



Testimony of Becca Matusovich, Executive Director

Children's Oral Health Network of Maine

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

Before the Committee on Health and Human Services

Public Hearing: May 6, 2025

Good afternoon Representative Meyer, Senator Ingwersen, and esteemed members of the Committee on 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 am excited to be here to ask you to support LD 1746.

As you heard from Rep. Gramlich, this bill includes both positions and programmatic components. The two positions named in the bill are the same two time-limited positions we have been trying to save at the Maine CDC for the last few years. The governor included these two positions in her proposed 2026-27 biennial budget and this Committee already voted unanimously to support them earlier this session. For that we are very grateful as it demonstrated your understanding and agreement of why these positions are so essential to ensuring that children and families have access to preventive oral health care. Extending these two time-limited positions has been one of our top priorities in order to ensure that Maine CDC can provide the important public health leadership that is needed to address our state's oral health needs.

LD 1746 also includes some programmatic work that is needed from Maine CDC. As you already know, Maine is facing a significant oral health crisis, leaving about 2/3 of our kids without access to routine preventive dental care. There are almost 100,000 children with MaineCare who are not able to get even one checkup and cleaning a year.

To illustrate how this plays out in communities across Maine, I ask you to think of a teacher or a primary care provider who you know from your own district. Now imagine you are in their shoes today rather than here - with 25 kids in your classroom, or with 25 kids scheduled in your office today.

Based on data from claims and the School Oral Health Program, we can estimate what oral health access looks like for your 25 kids. If your classroom or patient panel is average for the state, you can assume that only about 8 of your kids are getting annual checkups and cleanings. Among the rest, 14 will struggle to get an appointment because they have MaineCare, no dental insurance or have recently gotten coverage. This is especially heartbreaking because 5 of your kids already have active untreated decay and one needs an urgent referral to a dentist. This bill does not pretend to be the entire solution but it offers a sensible low-cost strategy to slow down the cycle of dental disease for the kids in your community.

Unfortunately, LD 1746 will have a fiscal note because of course both positions and programs cost money. If there was a free solution to this problem, it would have been implemented by now. But I know you agree with us that the cost of doing nothing is too high and it is not fair to ask our kids to bear that cost in the form of pain and suffering, and a lifetime of poor health. We intentionally outlined the programmatic provisions in this bill to be flexible knowing that these are hard times. We know from our experience with the pilots that informed this proposal that you can have a meaningful impact even starting with a very small investment in the first year, and a small infusion of state funds would help leverage more non-state resources. I have financial estimates from grant-funded pilot projects that I would be happy to share to help inform a fiscal note.

To wrap up, I will leave you with some of the questions that keep me up at night:

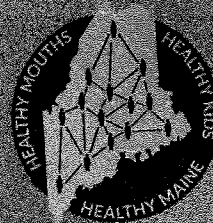
- Back to the teacher or primary care provider you were thinking of - what do you think will happen to that active untreated decay for those kids sitting in their classroom or exam room? How many of the rest who are going without preventive care will develop cavities in the next few months or the next year?
- What if there was an effective way to stop those cavities right in your building, today, with help from programs that already exist and are already working on this? (you will hear from others about how this can work!)
- What if that kid with the urgent problem doesn't get help, what will happen to that child when it erupts into an infection?
- Now zoom back out from your classroom or exam room to the statewide picture - your group of 25 kids is one of 10,000 classrooms and doctors offices, spread out all around the state. And if screenings could be done in all of them today for the kids who haven't seen a dentist in the past year, you would find more than 50,000 kids with untreated decay and close to 10,000 of them would need immediate referral.

Others are speaking today more specifically about how the two programmatic pieces of this bill can help schools and primary care providers deal with this challenge - to try to slow down the decay and keep those 4 other kids with the untreated cavities from ending up in the ED, where the child with the urgent need is headed if someone doesn't intervene. Bigger solutions are obviously needed to build out a dental workforce that can serve our state's whole population, and we all know those solutions will cost more and will take longer... but in the meantime if we don't do something to stop the decay that's already out there, then we are simply kicking the can over to the Emergency Room, and leaving kids in every community across this state to suffer from a disease that we have the tools to prevent and to treat.

We have collaborated with many partners to bring you this practical and affordable action step to make progress on a crisis that we know all of you want to solve. Please keep moving in the right direction, and do all that is within your power to get LD 1746 enacted and funded.



STATEWIDE



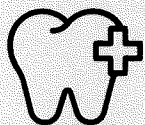
Children's
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FROM CRISIS TO OPPORTUNITY IMPROVING CHILDREN'S ORAL HEALTH IN MAINE

- WHAT WE KNOW -

The Maine CDC School Oral Health Program has screened about 12,000 children so far this school year. The results indicate that **31%** of children screened have active untreated decay.

In the first half of the 2024-25 school year:



3,671 (31%)

children had untreated decay



460 (4%)

children had dental problems requiring immediate referral to a dentist

A recent report from the University of Southern Maine Cutler Institute analyzed access to a dental home among children in Maine.*

Commercial Dental Benefits

2 out of 5 children (**44%**) under age 21 are not getting annual checkups and cleanings

MaineCare

4 out of 5 children (**80%**) under age 21 are not getting annual checkups and cleanings

In total, about 200,000 children in Maine are going without routine dental care



- WHAT WE CAN DO -

Action is needed to ensure that Maine's children receive the necessary care to protect and ensure their dental health.

1. Bring more mobile dental hygienists into schools
2. Support primary care providers to add simple cavity treatments to their preventive oral health services
3. Protect Maine CDC's capacity to address children's oral health crisis

YOU CAN HELP ADDRESS THIS CRISIS

Support **LD 1746** to bring essential oral health care to Maine children

For more information, contact Kalie Hess at kalie@mainecohn.org

* Source: <https://www.mainecohn.org/assets/stock/2024-Dental-Home-Utilization-Maine-Children.pdf>