



HOUSE OF REPRESENTATIVES

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AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: Maine Relay 711

Lori K. Gramlich

154 Temple Ave.

Old Orchard Beach, ME 04064

Phone: (207) 232-1067

lori.gramlich@legislature.maine.gov

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Testimony of Rep. Lori K. Gramlich presenting

LD 1837, An Act to Increase Oral Health Services

Before the Joint Standing Committee on Health and Human Services

Senator Baldacci, Representative Meyer and my distinguished colleagues of the Joint Standing Committee on Health and Human Services, I am Lori Gramlich, and I represent House District 131, which is the lovely seaside community of Old Orchard Beach. I am honored to present to you **LD 1837, An Act to Increase Oral Health Services**. I am grateful to so many of you on this committee who have supported these important policy initiatives, both in previous legislation and this bill before you today.

As some of you may know, in addition to my work in state government with the Department of Health and Human Services, I also worked for a number of years with the City of Portland Public Health Division, directing the Family Health Program. One of my responsibilities was oversight of the Children's Oral Health Program and the School Based Health Centers. I saw firsthand the incredible work done for kids in need of oral health care, and again, I am grateful for the support of this committee for my bill last session to expand the Maine CDC's School Oral Health Program to serve all schools in Maine. While we are still working on ensuring that the funding is included in the final iteration of the next biennial budget to ensure this expansion (and I thank you for your efforts to keep that on the priority list for the budget process), this bill before you today - LD 1837 - helps to tie up a few other loose ends that we also need to address.

Unfortunately, over the last decade, we have seen many of our effective prevention-based programs endure a multitude of cuts. Maine CDC's Oral Health Program is but one of these impacted programs. Last session, the 130th Legislature made an unprecedented investment in improving dental access for the people of our state. As you know, in addition to the expansion of the School Oral Health Program, we enacted a comprehensive dental benefit for adults on MaineCare and we raised the MaineCare fees for the first time in decades. We also restored an essential staff position in Maine CDC, the Oral Health Program manager - a single position in a program that used to have 8 staff.

LD 1837 includes a few small provisions to help clarify what we are expecting of the Department. We, of course, need to make sure that they have the capacity to meet these expectations, and we need to hold both the Department and ourselves accountable for implementing the changes we've already decided are necessary. These provisions are:

1. Clarifying that the expansion of the School Oral Health Program was only intended to apply to all public schools, as the word public had been inadvertently left out of the bill last session.
2. Scaling back the expectation that the Department launch a value-based payment pilot - it has become clear that this piece of last year's bill was overly ambitious. Instead, we are adjusting that expectation to ask the Department to work with the MaineCare Advisory Council to come up with a plan for what an "alternative payment" model (which, as I understand it, is less complex and potentially more helpful in our current situation than a "value-based purchasing" model) could look like. The goal is to help public health dental providers delivering services in schools and child care settings to maximize their reach and minimize the administrative billing barriers that currently limit their capacity to reach more children. This plan would be reported back to this Committee in the report that is due from the Department in December so that appropriate next steps can be determined.
3. This bill also continues two positions that were created as temporary positions during the public health emergency to restore badly needed capacity in the Maine CDC. The pandemic has had a lasting impact on the dental field, which already suffered from workforce shortages, fragmented services, and huge gaps in access even before Covid hit. The system continues to bleed - we lost several safety net dental clinics this year, and there are numerous non-profit dental centers and federally qualified health centers who cannot fully staff their dental operations, and these workforce challenges are impacting private dental practices, too.

Depending on where you live and what insurance you have, waitlists for a routine new patient appointment are generally 6-12 months or longer; if you have MaineCare, an appointment for a child who needs sedation or an adult who needs oral surgery is routinely booking out 1-2 years. Someone who needs oral surgery cannot wait two years, and it's even more tragic when you think about how they never should have reached the point of needing their teeth extracted in the first place, if they had had access to preventive oral health care. We need more capacity in our state health department to begin addressing this or we are going to continue dealing with it in our urgent care clinics and hospital emergency departments, which is a horribly expensive and ineffective way

to address a preventable disease.

4. Lastly, as we witnessed with the funding for the expansion of the School Oral Health Program, we can't simply pass a bill and cross our fingers that it will be implemented as expected. It is critical that the Legislature play an active role in monitoring how things are going as we work to dig ourselves out of the dental disease hole we have allowed ourselves to sink into.

Thanks to the work in the last session, we will now have a report from the Department each December to provide an update on the progress that is being made on implementation and to help us understand whether things are improving. These reports will also provide an opportunity for the Department to ask for assistance or make recommendations if there are barriers or resources they need to accomplish the goals.

Importantly, LD 1837 authorizes legislation in response to what we leave from these reports, so that any identified recommendations can be immediately addressed.

These changes may seem less exciting than some of the major successes of last session. As I understand it, there is a minor fiscal note to implement this legislation. I would argue that tying up these loose ends is a critical next step to make sure that we do the job right and get our money's worth from the investments we've already made toward solving this longstanding dental access problem.

I strongly urge you to support LD 1837 and appreciate your consideration of this important legislation. Thank you, and I would be happy to try to answer any questions for you.