STATE PRACTICE ACT WORKFORCE ISSUES & HOW THEY IMPACT ACCESS

Bev Litchfield, RDH, MHAc
President, Prevention Partners
National Oral Health Conference
April 27, 2008
Public Health Supervision Status
Maine Registered Dental Hygienists
Maine’s Oral Health Infrastructure

Most dental care is delivered via small, independently operating private practices

- 23 private non-profit dental clinics (11 are federally qualified health centers)
- three state operated clinics that serve behavioral health clients
- three Indian Health Services dental clinics
- 10 preventive dental hygiene service programs
- three programs that rely on volunteer dentists and referral networks
Federally Designated Medically Underserved Areas and Populations (Jan. 2005)
Federally Designated Primary Care Health Professional Shortage Areas (Jan. 2005)
Federally Designated Dental Health Professional Shortage Areas (Jan. 2005)
Workforce concerns: numbers, age and distribution of dentists (2002)

- 589 dentists, net gain of 8 since 1998 (actively practicing vs. 630 licensees)
  465 (~80%) were general practice dentists.

- Dentist to population ratio was one per 2,165, compared to national ratio of one per 1,656. Maine was 28th in the 50 states.

- Only 30% of Maine dentists were 45 or younger; average age was 50.5.
Workforce concerns: numbers, age and distribution of dentists (2006)

- 585 dentists actively practicing vs. 627 licensees (Jan 2007)
- 79% (462) are general practice dentists
- Dentist to population ratio is one per 2,552, compared to national ratio of one per 1,700.
- The average age of Maine dentists is 51.6 (compared to 50.5 in 2002), and 85 percent plan to be practicing in Maine five years from now.
Issues for Oral Health in Maine


- 739 hygienists, compared to 715 in 1999 (actively practicing); 90% employed in private dental offices.

- Hygienist to population ratio is one RDH per 1,752 residents. Cumberland County’s ratio was significantly lower (better) than the state’s ratio; Washington & Somerset were significantly worse.

- About 64% of Maine’s hygienists are 45 or younger (compared to 75% in 1999).
Adults and Oral Health Status

- Data for 1995-97 indicated that for people age 65 and over, Maine was the 5th most edentulous state in the country.
- In 2002, the percentage of adults aged 65 and older who reported loss of all their natural teeth was 30.4%, and 43.8% reported retention of “most” of their natural teeth.
- In 2006, 3.8% of adults aged 25-34 and 7.6% of those aged 35-44 reported they had lost six or more teeth.

Data is from the Behavioral Risk Factor Surveillance System.
110,673 or 35% of children in Maine live in low income families.

Less than 1 in 5 Medicaid covered children receive at least one preventive dental in a recent year. That means ONLY 20% receive preventive service.

As few as 3% of children from low income families have dental sealants, compared with the national average of 23%
2007; Providers who provided the majority of dental services to MaineCare members included:

- 201 private practice dentists served 33,449 MaineCare members
- 11 Dental hygienists served 7,141 members
- 9 Dental clinics served 19,480 members
  (Not including FQHCs)
Some Interesting Data:

**MaineCare (Medicaid) 2007**

114,300 Clients

<table>
<thead>
<tr>
<th>Clients Served</th>
<th>Provider Type</th>
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<tr>
<td>6,785</td>
<td>PHS (6%)</td>
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<tr>
<td>10,000</td>
<td>Non Profit Clinics</td>
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<tr>
<td>19,000</td>
<td>Federally Qualified Dental Ctrs</td>
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<tr>
<td>44,000</td>
<td>in Private Practice</td>
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<tr>
<td>34,515</td>
<td>in need of</td>
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Prevention rates have risen to 41% but treatment/restorative services remain low at 14%
Some Interesting Data…

**MaineCare 2007**

114,300 Clients

The 6,785 children served by Dental Hygienists working under public health supervision in 2007 included an increase of 1,474 or 28% in comparison to 2006.

