaho, Maine, Minnesota, Montana, Nevada, New Mexico, Oregon, Utah, and Washington.

The Florida Board of Dentistry proposed a rule change to allow certified dental hygienists to provide local anesthesia under indirect supervision, provided the patient is eighteen years of age or older, the patient must not be sedated and the CRDH may administer intraoral block and soft tissue infiltration anesthesia.

In Iowa, HF 338, would allow the Iowa Dental Board to promulgate rules allowing dental assistants to administer local anesthesia. HF 805, which was enacted, will allow for an assistant to practice without being registered by the dental board, provided that they complete a term of practical training under the supervision of a dentist, as specified by the dental board.

In New Hampshire, HB144, would specify that a hygienist may administer local anesthesia only after sufficient training and passage of an examination by the Board of Dental Examiners.

In New York, AB 98/S 5727 allows dental hygienists to perform block anesthesia if the following conditions are satisfied: the hygienist possesses a local anesthesia/nitrous oxide analgesia certificate, as well as a dental hygiene block anesthesia certificate; The services must be performed under personal/direct supervision.

In Utah, HB 372 allows a dental hygienist under general supervision to administer local anesthesia, expose dental radiography; and make impressions or intraoral scans of teeth or jaws as authorized by a supervising dentist.

CORONAL POLISHING

41 states allow dental assistants (of varying levels and qualifications) to perform coronal polishing.

18 states have requirements specific to coronal polishing: Alaska, Arizona, Arkansas, California, Georgia, Illinois, Indiana, Kansas, Kentucky, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Tennessee, Texas, and West Virginia.

EXPANDED FUNCTION DENTAL ASSISTANT (EFDA)

Having been around for two decades, the Expanded Function Dental Assistant, can in some states perform, with additional training, more procedures than the standard scope of a noncertified assistant such as scanning, final impression, prosthesis adjustment, placing cord, placing restorations and cementing crowns,

Two states, Wisconsin and Maryland, saw new laws allowing EFDA's to practice signed in the 2021-22 session, bringing the total number of states with these laws to 32.

Some states have a variation of an EFDA with additional certification to be a Restorative Dental Assistant or a Certified Orthodontic Assistant, including California, Illinois, Maryland, New Jersey and North Dakota.

Effective Jan. 1, 2025, Oregon adopted rules to allow an EFDA to obtain a local anesthesia functions certificate and thus to be allowed to administer local anesthesia under indirect supervision.

ORAL PREVENTIVE ASSISTANT (OPA)

An Oral Preventive Assistant is a type of Expanded Function Dental Assistant (EFDA) who has taken the required education and completed training to provide patients with additional preventive services. OPAs may provide care to patients classified as healthy or with gingivitis. Services include the removal of supragingival calculus, coronal polishing, providing oral hygiene instructions, and applying fluoride.

In 2023, the Missouri Dental Association (MDA) began working with the Missouri Dental Board on rules for a short-term pilot program to evaluate the safety of this type of EFDA. The MDA worked to identify the specific needs of patients in Missouri and designed a unique position to positively impact the oral health of underserved populations. Didactic training of OPA pilot participants commenced in early 2024, with the clinical phase beginning in December 2024 after the promulgation of related rules. Data collection on the program will begin in June 2025.

Arizona enacted SB 1124 in March 2025 to allow a pathway for a dental assistant to become an Oral Preventive Assistant, and SB 1680 is currently pending in Washington state.

COMMUNITY DENTAL HEALTH COORDINATOR (CDHC)

The Community Dental Health Coordinator works as a bridge between underserved communities in need of care and clinics or practices able to provide that care. The CDHC also works directly with the patient to ensure their treatment plan is followed, and that the patient has access to all community resources available to them, even if those are outside of dentistry, like HPV vaccination.

There are currently 21 CDHC programs across the country that offer the CDHC curriculum through continuing education programs or as part of existing programs in dental hygiene and dental assisting.

