



**Testimony of Becca Matusovich, Executive Director
Children's Oral Health Network of Maine
on LD 2212**

An Act to Make Supplemental 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, 2026 and June 30, 2027
Before the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services
Public Hearing: February 18, 2026

Good morning Senators Rotundo and Ingwerson, 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. Our Network is a collaborative effort, funded primarily by philanthropic dollars, with a shared vision of making Maine a place where all children grow up free from preventable dental disease.

I am here today to ask you to amend LD 2212 to incorporate LD 1746 into the Supplemental budget. This bill was a priority unanimously supported by HHS last session and it is a critical strategic investment in our state's ability to meet the oral health needs of our people.

In recent sessions, you have taken several essential steps toward rebuilding our state's capacity to address our oral health needs. While oral health care has historically been treated like a luxury that only some people deserve, most of our state has been classified as a dental professional shortage area for way longer than I've been in public health, and dental disease rages on as the most common chronic disease of childhood. The pandemic exacerbated these disparities and almost 6 years later our system has still not even recovered its pre-2020 capacity.

These two committees have led the way on important oral health investments – by adding the MaineCare comprehensive adult benefit, prioritizing dental in the rate reform process, restoring the Maine CDC's Oral Health Program Manager and expanding the School Oral Health Program. And last session, the Governor and the legislature built one component of LD 1746 into the biennial budget by restoring the two oral health positions in the state oral health program. The unfinished business that remains this session is the programmatic portion of LD 1746, and we are working with the bill's sponsor and the Department on a revised fiscal note that will be more accurate and we expect significantly lower than the original cost.

The investment LD 1746 proposes is very targeted, and strategically designed to make progress on dental disease as a statewide public health challenge. As you've heard from me before, there are not enough dental offices for all people in Maine to have a traditional dental home - the available providers do not have anywhere near the capacity needed to treat all the disease that is already out there. And if dental disease is not treated, it will progress, no matter how much you brush and floss; families cannot stop cavities without help from licensed professionals.

In one project we are supporting, a mobile dental program that provides both school-based and clinic-based care made over 600 referrals of children to dental specialists last year. This organization provides comprehensive care all the way up through simple extractions, so the cases that have to be referred out are very serious and often require anesthesia. So far in this project, they have been able to secure a specialist appointment for only about 1 in 5 of these referrals within 6 months (and I don't mean they got their treatment needs met in that timeframe, just that they were able to get an appointment scheduled with a specialist).

This snapshot represents just a sliver of the need, and demonstrates why our network also supports LD 2123, a bill sponsored by Speaker Fecteau, which would resolve a problem with the anesthesia rates for ambulatory dental surgical centers. That bill would make advanced treatment for kids with extensive dental disease more available, and that is indeed a critical need.

What LD 1746 proposes is to also make an investment earlier in the disease progression. Your past support for expanding the School Oral Health Program has helped to make screening and basic preventive tools like fluoride varnish more available, but we have not yet turned the corner and we have far too many kids who are already developing dental disease and who are entering the pathway to the extractions and anesthesia that Speaker Fecteau's bill addresses. Early intervention tools like Silver Diamine Fluoride (or SDF) and protective restorations are easy to apply, cost-effective, and can stop cavities in their tracks – but they are under-utilized because so many kids can't get them soon enough.

By funding LD 1746, these early cavity treatments could be more rapidly deployed in schools by mobile hygienists, and SDF can even be provided by primary care providers with appropriate training. This strategy will slow down the disease, buying time for kids to get the restorative care they may need and reducing the number of kids who end up needing advanced treatment and anesthesia for cavities that could have been stopped much sooner.

Together LD 1746 and LD 2123 are asking for a very modest investment with huge "bang for the buck." This is pennies in the context of the state budget, but it would literally help keep our kids out of pain and interrupt the cycles of suffering from a disease that we have allowed to fester even though we have the tools to stop in its tracks.

You took a huge step forward over the last several sessions by investing in the major elements of our state's public health approach to oral health. However, as the graphs I attached to my testimony from MaineCare's dental data dashboard show, the job is not yet done. Now is not the time to squander that investment – please help us collectively rise to the challenge of getting Maine people the oral health care they need and deserve.

