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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

Joint Standing Committee on Health and Human Services and Committee on Appropriation and Financial Affairs February 24, 2025

Good Afternoon, Senator Rotundo, Representative Gattine, Members of the Joint Standing Committee On Appropriations and Financial Affairs, Senator Ingwersen, Representative Meyer and Members of the Joint Standing Committee on Health and Human Services. Thank you for allowing me the opportunity to speak to you today about the provisions for oral health care for children in the proposed biennial state budget.

My name is Dr. Kate Herlihy and I am a pediatrician who has been practicing medicine in rural Maine for the past 24 years. I am testifying today on behalf of the Maine Chapter of the American Academy of Pediatrics, all the Pediatricians and family medicine health care providers, and most importantly, the children and families of Maine.

We appreciate Governor Mills for recognizing the importance of oral health by including funding for two key Maine CDC positions in her biennial budget. The Maine AAP has advocated for these positions in past legislative sessions, knowing that they are essential to coordinating oral health initiatives, and improving access to oral health care for children and families. Maine's pediatricians regularly face major challenges connecting the children in their care to oral health services.

I'd like to illustrate this with a short story of a five-year-old named Aiden. Aiden was seen in the office for problems with eating. He had visited the emergency department on several occasions for dental pain and infections of the mouth related to his poor dentition. He had missed school because of his dental problems and was not thriving in his relationships with friends and siblings. He was noted on his exam to have multiple cavities, inflammation of the gums, and infections in his mouth.

Prior to the establishment of the state oral health program, Aiden would have been on a waiting list for a hygienist and dentist for weeks or months. He would have undoubtedly had costly visits to the emergency department, multiple courses of antibiotics, and fallen further behind in his developmental progression. I, as his care giver, would have been frustrated, spent hours on the phone advocating for his care, and questioned our ability to provide comprehensive care in the setting of our lack of dental resources.

With the state program in place, I was able to quickly get an appointment for Aiden with the hygienist who could then facilitate appropriate referral to a dentist. The importance of the provision of oral health for the children of Maine cannot be undermined.

We strongly encourage the legislature to retain these positions in the final budget to ensure continued progression in strengthening Maine's oral health system.

Kate Herlihy, MD