



HOUSE OF REPRESENTATIVES  
2 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0002  
(207) 287-1400  
TTY: Maine Relay 711

**Lori K. Gramlich**

Assistant House Majority Leader

(207) 287-1430

[Lori.Gramlich@legislature.maine.gov](mailto:Lori.Gramlich@legislature.maine.gov)

May 6, 2025

*Testimony of Rep. Lori K. Gramlich presenting*

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

*Before the Joint Standing Committee on Health and Human Services*

Senator Ingwersen, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Lori Gramlich, and I represent House District 131, the lovely seaside community of Old Orchard Beach. I am proud to present ***LD 1746, An Act to Reduce Dental Disease and Ensure Access to Essential Preventive Dental Care Among Maine Children.***

As many of you know, I have long worked at the intersection of public health and policy—including my time with the Department of Health and Human Services and my years with the Portland Public Health Division, where I oversaw the Family Health Program and saw firsthand the transformative impact of the Children's Oral Health Program. I have brought forward several bills over the years to meet the oral health needs of Maine children and address what I see as an ongoing, worsening and somewhat forgotten crisis. I am bringing forward this bill as the next step we need to take to try to keep the immediate dental challenges facing Maine children from continuing to get worse while other, longer-term solutions begin to take effect.

Dental disease remains the most common chronic condition affecting Maine children.<sup>1</sup> Even with insurance, two-thirds of insured Maine children still lack access to routine preventive dental care.<sup>2</sup> This is especially true for children covered by MaineCare (80% lack access to regular dental care) and those living in underserved areas where dental providers are in even shorter supply. The consequences of this gap are far-reaching—because untreated dental disease doesn't

---

<sup>1</sup> Centers for Disease Control and Prevention. (2024, May 15). *Oral health tips for children.*  
<https://www.cdc.gov/oral-health/prevention/oral-health-tips-for-children.html>

<sup>2</sup> Fox, K. S., Kumarage, A., McGuire, C., & Stultz, E. (2024). *Assessing Maine children's access to a dental home: Dental insurance does not guarantee receipt of dental care.* University of Southern Maine, Muskie School of Public Service, Catherine E. Cutler Institute, Population Health & Health Policy.  
<https://www.maineconh.org/assets/stock/2024-Dental-Home-Utilization-Maine-Children.pdf>

just harm physical health. It also affects school performance, behavior and self-esteem.<sup>3,4</sup> I've seen this in my work, and I know many of you have heard it from your own constituents.

Over the years, this committee has been steadfast in your unanimous support for the bills I have brought forward in partnership with oral health advocates to address this crisis. We have collaboratively restored the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Coordinator position at MaineCare, restored the State Oral Health Program Manager position, and provided a mandate and funding for MaineCDC to expand the school oral health program to all public schools statewide. These were important steps for preventing cavities, but a screening and fluoride varnish are not enough to hold the line against dental disease that has already started. If it were, then those of us in this room who do have access to dental care wouldn't maintain a routine of going to a dental office for checkups and cleanings twice a year.

I can't stand here and promise you that LD 1746 will solve this whole problem, any more than the previous bills could. However, this bill takes **three key steps** to try to keep this crisis from getting worse year over year while we figure out how to move long-term solutions forward:

1. **It empowers pediatricians and primary care providers to treat dental disease early**, using evidence-based tools like silver diamine fluoride. Pediatricians typically see children more frequently than dentists, and we must equip them to be part of the solution. Pediatricians are already screening and applying fluoride varnish, but they are increasingly frustrated about how hard it is to help families get into a dental office for follow-up care when the screening indicates that dental disease has already begun.
2. **It expands school-based dental care through public-private partnerships**, building on the School Oral Health Program, the success of a model that Cumberland County funded and similar models that have been demonstrated in other counties, including Washington and Aroostook. These approaches go beyond the School Oral Health Program, which offers basic screenings and fluoride varnish, to coordinate local dental partners who can do more to treat the decay they find through the screenings. Additional support and leadership from the School Oral Health Program is needed to increase the capacity of local hygienists to reach more schools and young people using mobile equipment and teledentistry. Mobile oral health care can be very comprehensive – offering exams, cleanings, and early cavity treatments where children already are – and sometimes even x-rays and teledentistry exams to triage urgent needs and coordinate referrals to a dentist

---

<sup>3</sup> Jackson, S. L., Vann, W. F., Jr., Kotch, J. B., Pahel, B. T., & Lee, J. Y. (2011). *Impact of poor oral health on children's school attendance and performance*. *American Journal of Public Health*, 101(10), 1900–1906. <https://doi.org/10.2105/AJPH.2010.200915>

<sup>4</sup> U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research. (2021). *Oral health in America: Advances and challenges*. <https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf>

if more extensive restorative treatment is needed.

3. **It protects the state's capacity to coordinate and scale this work by making permanent two key positions at the Maine CDC dedicated to oral health.** This committee voted to support these positions as a priority last year, and the Governor included them in her proposed 2026-27 biennial budget. It's time to ensure that we can keep these positions to address the oral health crisis we are in. The need for public health leadership demands more than the one regular oral health position we currently have at the MaineCDC.

We know that long-term solutions include increasing Maine's dental workforce and building a more robust system that can most effectively use our limited workforce to serve our entire population—but our children have cavities now that can't wait for those solutions. These common-sense short-term strategies can buy them time, by using all the tools available to stop disease now, while those larger reforms are figured out.

This bill is timely, it is practical, it is low-cost, and it is deeply needed. I respectfully urge the committee to join me in supporting LD 1746 so that all Maine children can grow up free from preventable dental disease.

Thank you, and I would be happy to answer any questions.