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HOUSE OF REPRESENTATIVES

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***Testimony of Rep. Anne-Marie Mastraccio speaking in opposition to
LD 307, An Act to Lower the State's Health Care Costs.
Before the Joint Standing Committee on Health and Human Services***

Good afternoon Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee. I am Anne-Marie Mastraccio, representing House District 142, part of the City of Sanford. I am before you today in opposition to **LD 307, An Act to Lower the State's Health Care Costs**.

This bill was a carry over concept draft that has been amended into a dental managed care bill. It is the contention of those involved in the proposal that this is the answer to the lack of dentists agreeing to see MaineCare patients, children or adults.

After many years of looking at this issue, it is my opinion that this is not the solution. Yes, money is the declared reason more dentists won't take MaineCare patients, but more and more dentists are declining to take other dental insurances, preferring not to limit what they may charge for their services.

In 2011, the Maine Legislature passed LD 1105, "A Resolve to Study Oral Healthcare in Maine and Make Recommendations Regarding How to Address Maine's Oral Healthcare Needs." The 133 page report that was published in January 2012 as a result of that legislation is entitled, "Oral Health in Maine, A Background Report" and made some key findings that are still true today:

1. Compared to other states and the U.S. as a whole, the supply of dentists in Maine is relatively small and unevenly spread across the state.
2. Resources to cover the cost of oral health services for underserved populations in Maine are limited.
3. Access to oral health services appears to be uneven, with some groups having much less access to care in ambulatory settings.
4. MaineCare eligible patients have limited access to oral health services, especially in private dental practices.

5. While there is an oral health safety net in Maine, the safety net is limited in size and in resources available to provide care.

We have made some progress, but our oral health care system is still in crisis. Though the citizens of Maine approved a \$3.5 million bond in 2010 to support the creation of a dental school, which enrolled its first class in 2013, we still have a shortage of dentists and an unwillingness on the part of the dental school and some dentists to train and employ dental therapists to aid in the delivery of care. We will never train enough dentists to prevent and treat all the dental disease in our state, no matter how much you increase MaineCare rates or manage care. We will not dentist our way out of this problem. We need a new and better plan.

I have included an outline for legislation to establish a blue ribbon commission to develop a statewide oral health strategic plan. I hope you will consider amending LD 307 to set in motion a roadmap for the future that will help inform decision making by future policy leaders.

Proposed Amendment to LD 307

An Act to Establish the Blue Ribbon Commission to Develop a Statewide Oral Health Strategic Plan

Resolve: Gather national and statewide experts/stakeholders to identify a strategic plan to meet Maine's oral health needs and to identify measurable outcomes.

The scope of the Commission must include at a minimum;

An assessment of the current condition of Maine's oral health condition and a long range plan to address any recommendations.

Consideration of oral healthcare solutions that go beyond prevention and routine care (emerging science and new technologies)

An inventory of existing infrastructure/oral health services (practice settings),

Identify opportunities to fully utilize allied dental health professionals licensed to practice in Maine (Dental Therapists, IPDH and Public Health Dental Hygienists and EFTA's)

Identify challenges in recruiting/retaining dental professionals in certain settings

An examination of other state pilot projects and strategic plans relating to Oral Health Care

Suggested partners to be invited to participate

Non-profit think tanks, i.e. Pew Foundation

Maine Development Foundation

DHHS-Office of Oral Health,

Maine CDC

Maine Department of Financial and Professional Regulation

Me Dept. of Education

Maine Oral Health Coalition/Children's Oral Health Network of Maine

Representatives of Federally Qualified Health Centers,

Professional Associations whose members are providing or responsible for providing oral health care

Interested social service agencies

Representatives of the following Legislative Standing Committees, HCIFS, HHS and Education

Funding

Utilize a Private-public partnership model inviting Northeast Delta Dental, UNE and other private organizations and non-profit groups representing interested stakeholders as well as federal and/or state funds that may be available either through MaineCDC or pandemic funding as the pandemic has exacerbated not only the overall oral health condition of Maine citizens, it has also exacerbated the available oral healthcare workforce.

Require report back to the Committee(s) of Jurisdiction with progress/recommendations at the beginning of each legislative session.

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND ELEVEN

S.P. 338 - L.D. 1105

**Resolve, To Study Oral Health Care in Maine and Make Recommendations
Regarding How To Address Maine's Oral Health Care Needs**

Preamble. Whereas, many Mainers face barriers to oral health care; and

Whereas, parts of each of Maine's 16 counties have been identified as federally designated dental health professional shortage areas; and

Whereas, there is no single answer to addressing Maine's oral health care needs; and

Whereas, ongoing challenges to Maine's oral health care needs include reimbursement, geography, personal decisions, workforce issues and many other factors; and

Whereas, the Legislature has in recent years sought to address Maine's oral health care needs through changes to the dental workforce and scopes of practice; and

Whereas, no comprehensive study has been completed regarding Maine's oral health care needs or the effect of the legislative changes and evaluations of strategies to address the outstanding needs; and

Whereas, this resolve directs the Executive Director of the Legislative Council to designate Medical Care Development, Inc. to contract with a qualified consultant to conduct a study of Maine's oral health care needs; now, therefore, be it

Sec. 1. Oral health care needs; study. Resolved: That the Executive Director of the Legislative Council shall request Medical Care Development, Inc. to conduct a study, without any cost to the State, pursuant to this resolve. Medical Care Development, Inc. shall solicit funds to pay for the cost of the study. Upon receiving adequate funding, Medical Care Development, Inc. shall contract with a qualified consultant that has sufficient resources and experience to perform a study of the State's oral health care needs that examines the type and geographic distribution of oral health care providers and analyzes barriers to oral health care in the State. The Department of Health and Human Services shall cooperate with Medical Care Development, Inc. by providing assistance in obtaining relevant information and data. In conducting the study, Medical Care Development, Inc. shall invite the input of members of the Joint Standing Committee on

Health and Human Services and the Joint Standing Committee on Labor, Commerce, Research and Economic Development and shall seek the advice of statewide organizations representing dentists, dental hygienists, low-income persons, federally qualified health centers and dental clinics. The study may reference or incorporate information from other relevant research. The study must specifically examine and report on:

1. Existing public and private financial resources for oral health care in the State;
2. Limitations on access to oral health care for citizens of the State;
3. The sustainability of public financing programs for oral health care;
4. The actual and projected dental workforce needs for the State;
5. The effect of recent changes surrounding oral health care in the State, such as the development of a dental school based in the State and the creation of expanded function dental assistants, dental hygienists with public health supervision status and independent practice dental hygienists; and
6. Possible policy models from other states and countries that have been effective in addressing identified workforce shortages; and be it further

Sec. 2. Funding. Resolved: That Medical Care Development, Inc. shall seek nonstate funding to fully fund all costs of the study requested in section 1. The Department of Health and Human Services shall assist Medical Care Development, Inc. in seeking nonstate funding, including collaborating in seeking any available federal grant funds. State funds may not be expended to conduct the study. The study must be completed and the report submitted by Medical Care Development, Inc., with recommendations as appropriate for each issue, no later than January 1, 2012 to the Joint Standing Committee on Labor, Commerce, Research and Economic Development and the Joint Standing Committee on Health and Human Services.