



**Testimony of Becca Matusovich, Executive Director  
Children's Oral Health Network of Maine**

*LD 210: An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 30, 2026 and June 30, 2027*

Before the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services  
Public Hearing: February 13, 2025

Good afternoon Senators Rotundo and Ingwersen, Representatives Gattine and Meyer, and members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services. My name is Becca Matusovich and I am the Executive Director of the Children's Oral Health Network of Maine, a statewide multi-sector network of organizations and individuals dedicated to ensuring that all children in Maine can grow up free from preventable dental disease.

I want to begin by expressing deep appreciation to the administration for the inclusion of two critical oral health positions in this biennial budget—the Public Health Educator and the Oral Health Data Analyst at the Maine CDC. These positions are essential to rebuilding our state's public health infrastructure and ensuring that children and families have access to preventive oral health care. While these two positions currently exist as time-limited positions, extending them as regular positions has been one of our highest priorities in order to ensure that Maine CDC can play the important public health leadership role that is needed to address our state's oral health needs.

Maine is facing a significant oral health crisis, leaving the majority of our kids – about 200,000 children – without access to the dental care they need. Only one out of five children enrolled in MaineCare have a dental home where they receive even one checkup and cleaning a year. Imagine if you had 5 children in your household and only one of them could get a dentist appointment – how do you picture that working out? Even among children with commercial dental insurance, barely half got even one annual checkup and cleaning in 2023.<sup>1</sup> Without regular checkups or screenings, small oral health issues can rapidly escalate into painful conditions that affect a child's ability to eat, speak, sleep, and focus in school. Restorative treatment can be very expensive and too often results in sedation or anesthesia that would have been avoidable had emerging cavities been found and treated earlier. This lack of access exists statewide but it disproportionately impacts low-income families and rural communities, where finding a dentist who accepts MaineCare can be nearly impossible.

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<sup>1</sup> Fox, K., et al. (2024). *Assessing Maine children's access to a dental home: Dental insurance does not guarantee receipt of dental care*. USM Catherine Cutler Institute. <https://www.maineconh.org/assets/stock/2024-Dental-Home-Utilization-Maine-Children.pdf>

Maine's oral health workforce is unable to keep up with demand for dental services. We have a shortage of dentists, dental hygienists, dental assistants, oral surgeons, orthodontists, endodontists, and pediatric dentists, so there are simply nowhere near enough appointment slots for all the people who need them. Without a serious plan to strengthen the dental workforce and expand access to care in innovative ways, Maine's children will continue to suffer from preventable oral health problems with lifelong consequences.

The need for strong leadership in oral health is critical at this moment in time, and continuing to work toward restoring the Maine CDC's oral health program staffing is one important step to achieve the desired impact of the legislature's and the administration's recent investments in oral health access, including the adult MaineCare benefit and the expansion of the School Oral Health Program.

I also wanted to mention a few other related budget issues. One is a concern about the proposal to move public health programs, including core funding for the Maine CDC School Oral Health Program, from the Fund for a Healthy Maine to the General Fund. While we recognize the structural challenges posed by declining revenues to the Fund, we worry about whether this shift may put the long-term stability of essential public health efforts at even greater risk and set a troubling precedent for how Maine sustains its investment in prevention.

Rather than shifting these programs out of the Fund, I urge this committee to explore alternative strategies to stabilize and strengthen its revenues. Public health investments yield significant long-term savings by preventing costly health conditions before they arise. Ensuring the sustainability of the Fund for a Healthy Maine is a fiscally responsible approach that will protect these critical programs for years to come.

Additionally, I am very concerned about the proposed cuts to Head Start funding. One very successful initiative we have been leading is the Maine Dental Connection, which includes collaboration with Head Start programs across 9 counties to implement an innovative model for delivering comprehensive preventive dental care for children right in their preschool setting. This project has allowed me to see firsthand the important work that Head Start programs do. I have commented many times that one of the best strategies for improving the health of preschool children would be to expand the number of Head Start program slots so that all families could have the option to participate. Cutting back on funds to this program is truly a move in the wrong direction if we want all of our children to get off to a solid start in school and life.

I appreciate your time and consideration. I know that you have difficult work to do and your thoughtful approach to this budget is important. Thank you, and I am happy to answer any questions.