To date, the program has seen approximately 730 graduates. Santa Fe Community College in New Mexico recently announced the start of their program. In an incredibly exciting development, the Indian Health Service (IHS) has signed an agreement to offer CDHC training throughout the entire system, vastly increasing the number of available sites at which CDHC's can continue their valuable work.

Model Initiatives by State

CREATE A DENTAL EDUCATION LOAN PROGRAM (ALABAMA, MAINE)

Alabama's Dental Service Program is administered by its Board of Dental Scholarship Awards, and issues need- and merit-based loans up to the price of in-state tuition and fees at its state dentistry school to dental students. Each applicant must agree to work full-time in a clinical practice as a licensed dentist in an area of critical need for a specified number of months and agree to provide care to a certain number of indigent patients or patients covered under Medicaid. Loans can be repaid in cash or through practice in an approved area. The program will issue a number of loans up to 20% of the state dentistry school's student population. Students can receive loans for up to four years.

In Maine, HP 1262/LD 1891 would establish the Extreme Shortage Area Dental Education Loan Program to provide loans and loan repayment agreements to eligible dental students and individuals who are eligible for licensure as a doctor of dental medicine or as a dental hygienist, dental therapist, expanded function dental assistant or dental assistant who agrees to serve an extreme shortage area in the State. The legislation also establishes the Dentists for Maine's Future Scholarship Program to provide a tuition subsidy of 50% of the cost of attendance, up to a maximum of \$25,000 per student annually, for eligible students who enter dental school programs in Maine for the purpose of increasing the number of dentists who practice in extreme shortage areas. The bill also updates the dental care access tax credit to include eligible dental hygienists and changes the date that the tax credit is repealed to December 31, 2032.

CREATE A RURAL PRACTICE-FOCUSED DENTAL SCHOLARSHIP PROGRAM (ALABAMA, MARYLAND, MISSISSIPPI, WISCONSIN)

In 2023, The University of Alabama welcomed the inaugural class of its Rural Dental Scholars program. Open to Alabamans from rural areas, the postgraduate program includes a year of study and a master's degree in rural community health at University of Alabama College of Community Health Sciences, as well as early admission to the UAB School of Dentistry.

In 2024, the Maryland Department of Health launched the Pathways to a Bright Future scholarship, awarded to those interested in dentistry who plan to work in one of a few designated underserved areas. Funding for this initiative comes from a four-year, \$1.6 million HRSA grant.

Mississippi's state legislature implemented the Mississippi Rural Dentists Scholarship Program (MRDSP)

in 2013. The program provides \$35,000 in scholarships annually for no more than four years provided the students fulfill an obligation, upon completion of their education, to practice in rural Mississippi areas for a period of at least the same number of years as they received scholarships. A 2023 audit of the program found that every dentist who was currently practicing during the obligation period following their education under the program was fulfilling that obligation by practicing in a designated rural area. Mississippi increased funding for the scholarship program once more in 2023, and the funding has held steady for 2024.

In Wisconsin, SB 706 enacted in 2024 established a Rural Scholarship at Marquette University School of Dentistry. The program provides up to \$30,000 in scholarship funds annually to up to 15 students at a time. After graduation, recipients agree to work in a Dental Health Provider Shortage Area for 18 months for each year of scholarship, or are obliged to return the funds.

DENTAL HYGIENE CHAIRSIDE RECRUITMENT PROGRAM (PILOT STATES: AZ, AR, ID, IN, IA, MI AND MN)

The American Dental Hygienists' Association and the Delta Dental Foundation of Michigan, Ohio, and Indiana (DDF) announced the formation of "Hygienist Inspired," a chairside recruitment program designed to increase diversity and address workforce shortages in the dental hygiene profession and improve access to oral health care. The program was launched in March, 2025 in nine pilot states: Arizona, Arkansas, Idaho, Indiana, Iowa, Michigan, Minnesota, Ohio and Wisconsin, with plans for nationwide expansion over the next two years. The Foundations of Delta Dental in each pilot state are funding program ambassadors to lead recruiting in their states, following a successful ambassador training event, led in partnership by representatives from ADHA and the DDF. The Hygienist Inspired Ambassadors (three from each state) will lead outreach efforts in their respective states, conducting both chairside recruitment in their operatories and participating in community events to raise awareness about careers in dental hygiene.