There is still much to do…One dentist reports that Maine Care members treated in his practice require fillings at a rate of about 60% to 80%.
A dental hygienist may practice in a public or private school, hospital or other non-traditional practice setting under a public health supervision status granted by the dental board on a case-by-case basis. The hygienist may perform all services rendered under general supervision.

The dentist should have specific standing orders and procedures to be carried out, although the dentist need not be present when the services have been provided.

A written plan for referral or an agreement for follow-up shall be provided by the public health hygienist recording all conditions that should be called to the attention of the dentist. The supervising dentist shall review a summary report at the completion of the program or once a year.

Over 145 hygienists have utilized it.
Public Health Supervision

- no dentist permission (authorization)
- patient of record provision removed
- RDH or DDS as starting point to care
- Don’t have to locate where dentist are
- no time limit on dentist exam for continuing care
- direct reimbursement to RDH
- RDH refers to dentists
“Dental hygienists providing services under Public Health Supervision may be compensated for their work by salary, honoraria, and other mechanisms by the employing or sponsoring entity. Nothing in this rule shall preclude the entity that employs or sponsors a dental hygienist from seeking payment, reimbursement, or other source of funding for the services provided.”

Maine Dental Practice Act, Ch II, Rules Relating to Dental Hygienists, Section III, Public Health Supervision
In order to be reimbursed, hygienists performing services under public health supervision, including those funded by the Maine Center for Disease Control and Prevention’s Oral Health Program, or supervising hygienist’s services at a school of dental hygiene, must be enrolled as MaineCare servicing providers.
The Department will reimburse schools of dental hygiene enrolled as MaineCare providers providing hygienist services and will reimburse the Maine Center for Disease Control, Oral Health Program, for hygienist services provided by an enrolled MaineCare provider through its public health, school-based and/or school-linked programs.
MaineCare requires entities enrolling as providers to submit documentation of satisfying the requirements for Public Health Supervision status.

- A copy of the appropriate PHS Activity Licensee Report from the Dental Board’s website should suffice as documentation.

- For reimbursement to occur, hygienists enrolled under Public Health Supervision status must enroll as MaineCare servicing providers with proof of licensure.
Hygienists providing services pursuant to Public Health Supervision status shall meet the following criteria:

(1) The proposal fills a need not currently being met;

(2) The particular proposed practice setting(s), including the proposed supervisor, will be adequate to accomplish the goal;
(3) Appropriate public health guidelines can be followed in the proposed setting(s);

(4) Adequate parameters of care can be maintained in the proposed practice setting(s);

(5) A dentist is available to provide Public Health Supervision to the dental hygienist and specific standing orders are submitted to the Board

(6) If criteria 1-5 are met, but a dentist is not readily available under (5) the Board shall assist in finding one.
A traditional dental office may be used as a PHS setting provided it is used outside of normal business hours and it is clearly identified as a PHS site.
Development of resources (education & oral health promotion literature; handbook distributed to all RDHs in Maine explaining Public Health Supervision status)
When working together in a Public Health Supervision relationship, dentists and dental hygienists shall enter into a Public Health Supervision Agreement based on the following roles and responsibilities. . .

ROLES AND RESPONSIBILITIES
The dentist providing Public Health Supervision must:

- Be available to provide an appropriate level of contact, communication, collaboration, and consultation with the dental hygienist;
- Have specific standing orders or policy guidelines for procedures which are to be carried out for each location or program, although the dentist need not be present when the procedures are being performed;
- Help provide for the patient’s additional needed care in collaboration with the dental hygienist, although the dentist has no responsibility for providing treatment.
A dental hygienist providing services under Public Health Supervision must perform the following duties

- Provide to the patient, parent or guardian a written plan for referral or an agreement for follow-up, recording all conditions that should be called to the attention of a dentist;

- Have each patient sign a permission slip or consent form that informs them that the service to be received does not take the place of regular dental checkups at a dental office and is meant for people who otherwise would not have access to the service;
Inform each patient who may require further dental services of that need;

Inform the Board in writing of any changes in or termination of the Public Health Supervision Agreement; and

Maintain an appropriate level of contact and communication with the Maine licensed dentist providing Public Health Supervision.
A dental hygienist wishing to practice under PHS must:

