

Ogorchukwu Olele
Presque Isle
LD 2123

My name is Dr. Ogorchukwu Olele, and I am a Board-Certified Pediatric Dentist serving the children of Aroostook County at St. Apollonia Dental Clinic. I am writing to you today to urge your support for LD 2123.

As one of the two pediatric dentists serving the Aroostook County of Maine, I am met with the public health crisis of staggeringly high caries rates. Many of the children presenting with oral health disease require dental care within a hospital setting under general anesthesia. General anesthesia is not a luxury; it is an advanced behavior guidance method that provides children the opportunity to receive comprehensive dental care in an uncompromising setting. These are children who, due to their age, extreme anxiety, or complex medical needs, cannot be safely or effectively treated in a traditional dental chair. In Presque Isle, a city within Aroostook County, we are privileged to have bi-weekly access to an outpatient surgery center to perform full mouth dental rehabilitation under general anesthesia on these respective patients. However, we are unable to treat the volume of children in need due to severe staffing shortages and inadequate MaineCare reimbursement in the hospital setting. Simply, we cannot see enough children in a day to bridge the gap between the need and the available resources. At a 9-12 month waitlist, with limited time and access, there are many consequences which are out of our control and may arise now or in the near future.

When we lose access to this avenue of general anesthesia, we place the physical and oral health of our most vulnerable patients in immediate jeopardy. Without timely access to GA, children are susceptible to:

- Chronic Pain and Infection: Untreated decay leads to abscesses and systemic infections.
- Life-Threatening Symptoms: Facial cellulitis can quickly become an emergency requiring hospitalization and IV antibiotics.
- A Failure of Standard of Care: For many children with special healthcare needs, exams, radiographs and treatments cannot be performed to the standard of care in a clinic setting due to medical and cooperative limitations.

Please refer to the 2019 (AAPD) American Academy of Pediatric Dentistry's State of Little Teeth 2nd Edition to support the points mentioned above in regards to the limitations faced by patients with special healthcare needs as well as the effect of carious lesions in primary teeth on permanent teeth:

“Moreover, the number of children with activity limitations has more than tripled over the last four decades. This growing population is at high risk for developing oral disease, and untreated tooth decay can exacerbate other health conditions. Access to dental care has been nationally recognized as a critical unmet necessity for children with special health care needs.”(p.15)

“If the tooth becomes infected and the nerve dies, the subsequent abscess can potentially damage permanent teeth... undetected and untreated tooth decay can lead to infection, loss of teeth, and expensive emergency and restorative interventions. In extreme cases, ECC can be life-threatening and lead to serious disability.”(p.7)

Furthermore, I would like to bring your attention to some of the additional consequences of how unmitigated primary teeth can directly impact permanent teeth. As a result, leading to more mismanagement of financial and medical resources in the near future, on a local and statewide level, due to avoidable circumstances. Delayed untreated primary teeth can lead to unfortunate outcomes such as the following:

- Structural Damage: Infections can damage the enamel of developing permanent teeth, leading to weakened, stained, or deformed teeth in need of restorative treatment.
- Misalignment: Premature loss of primary teeth causes adjacent teeth to shift,

blocking space for permanent teeth and leading to severe malocclusion, requiring expensive orthodontic intervention later.

- Developmental Delays: Difficulty with chewing and speech development can occur when primary teeth are lost too early, leading to the utilization of additional therapists and allocation of funds to correct these preventable presentations.

- Eruption Issues: Infections of the primary teeth can cause delayed or ectopic (off-track) eruption of permanent teeth.

As a pediatric dentist, it is profoundly disheartening to realize that the field I entered out of a desire to heal is being strangled by matters of reimbursement and access. I chose to work in a high-need area because I wanted to make a difference. However, when the system creates barriers—like the lack of GA providers and reimbursement rates that do not cover the cost of care—it threatens the longevity of providers in this state. We are losing the battle against preventable disease because the "safety net" is frayed. When we force a child to wait a long time for surgery, we are not just delaying a filling; we are allowing a disease to progress, a child to suffer, and a permanent dentition to be compromised before it even emerges.

LD 2123 is a necessary step toward valuing the oral health of Maine's children. We must address the lack of GA providers and ensure MaineCare reimbursements allow pediatric dental clinics and offices like St. Apollonia to be able to provide the treatment to the highest standard of care in a timely and efficient manner. I ask you to consider the children of Aroostook County, who deserve to grow up without the shadow of dental pain. Please support LD 2123.

Respectfully,

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