FOREIGN-TRAINED DENTISTS (CALIFORNIA, MINNESOTA AND NEW YORK)

In California, AB 1307, which is currently pending, which would create a new Licensed Dentists from Mexico Pilot Program, repealing existing provisions in California statute. Under the new program, the Board will be required to issue a 3-year nonrenewable license to practice dentistry to an applicant that meets specified criteria and require participants in the program to comply with specified requirements. The bill would authorize participants to be employed only by federally qualified health centers that meet specified conditions, and would impose requirements on those centers. The legislation would require an evaluation of the program to begin one year after the program has commenced and would prescribe the information to be included in that evaluation. The bill would require the costs for the program to be fully paid for by funds provided by philanthropic foundations.



Minnesota is currently the only state that may grant an internationally-educated practitioner a general dentist license without further study. A person licensed under this subdivision must practice for three consecutive years in Minnesota pursuant to a written agreement, approved by the board, between the licensee and a Minnesota-licensed dentist. At the conclusion of the three-year period, the board may grant an unlimited license without further restrictions if all supervising dentists who had entered into written agreements with the licensee during any part of the three-year period recommend unlimited licensure, and if no corrective action or disciplinary action has been taken by the board against the licensee.

In New York, AB 3244, if enacted, would allow an internationally-educated dentist who has been licensed outside of the U.S. for at least 5 of the last 7 years to participate as a general practice dental preceptee in a preceptorship program under the supervision of a licensed dentist practicing in a federally-qualified health care facility or similar facility that primarily serves an underserved population. A dentist, upon satisfactory completion of five years of such practice, may apply for licensure as a dentist in New York.

FOREIGN-TRAINED DENTISTS AS HYGIENISTS (CONNECTICUT, FLORIDA, MASSACHUSETTS, MINNESOTA)

In Connecticut, HB 6562 and HB 6575 are currently pending, that would allow a dentist has been lawfully practicing for not less than five years in a foreign country or province of a foreign country to apply for licensure as a hygienist. HB 6562 would allow an internationally-trained dentists to be licensed in Connecticut, provided such dentist (1) possesses a degree of competency and has completed necessary examinations in subjects considered essential for a dental hygienist, as determined by the Commissioner of Public Health, and (2) passes written and practical examinations pursuant to state statute. HB 6575 would allow the same, provided that the dentist has practiced for at least five years in another country, and can provide documentation to that effect. The dentist must also meet any competency requirements determined by the Commissioner of Public Health.

For a dental hygiene license in Florida, a graduate of an unaccredited dental college or school, who has completed a minimum of 4 years of postsecondary dental education and received a dental school diploma which is comparable to a D.D.S. or D.M.D. can apply if they have completed the following examinations: the National Board Dental Examination or the Dental Hygiene National Board Examination; the ADEX Dental Hygiene Licensing Examination (taken on or after June 1, 2010) and the Florida Laws and Rules Examination.

Massachusetts has enacted H4842 which allows internationally-trained dentists to perform dental hygiene in Massachusetts, provided they have been in practice for at least five years and can produce proof of clinical competency equivalent to what is required in Massachusetts. Legislation enacted in Virginia (SB1475) will mandate the Board of Dentistry to convene a working group to study the matter.

In Minnesota, HF 1752/SF 1623 would allow for a dentist who completed a minimum of four years of postsecondary dental education and received a diploma comparable to a DDS or DMD in another country, to apply for licensure as a dental hygienist.

