



Testimony of the Maine Dental Association
before the Health Coverage, Insurance and Financial Services Committee

Neither For Nor Against

LD 1746 An Act to Reduce Dental Disease and Ensure Access to Essential Preventive Dental Care Among Maine Children

Public Hearing: Tuesday, May 6, 2025

Senator Ingwersen, Representative Meyer and Distinguished Members of the Health and Human Services Committee,

I am Therese Cahill, and I serve as the Executive Director of the Maine Dental Association. The MDA represents all dentists in Maine and is a statewide association dedicated to promoting oral health, advancing excellence in dentistry, and building a future that empowers Maine's communities with sustainable access to oral healthcare. Thank you for the opportunity to testify today.

On behalf of the Maine Dental Association, I am respectfully providing testimony *neither for nor against* LD 1746 *An Act to Reduce Dental Disease and Ensure Access to Essential Preventive Dental Care Among Maine Children*.

We are all aware that there remains a significant shortage of dental professionals in our State. The MDA supported **LD 1501 An Act to Protect Oral Health for Children in Maine** sponsored by Representative Gramlich in the 131st Legislature; the goals remain much the same. While some of the language was incorporated, the program was never adequately funded.

In order to ensure that ALL children, regardless of family economic status, receive at least one preventive dental visit annually it's absolutely essential the first two sections of this bill are passed and that the necessary funding is appropriated.

While we support most of the tenets in this bill, the MDA has concerns about Section 3 as it relates to "minimally invasive dental disease treatment". This often means silver diamine fluoride (SDF) and/or fluoride varnish. There has been strong research interest in the use of SDF to arrest caries lesions, which is an off-label use. SDF currently has the Food and Drug Administration clearance for treating tooth sensitivity. However, one common adverse effect of SDF treatment is permanent black staining of the arrested caries lesions. This means children who receive SDF have visible black stains on their teeth that do not come off. The MDA would caution against the well-intended overuse of this treatment and continued referrals to pediatric dental practices. In turn, we would like to propose the Department contracts with a licensed dental professional, whose education included intense insight into

both the use and application of SDF, when training pediatricians. For example, the MDA participated in a Children's Oral Health Network pilot program which provided e-consults between a dentist and a pediatrician around the use of SDF. This type of training and support must be provided by either a dentist or a registered dental hygienist who have the expertise in this dental procedure.

The shortage of dental professionals is not endemic to Maine and certainly all the more reason for us to work together to solve these problems.

Thank you for your time and attention.