- notify the board on the appropriate notification form and attach standing orders with the form
- list all locations where he/she intends to practice
- not practice under the same ID number for a period longer than three (3) years
- notify the Board, in writing, of any changes to the activity

The Board may revoke PHS status if a program does not continue to meet the criteria specified.
Notification Form:

Should be completed before activity date begins

Standing Orders:

Should be included with Notification Form

Activity Reporting Form:

Should be submitted within 30 days of end date of project or annually for a 3-year project
NOTIFICATION OF PUBLIC HEALTH SUPERVISION STATUS

1. RDH NAME: ________________________________

2. ADDRESS: 
   Street Address: ______________________________
   Town/City: __________________ State: ___________ Zip Code: ___________

3. PHONE: 
   Home: ___________ Work: ___________

4. RDH LICENSE #: ____________________________

5. E-MAIL: ________________________________

6. AGENCY SPONSORING ACTIVITY: ________________________________

7. SUPERVISING DENTIST: ________________________________

8. DENTIST LIC #: ________________________________

9. DATE(S) OF ACTIVITY: ________________________________

10. SITE(S) OF ACTIVITY: ________________________________

   Location: __________________ County: __________________

11. POPULATION SERVED: ________________________________

12. PURPOSE OF PROGRAM: ________________________________

13. DENTAL HYGIENE SERVICES TO BE PROVIDED: ________________

   __________________________________________________________

I agree to follow appropriate infection control guidelines as recommended by the Centers for Disease Control and Prevention. I agree to advise participants that the services provided do not replace regular dental exams by a dentist. Finally, I agree to file a Reimbursement Form with the Board of Dental Examiners within 90 days of the activity completion, or at least annually for those that are approved for longer than one year.

______________________________  ________________________________
Signature                          Date

PHOTO: (207) 367-3313  FAX: (207) 367-5140
WEBSITE ADDRESS: www.maine.dental  E-MAIL ADDRESS: dentalt钡on@maine.gov
Standing Orders

Standing Orders for PHS Project ID # ______________________ DATE: ______________

<table>
<thead>
<tr>
<th>PHS Hygienist Signature</th>
<th>RDH License #</th>
<th>Supervising Dentist Signature</th>
<th>DEN License #</th>
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</thead>
</table>

- As required by GAC-133 Chapter 3, Section 4, item C.1. The dentist providing Public Health Supervision must have specific standing orders or policy guidelines for procedures which are to be carried out for each category of patients.
- As required by GAC-133 Chapter 3, Section 4, item C.5. A dentist is available to provide Public Health Supervision to the public health hygiene and appropriate standing orders are submitted to the Board.

Please check only those items that apply to the project listed above, be specific:

- Review of medical history for all, noting allergies and other conditions on patient record
- Confirmation/follow-up on pre-medication issues when needed
- Ask all patients if they have any dental complaints (incl. pain), questions, concerns
- Soft tissue inspection, including head and neck
- Oral inspection, including soft tissue, dentition, occlusion
- Oral hygiene assessment
- BMI testing for adults
- Interactive oral hygiene instruction including tooth brushing, flossing, tongue care and recommendation of appropriate products
- Periodontal probing
- Blood Pressure Screenings on all Adults
- Blood Pressure Screenings on Younger Patients when obesity or other issue(s) present
- Appropriate nutritional counseling
- Ask all patients 10 years and older if they use tobacco products. Tobacco cessation counseling as needed
- Scaling (ultrasonic and/or hand) as needed
- Sealants on all appropriate primary molars and permanent premolars and molars
- Temporary fillings, when appropriate, placed in accordance with Board protocols
- Fluoride treatment
- All procedures necessary for a complete prophylaxis
- Antimicrobial irrigation or rinsing pre and/or post treatment as needed
- Radiographs: review by the Supervising Dentist/Dentist must occur within 2 weeks
- Full confidential documentation of all procedures and findings
- Referrals for exams and/or treatments with a dentist, including the MaineCare referral number, along with home-care recommendations
- Advise patients that these visits do not take the place of a dental exam or regular dental care
- Other: please list any service to be provided not checked off above:

All patients (or parents) must be informed prior to their appointment that, “a hygienist will be providing dental hygiene preventive services.” They must be informed that they will not receive a dental exam or complete dental care unless there is not a dentist on site. Hygienists must adhere to HIPAA regulations. Hygienists must adhere to OSHA and Bloodborne Pathogens standard precautions.