INCENTIVES TO PRACTICE IN CONNECTICUT, MAINE, AND NEW JERSEY

Connecticut Gov. Ned Lamont has put forward legislation to remove license application and renewal fees for certain occupations, including dental hygienists. SB 1246, which is currently pending, would eliminate occupational licensing fees, the state looks to encourage workers to join industries with in-demand jobs, such as dentistry. The fee range for dental hygienist licenses is \$105 to \$150, with nearly 4,000 payers in the state. Professions included in the proposal will still have to obtain and renew licenses, but there will be no fee.

Maine is considering a variety of incentives that would attract dentists to practice in the state. The initiatives under proposal include offering five years of tax incentives to dentists who practice in certain parts of the state, as well as malpractice insurance incentives tied to acceptance of Medicaid payments. As well, the Maine Dental Association is hoping to attract retired dentists to relocate and practice in the state, and is working with the Housing Authority to incentivize such moves.

In New Jersey, AB 2822, which is currently pending, would provide bonuses for certain essential healthcare workers. The bonuses are provided to individuals who receive an annualized base salary of \$100,000 or less, who provide hands-on health or care services to individuals, or in-person support services to those providers, without regard to whether the person works full-time, part-time, on a salaried, hourly, or temporary basis, or as an independent contractor. This legislation provides for a bonus not to exceed \$3,000 for Healthcare employees including dental hygienists, dental assistants who received an annualized base salary of \$100,000 or less, from an employer who is enrolled in Medicaid.

S.M.I.L.E. HEALTHCARE PATHWAY PROGRAM (WASHINGTON DC AND TENNESSEE)

The S.M.I.L.E. (Student Mentoring with Immersive Learning and Enrichment) Healthcare Pathway Program is a partnership between Henry Schein, Inc., the National Dental Association, and other professional associations to help mentor future healthcare professionals, enhance health literacy, expand diversity in the healthcare workforce and ultimately improve health and overall outcomes in underserved communities nationwide. This summer program introduces students to careers in oral health, including: dentist, dental hygienist, dental assistant, or dental office administrators. The 2025 S.M.I.L.E. Healthcare Pathway Program will take place in two locations: Howard University in Washington, DC from June 28 – July 3, 2025 and Meharry Medical College in Nashville, TN from July 20-25, 2025.

FLORIDA STATE COLLEGE AT JACKSONVILLE: DENTAL ASSISTING PROGRAM (FLORIDA)

Existing full-time 1230 clock hour to be replaced by two alternative programs:

- **CWE (Continuing Workforce Education) Dental Assisting Program** - a "hybrid" program that combines online and hands-on instruction, offers rapid entry into the profession for those students who need flexibility in scheduling to accommodate work or family obligations; not CODA-accredited
- **ATD (Applied Technology Diploma) Dental Assisting Program** - this for-credit program is designed for those students who wish to earn a degree and anticipate continuing their education; option for Associate's degree and facilitated entry into the Dental Hygiene Program, will be CODA-accredited.

SECURE LOAN ASSISTANCE FOR THE FULL DENTAL TEAM (FLORIDA, MAINE)

Florida's SB 7016 extended Florida's Dental Student Loan Repayment Program to hygienists.

In Maine, LD 1256 expanded the Maine Dental Education Loan Program to cover hygienists, therapists, EFDAs and assistants.

INCREASE TUITION WAIVERS (MARYLAND)

In April 2023, the Maryland Legislature passed HB 290, an Oral Health Task Force Bill that included improvements to the existing Maryland Dent-Care Loan Assistance Repayment Program. The tuition waiver increased from \$23,740/year for three years up to \$50,000/year for three years. The law also made qualifying dental hygienists eligible for \$10,000/year for two years.

SB 456/HB 265, enacted in 2025, will alter the eligibility criteria for Higher Education Loan Assistance Grants under the Maryland Dent-Care Program to include part-time employment.

