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**Testimony by Deborah Deatrick in Support of Funding LD 1501 as part of the
FY 22 and 23 Supplemental Appropriations and Allocation Budget**

March 7, 2022

Dear Senator Breen, Representative Pierce and Members of the Joint Standing Committee on Appropriations and Financial Affairs:

My name is Deborah Deatrick and I live in Cumberland and currently work as a part time public health consultant. My career in public health in Maine has spanned more than four decades, including twenty years as Senior Vice President for Community Health at MaineHealth, the state's largest health system – a position I retired from in 2019. I previously directed a health research consortium at the University of Southern Maine's Muskie School and was a part time faculty in the community health education department at the University of Maine at Farmington for ten years.

But more relevant for the testimony I am providing you with today, **I served as the Director of the Office of Dental Health in the Maine Department of Human Services for eight years, from 1980 – 88. Oral health is a key component of overall public health. Over the past ten years, Maine's oral health program has been largely dismantled and defunded – a tragedy for the health and well-being of our state's children.**

For this reason, I am writing to urge you and members of the Joint Standing Committee on Appropriations and Financial Affairs to include \$300,000 in funding for LD 1501, An Act to Protect Oral Health for Children in Maine, in the Governor's Supplemental Budget. *This modest request will allow children across the state to receive oral health screenings, education and preventive fluoride varnish and just as important, will restore the Oral Health Coordinator position – eliminated more than 8 years ago – in the Maine CDC. The cost effectiveness of oral health prevention, in terms of reduced dental disease, both short and long term, is approximately \$1 to \$10 – that is, every dollar invested results in approximately \$10 in savings – in public and private insurance costs.*

For many years, Maine had an exemplary oral health program:

- By the late 1980s and into the early 1990s, virtually EVERY elementary school in Maine – from Fort Kent to Kittery, had a school dental health education program that included classroom instruction, toothbrushes and floss, weekly fluoride mouth rinse (with parental permission), dental screenings and referrals to treatment, supported by dental hygienists and materials from the state Office of Dental Health
- Nonprofits in key rural areas of the State (ex: Aroostook CAP and the Washington County Children's Dental Program) received state funds, administered by the state Office of Dental

Health, to implement these programs, assuring that children the state's most dentally underserved regions received oral health preventive services

- Oral health programs were popular and well-accepted by schools because they focused on prevention, fit well with local health education curricula, and were free to schools (wholesale purchasing available to the state Office of Dental Health meant that it cost less than a few dollars annually to provide ALL of the materials for an individual child)
- Funds for these evidence-based prevention programs were provided by the General Fund and two U.S. CDC block grants (Maternal and Child Health and Preventive Health Services)
- Access to dental services remains challenging in many areas of the state due to cost and availability of providers, making prevention even more important – particularly, the *cost-effective prevention* that can be provided through a revitalized oral health program in the Maine CDC

Funding LD 1501 at the level of \$300,000 will not restore the oral health program to its ideal capacity, but it is a critical start. It's a smart short term investment that will result in long term savings and better overall health for Maine children.

I urge you to support funding LD 1501 as part of the FY 22 and 23 Supplemental Budget.

Sincerely,



Deborah Deatrick