Last Revised 03/24/08
# PHS Reporting Form (Current)

**PUBLIC HEALTH SUPERVISION REPORTING FORM**

**DATE OF REPORT:** _______________________

**RDH NAME:** ________________________________  **LIC #** __________

**SUPERVISING DENTIST SIGNATURE:** ________________________________  **LIC #** __________

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<th>ACTIVITY TOWN</th>
<th>ACTIVITY COUNTY</th>
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**GRAND TOTAL**

This Reporting Form must be completed and returned to the Board of Dental Examiners within 30 days of activity completion, or at least annually for those that are approved for longer than one year. Hygienists who fail to submit reports as they should will not be assigned Public Health Supervision ID numbers for future projects. **PLEASE NOTE: YOU MUST USE A SEPARATE LOG FOR EACH SEPARATE PROJECT (SEPARATE ID #)**.

Return to: Maine Board of Dental Examiners
143 State House Station
Augusta, ME 04333-0143
# PHS Reporting Form (Proposed-Feedback Welcome)

**PUBLIC HEALTH SUPERVISION REPORTING FORM**

<table>
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<th>DATE OF REPORT:</th>
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<tr>
<td>RDH Name:</td>
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<th>SUPERVISING DENTIST SIGNATURE:</th>
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<th>#PT'S CLEANINGS</th>
<th>#FLUORIDE TREATMENTS</th>
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<th>URGENCY CARE</th>
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Return to: Maine Board of Dental Examiners
143 State House Station
Augusta, Maine 04333-0143
I, ____________________________________, give permission for my child __________________________ to be seen by a dentist for restorative dental care.

☐ I hereby grant permission for my child to receive all needed care including a dental screening and examination, X-rays, fillings, or extractions that are necessary to improve his/her oral health.

☐ I am aware that complications sometimes can occur.

☐ I have had the opportunity to contact the office with any questions or concerns that I have prior to treatment.

☐ I am aware that this is a one time emergency care appointment and does not establish my child as a long term patient.

☐ I agree to review the attached health history form and document any conditions that may exist. I understand, consent to, and deem accurate all information on this and the attached health history form.

Date:_________________ Parent/Guardian:_________________________
Awakening people “to the need” for oral hygiene preventative maintenance for optimal health
A 501(c)(3) non-profit organization formed in 2001 by past presidents of the Maine Dental Hygienists’ Association.

Guided by an Executive Director and a talented Board of Directors.

Change in state practice act allowed dental hygienists to practice outside of a private dental practice under public health supervision.
Services are provided by fully insured licensed registered Maine dental hygienists.

Dental assistants accompany the dental hygienists to help with procedures and paperwork.

Hygienists and assistants are located over much of Maine to provide adequate state coverage.
Sites Where we are located

Daycare Centers, Head Start Programs, Well Child Clinics, WIC clinics

Hospitals, Medical Offices, Rehab Units

Mobile equipment:

Nursing Homes

Pediatric Practices

Schools

United Cerebral Palsy Centers

Housing Authorities, Recreational Centers, YMCA’s
Prevention Partners provides preventive oral health services to underserved populations.

- Oral assessments
- Cleanings
- Sealants
- Fluoride
- Temporary Fillings
- Oral Health Education
- Nutritional Counseling
- Smoking Cessation
We travel to most of Maine and can set up almost anywhere with running water nearby.
There is a critical shortage of dentists in Maine, particularly in rural Maine.

Many clients have trouble finding a dentist who will take MaineCare.

Many clients cannot travel to a dentist.

Early intervention is crucial! Prevention works!
Most of our clients are youth aged 20 and under on MaineCare.