I am happy to answer any questions you may have. Thank you for your support on this important issue.



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

Sponsor: Rep. Lori Gramlich



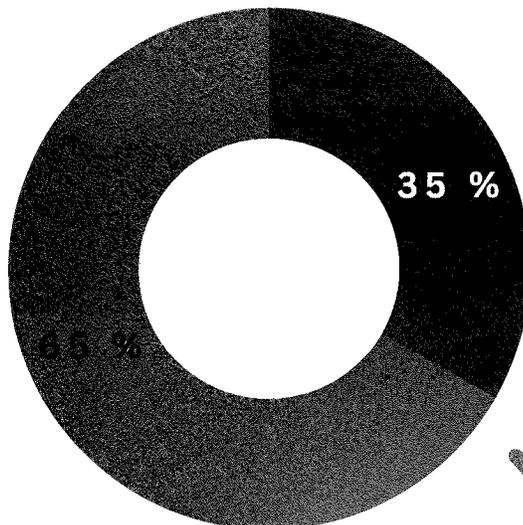
PROBLEM

- Dental disease is the most common chronic disease of childhood, affecting overall health, wellbeing, and school success.
- Limited access to care – especially for children with MaineCare – requires immediate action to slow disease progression and ease workforce strain.

DID YOU KNOW?

- Insured children WITH a dental home*
- Insured children WITHOUT a dental home*

Even with insurance, two out of three Maine children lack routine dental care.



*Dental home = At least one exam and one cleaning in a calendar year.
*Insured = had MaineCare or commercial dental benefits for at least 11 months of the calendar year.

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

BILL COMPONENTS

1. Empower primary care providers to address dental needs

- Build Maine CDC capacity to support primary care providers in using Silver Diamine Fluoride and managing basic dental issues.
- This takes advantage of frequent primary care visits by children, allowing providers to stop cavities early.

2. Support comprehensive mobile dental care in coordination with the CDC School Oral Health Program (SOHP)

- Replicate a proven, enhanced SOHP model that brings local dental providers into schools for more comprehensive care.
- Startup funding enables expansion; insurance reimbursement sustains it.

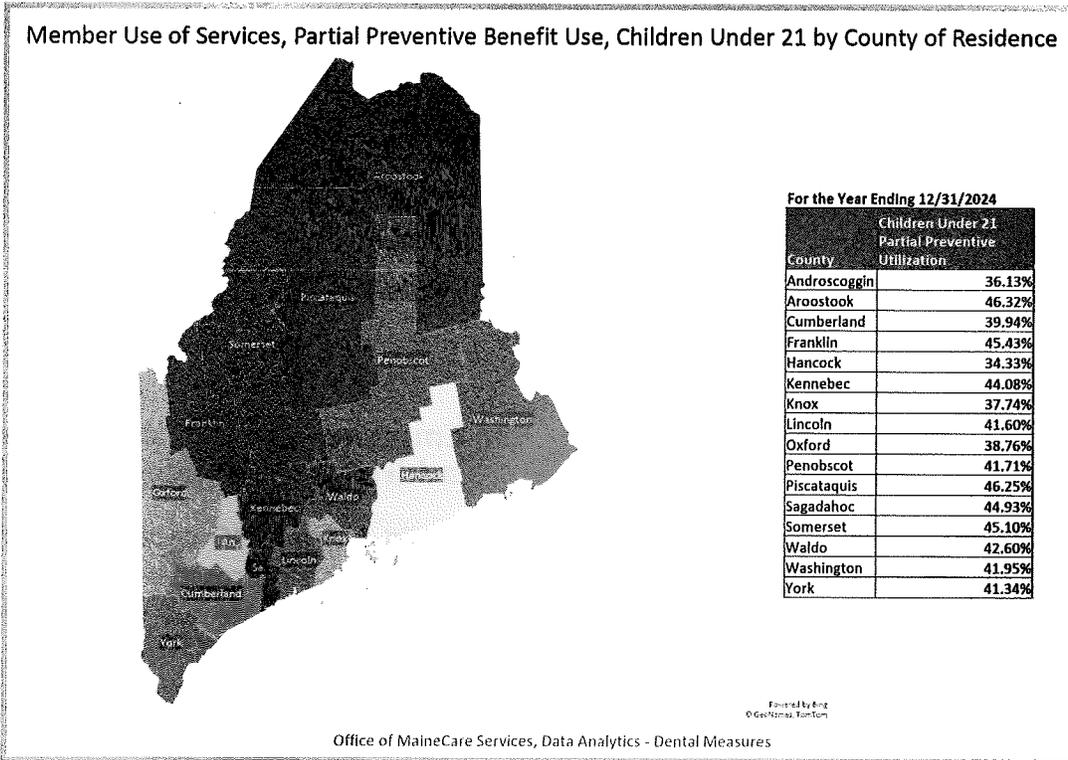
3. Protect Maine CDC's capacity to meet Maine's critical oral health needs