DISCOVERY DENTISTRY CAMP AND SYPOSIUM FOR 6TH-12TH GRADE (MARYLAND)

University of Maryland School of Dentistry's *Planet Smilez* program hosts a week-long summer camp of immersive experiences for middle and high school students that emphasize oral and systemic health education and encourage pursuit of dental careers, including mentorship by current dental students. Camp participants engaging in practical exercises designed to emulate real-world dental practices. From suturing to understanding how X-rays work, students gain hands-on experience that brings dental science to life. The program also offers a one-day pre-dental symposium that introduces the key components of the different dental professions.

GRANTS TO EDUCATION (MINNESOTA)

Minnesota has three bills pending (HB 1110, HB 1111 and SB 1325) that would make CODA-accredited dental assisting and dental hygiene programs eligible for grant programs. Eligible projects for the funding include: expanding or improving existing clinic physical infrastructure; creating and building new clinic physical infrastructure; improving classroom physical structure; creating student scholarships and improving faculty and staff salaries.

DENTAL HYGIENE APPRENTICESHIP PROGRAM (MONTANA, UTAH)

To help dentists build a dental assistant workforce through registered apprenticeships, Charter Apprentices administers an apprenticeship program that combine classroom education with on-the-job experiential learning. The program is competency-based (unlike the traditional time-based model) and utilizes national standards to ensure consistent training and competency from state to state and office to office.

Utilizing the program gives employers access to funding resources that offset the apprentices' wages, pay for the classroom learning and provide child-care and transportation support. Participants are paid using progressive wage scale based on competencies attained. An extended probationary period for apprenticeships serves to better evaluate technical and behavioral competencies and fit.

The apprenticeship program has received state approval in Montana and Utah. The state approval includes grant and workforce funding, including training wage offsets.

EXPANDING DENTAL TRAINING PROGRAMS ALONGSIDE OTHER HEALTH PROFESSIONS (NEW JERSEY)

In fall 2023, County College of Morris (CCM) announced the construction of a new facility that will function as the college's Center for Health Professions. The college will offer new programs in dental hygiene, dental assisting, surgical technology, diagnostic medical sonography and medical assistance and expanded programs in nursing, radiography, respiratory therapy, paramedic science and drug counseling.

INTERSTATE DENTAL EDUCATION COLLABORATION BRINGING DENTISTS TO NEW MEXICO AND VERMONT

In September, 2024, Touro University broke ground on a clinical branch of Touro College of Dental Medicine (TCDM) in New Mexico. Students at Touro Dental Health New Mexico (TDHM) spend their first two years in the classroom studying basic biological sciences, and the last two years seeing patients in the clinics. Going forward, 100 students from each TCDM class of 200 will do the classroom portion of their training on TCDM's New York campus and spend their final two years treating patients from the Albuquerque community in the new clinical facility.

In April, 2025, TCDM announced that the Class of 2027 will be the first cohort of 100 students who will spend their final two years at Touro's newly opened state-of-the-art clinical campus in Albuquerque, New Mexico, located at the Lovelace Biomedical Research Institute. Under the supervision of expert faculty, these TCDM students will provide reduced-cost dental care to members of the Westchester and Albuquerque communities and surrounding counties.

In September, 2024, the Vermont State Dental Society (VSDS), University of Detroit Mercy (UDM), Sen. Bernie Sanders and Sen. Peter Welch announced a partnership to bring an innovative Dental Oral Health Education Center to Vermont in fall 2027. This new dental clinic and education program will bring UDM students to Vermont to complete their final years of training – strengthening the dental care provider pipeline and expanding access to much-needed care across the state.

Beginning in the fall of 2025, the partnership between VSDS and UDM will include two years of foundational and preclinical education at the UDM School of Dentistry Campus in Detroit, followed by two years of clinical and didactic education at a new dental clinic based in Colchester. The University of Detroit Mercy-Vermont dental program will offer DDS dental education in the state of Vermont, accredited by the Commission of Dental Accreditation (CODA).