- Patients in health care centers
- Elderly in nursing homes
- WIC and Head Start Families
- Targeted and qualified children in pediatricians’ offices
## Some Statistics

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Reduction of caries incidence in children and adolescents after placement of resin-based sealants ranges from 86% at one year to 78.6% at two years & 58.6% at four years. (JADA, 3/2008)

Total patients who received sealants (2002-2006) = 4305

Total patients who received temporary fillings (2002-2007) = 1847
Consistent evidence from private insurance and Medicaid databases that placement of sealants on first & second permanent molars in children and adolescents is associated with reductions in the subsequent provision of restorative services. (JADA 3/2008)
Impact?

- One dental hygiene/assistant team in 12 months:
  - 70 school clinics, saw 1667 patients, provided 797 of them sealants, placed 74 temporary fillings.
  - 1667 of the patients had no dentist of record.
Providing oral health services in the school system:

Eliminates the “no show”
“One proven strategy for reaching children at high-risk for dental disease is” providing oral and dental health services in school-based health centers... supporting linkages with health care professionals and other dental partners in the community”
In 2002 one WIC center provided oral health services, (our first clinic), due to PHS.

During 2007 six Maine local WIC agencies had dental hygiene clinics co-located at WIC permanent and/or temporary sites.

Approximately 280 DH clinics were operated during WIC clinic hours.

More than 3400 participants were able to access hygiene services in 2007.
Other PP Services Available:

- **Staff in-service trainings**
  15-45 minute workshops for healthcare providers & teachers in Head Starts, schools, hospitals, nursing facilities and physicians’ offices.

- **Oral cancer screenings**

- **Lectures**
How are we funded?

- MaineCare reimbursement for covered clients ages 20 and under *(however, not all services are covered)*

- Patients can self-pay

- Grant funding when possible

- Fundraising
The supply of dentists in Maine is inadequate to meet demand.

Inadequate MaineCare reimbursement rates.

MaineCare participation rate by general private practice dentists is about 30% (based on SFY07 claims data).

Prevention rates have risen to 41% but treatment/restorative services remain low at just under 14%. (One dentist reports that 60%-80% of his new MaineCare members require follow up services)

Anecdotal reports indicate a perception that MaineCare members miss appointments more frequently than other insurers or private pay (MaineCare members cannot be billed for no shows).
Currently undergoing Sunrise Review –

“Resolve, Directing the Commissioner of Professional and Financial Regulation To Conduct a Sunrise Review of Oral Health Care Issues”

- independent practice for dental hygienists
- expansion of the scope of practice of dental hygienists to create a mid-level dental hygienist license category
- expand licensing requirements to permit foreign-trained dentists
- establish a separate regulatory board for denturists and dental hygienists
Independent Practice Dental Hygienist will be effective on July 15. The Governor signed the bill on April 15.

- Dental School development at University of New England?
- Advanced Dental Hygiene Practitioner?
- Feasibility studies are under way.
We need collaboration/cooperation with many other health professionals and other groups to obtain the level of oral health that we all want and need.

Let’s work together to make it happen!
Please join Prevention Partners in its mission to improve access to preventive dental health services to all of Maine's kids and other underserved populations.
Contact Us....

Linda Wacholtz RDH, Executive Director
Beverley Litchfield, RDH,MHAc, President
Prevention Partners, Inc.
448 Wiscasset Road
Boothbay, Maine 04537
207-633-9716
beach_rose@hotmail.com
bevlitchfield@maine.rr.com
Dental Practice Act (DPA)

- May be viewed on the MBDE website at www.mainedental.org by clicking on Maine Statutes, Rules, and Board Policies.
- May be purchased, for duplicating costs, from the MBDE for $5.00.
- Checks payable to MBDE MasterCard or Visa accepted.
“What You See Depends on Where You Sit”
Thank you

- Dr. Phil Higgins, MBDE
- Kris Blaisdell, MBDE
- Bonnie Vaughan, MBDE
- Judy Feinstein, Oral Health Program
- The staff of Prevention Partners, INC