- The biennial budget made permanent two positions to support public oral health services in the state!

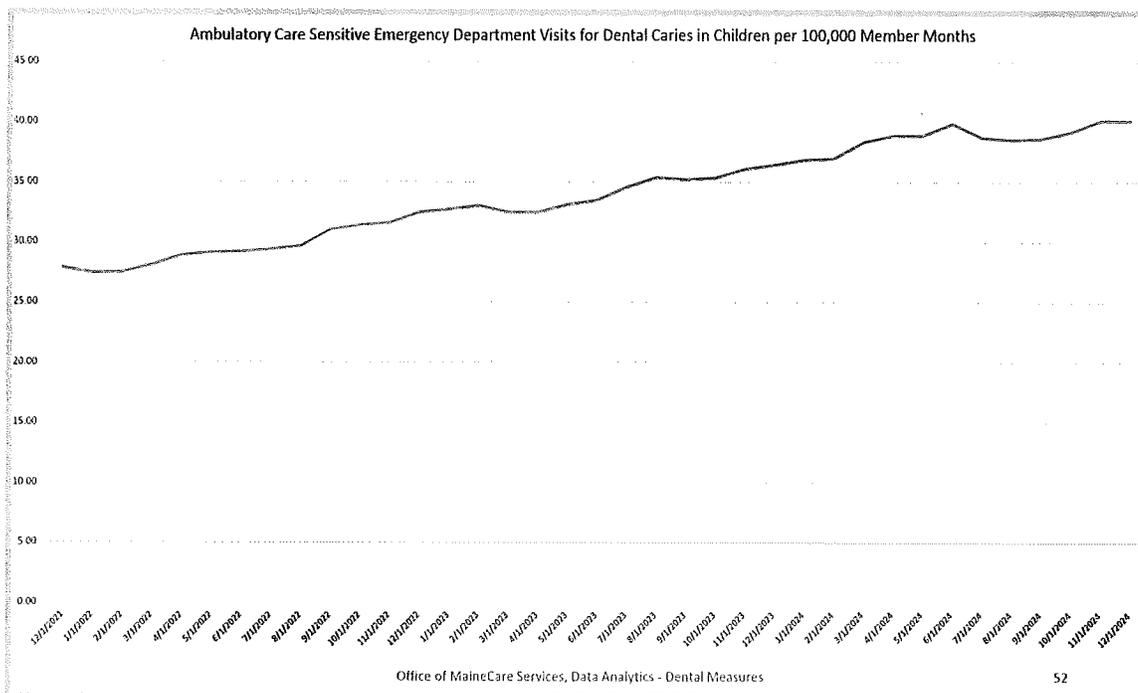
Selected graphs from MaineCare Dental Metrics As of December 2024

Full report available at:

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Dental%20Metrics%20Report%20December%202024.pdf>



Partial Preventive Benefit Use: The percent of benefit-eligible members with at least 11-months of continuous eligibility who received at least one oral evaluation or prophylaxis/cleaning within the twelve-month measurement period ending on the last day of the month indicated.



Ambulatory Care Sensitive ED Visits: Number of emergency department (ED) visits for caries-related reasons per 100,000 member months for children 0 through 20 during the reporting year