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MEJ Testimony *Neither For Nor Against* LD 307, *An Act to Lower the State's Health Care Costs*

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Good afternoon, Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee. My name is Kathy Kilrain del Rio, I use she/her pronouns, and I'm the Advocacy and Programs Director for Maine Equal Justice, a nonprofit legal aid provider working to increase economic security, opportunity, and equity for people in Maine.

Maine took an important step forward for the health of people in our state when we created an adult dental benefit in MaineCare and at the same time made a significant investment in reimbursement rates for oral health services. The new benefit, improvements to the benefit for children, and the improved rates went into effect in July 2022. I have had the honor to serve as the chair of the MaineCare Advisory Committee Dental Subcommittee since early 2021 and we worked with the Office of MaineCare Services (OMS) on the policy and rate changes for the benefit, and we continue to meet monthly with staff from OMS to identify challenges around the implementation of the benefit and discuss potential solutions. I want to take this opportunity to again lift up the true collaboration between OMS and the MAC Dental Subcommittee over the past few years. It has been a real model of how different stakeholders – providers, advocates, impacted people, and the State – can work together to do big things in a way that can lead to positive outcomes for Mainers.

One of the challenges that we knew we would face in creating this benefit and we have seen play out is that of access. I want to be clear – creating an adult dental benefit was the right thing for Maine and over time we will absolutely see improved oral, physical, and mental health outcomes from that decision. Already more than 17,000 Mainers have had access to preventive care that they would not have been able to get before this change. But we cannot fix a decades-long issue overnight and it will take time and creativity to address some of the stickier access issues.

It is because we want to be open to potential solutions to improve access that we have remained open to discussing managed care for dental services even though Maine Equal Justice has long been concerned about potential negative impacts of managed care for MaineCare members. However, based on my experience of the past several years, I am not sure the bill before you is the solution.

Across the nation, we hear of the lack of adequacy of the oral health workforce. That's especially true in Maine where we have long had fewer dentists, hygienists, and specialists than we need for our population – especially in rural areas. We hear over and over that it isn't just that providers don't want to take MaineCare, but that many dental practices are full or nearly full so there aren't openings for people regardless of their insurance. That's even more true for specialists like oral surgeons. The practices that see the most MaineCare patients – mostly the nonprofit clinics and Federally Qualified Health Centers – need more staff to see more patients, but due to reimbursement rates and the lack of workforce with needed expertise, may not be able to afford to expand or may not be able to find dental assistants, hygienists, and dentists. While MaineCare made a significant investment in rates, rates will almost always be a challenge for providers – as we hear across most of our health care system. We are also hearing of more and more dentists who aren't accepting any insurance – not just MaineCare.

Ultimately, I strongly believe that we won't truly solve the access issues without expanding the oral health workforce – and this bill won't do that. We need to look at ways to encourage people to pursue oral health careers when they are seeking education and training options, investing in tuition reimbursement programs for oral health careers, looking at creative ways to recruit oral health providers to come to Maine to work, or other creative ideas to expand the workforce.

One of our biggest concerns at Maine Equal Justice is that managed care in other states has a mixed record. There are places where it works well for the people who need care, and there are places where it really gets in the way of accessing services. Many Mainers have waited years – even decades – to get dental care. We are leery of anything that might potentially limit access to care. We do see in some states that managed care entities seek to cap or make it more challenging to access care in order to keep costs down so they can make a profit. To make such a huge shift in the way we pay for services and to do it well, there needs to be significant stakeholder engagement – with providers, advocates, impacted people, and OMS – to develop a plan that would work for Maine and, most importantly, work for the people in need of care.

These concerns don't mean this isn't a conversation worth having, but I don't think the end of session is the time to have it. To really determine if this is the right fit for Maine and to ensure that if we move forward it is done in a manner that works best for MaineCare members, I think we need more time than is left for this committee's deliberations.

I'm happy to answer any questions and I'll be available for the work session. Thank you.