ADVANCE A COORDINATED APPROACH TO PROMOTE HEALTH CARE CAREERS IN K-12 EDUCATIONAL SETTINGS, AND CREATE A PROGRAM TO ATTRACT STUDENTS TO THE STATE TO FINISH TRAINING (VERMONT)

Leverage AHEC, VSAC, Vermont After School, Vermont Career and Technical Education Centers and Vocational Rehab programs to clearly document and develop a plan to actively promote health care careers in K-12 educational settings. Ensure adequate funding for AHEC and other entities conducting middle and high school health careers outreach to develop health career pipelines are inclusive of dental careers including dentist, dental hygienist, dental therapy, and dental assisting. ("Health Care Workforce Development Strategic Plan", Vermont Agency of Human Services, October 2021.)

Vermont approved \$100,000 in 2023 for its Dental Hygienist Forgivable Loan Program. Hygienists are eligible to apply for loan forgiveness if they practice in Vermont for the same number of years for which they received forgiveness and if they maintain enrollment at an eligible program.

Vermont's \$3.8 million appropriation for Critical Occupations Scholarships applies to dental hygienists, and provides funding for retraining and relocation incentives.

Additionally, Vermont is pursuing a program to attract dental students to the state to finish their training. Afterward, students are encouraged to stay and work in federally qualified health centers.

DENTAL ASSISTANT APPRENTICESHIP PROGRAM (WASHINGTON, IDAHO)

The dental assistant apprenticeship program is a one-year (2,000 hour) on-the-job training program facilitated by CHAS Health to train individuals to work as Registered Dental Assistants in the state of Washington and Idaho. Apprentices will be employed with CHAS Health full-time while simultaneously completing related coursework, which includes homework assignments and mandatory lab days. Following successful completion of the program, the dental assistant will be transitioned into a regular, full-time position. Throughout this program, the apprentice will be working hands-on in the dental clinic alongside a coach and team to practice clinical skills. The coach will support and guide the apprentice and ensure the mastery of each skill. In addition to working clinically, there will be 8 lab days, where the instructor will follow an agenda for lectures, reviewing practical skills, help with technique, and answer questions. Homework and lab obligations are unpaid.

The Dental Assistant Training Program is recognized by the state of Washington as a registered apprenticeship. This provides students with the assurance that they will receive a quality education that has met the qualifications set by the Washington State Department of Labor & Industries for training and instruction. Our program is governed by an Apprenticeship Committee of 50% employer and 50% journey-level dental assistant representatives. The curriculum is approved by the State Board for Community and Technical Colleges.

DENTAL ASSISTING TRAINING IN HIGH SCHOOL (WASHINGTON STATE)

Across Washington, eight skill centers have dental assisting training programs. Skill centers are regional secondary schools that serve high school students from multiple school districts. They provide instruction in preparatory programs that are either too expensive or too specialized for school districts to operate individually. The dental assisting programs are for juniors and seniors and are typically one school year long (9 months). Since the students are in high school the programs are free, with fees for supplies and equipment.

To standardize education and training, the Office of the Superintendent of Public Instruction adopted a dental assisting statewide framework in May 2022. The framework prepares students with an understanding of the roles and responsibilities of the dental health care profession within the application of dental care. Students are eligible to earn 1.0 lab science credit that counts for graduation requirements such as biology, chemistry, and other lab sciences. The framework is 540 hours long and requires students complete 55 hours of clinical practicum or clinical simulation.

"INTRODUCTION TO DENTISTRY" PILOT PROGRAM (WASHINGTON STATE)

Delta Dental of Washington (DDWA) completed an "Introduction to Dentistry" pilot program at TAF Saghalie. TAF is a problem-based school in Federal Way for 6th-12th graders. The pilot program was 4 weeks long and students met one hour per week. The pilot cohort consisted of 8-12 students from a variety of grades. Students learned about different dental professions, dental basics, and local education programs. The program aims to educate students about dental careers early on. DDWA would like to expand this program throughout Washington. Funding for the pilot program came from DDWA and WSDA dentists donated dental supplies.