

126 Sewall Street  
Augusta, Maine 04330-6822  
TTY/Voice: (207) 626-7058  
Fax: (207) 621-8148  
www.mejp.org



**Kathy Kilrain del Rio**  
Director of Campaigns  
and Healthcare Advocacy  
(207) 626-7058, ext. 210  
kkilraindelrio@mejp.org

## **Testimony in Support of LD 441, An Act To Expand Adult Dental Health Insurance Coverage**

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Good morning Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services. My name is Kathy Kilrain del Rio, I am the Director of Campaigns and Healthcare Advocacy for Maine Equal Justice, a nonprofit legal aid provider working to increase economic security, opportunity, and equity for people in Maine. Today I am testifying in support of Representative Brooks' bill, LD 441, *An Act To Expand Adult Dental Health Insurance Coverage*.

Dental care is health care. Our oral health affects our physical health, impacts our employability, and plays a role in our self-esteem and mental well-being. Far too many Mainers struggle to access dental care because of cost.

Poor oral health, such as periodontal (gum) disease, has been linked to chronic diseases such as heart disease, diabetes, and stroke.<sup>i</sup> Periodontitis during pregnancy has been associated with premature birth and low birth weight.<sup>ii</sup> These important health indicators illustrate only a part of the picture of the importance of good oral health. A Surgeon General report on oral health described its importance in this way:

*"oral health means much more than healthy teeth. It means being free of chronic oral-facial pain conditions, oral and pharyngeal (throat) cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and scores of other diseases and disorders that affect the oral, dental, and craniofacial tissues, collectively known as the craniofacial complex. These are tissues whose functions we often take for granted, yet they represent the very essence of our humanity. They allow us to speak and smile; sigh and kiss; smell, taste, touch, chew, and swallow; cry out in pain; and convey a world of feelings and emotions through facial expressions. They also provide protection against microbial infections and environmental insults."<sup>iii</sup>*

It's not surprising given the importance of our mouths for many aspects of our lives that people with poor oral health face negative consequences to their well-being. At

Maine Equal Justice, we have heard from numerous people who tell us that missing or discolored teeth, pain, or other dental issues have kept them from getting or keeping a job, from feeling comfortable smiling around friends and family (including their children), and from eating without pain or discomfort. This is similar to what the American Dental Association found in surveying Maine adults. 45 percent of low-income adults in Maine avoid smiling because of the condition of their teeth.<sup>iv</sup>

The Surgeon General's report found that oral-facial pain is associated with sleep deprivation, depression, and multiple adverse psychosocial outcomes.<sup>v</sup> And people with poor oral health report limited verbal and nonverbal communication, social interaction, and intimacy. They can also experience issues with their self-esteem, anxiety, and depression.<sup>vi</sup> These serious consequences of poor oral health can be reduced by ensuring MaineCare members have access to comprehensive dental health care.

Maine kids will also benefit from their parents and caregivers having better access to dental care. There is growing evidence showing a link between children's dental health and that of their parents. For example, a study by the Colorado Department of Public Health and Environment and the Colorado Health Institute looked at data for children ages one to fourteen found several positive outcomes for children whose parents or caregivers had dental care. These included being more likely to have excellent, very good, or good teeth, being more like to have seen a dentist for preventative care in the past year, and being less likely to go without needed dental care.<sup>vii</sup> This type of preventive care reduces children's risk of missing school due to poor oral health as well as decreasing the likelihood that children will suffer with mouth pain or issues due to the poor appearance of their teeth and mouths. Finally, it reduces the long-term costs and consequences that can result in other diseases related to poor oral health.

It can be harder to define the economic costs in terms of workforce development, but across our state, poor oral health is impacting people's ability to work. The American Dental Association found one in three Maine adults say the condition of their teeth impacts their ability to interview for a job.<sup>viii</sup> The social stigma associated with poor oral health can lead to limited educational and career opportunities as well as impact social relations.<sup>ix</sup> Studies have found that people do make judgements about intelligence and other attributes based on the appearance of our teeth and mouths.<sup>x</sup> We should consider ensuring people have access to dental care as one of our strategies for helping people find and maintain employment.

For all these reasons, dental care should be considered necessary health care covered by insurance.

I'd also like to address the proposal in Part B to create a database listing dental providers who accept MaineCare. Something like that could be very helpful for MaineCare members, but I am not sure the Maine Health Data Organization is the right entity to do that. Last year, the Partnership for Children's Oral Health worked with providers to create a map and list of MaineCare providers who were open and accepting patients to help Mainers access care while many providers were closed or did not have the capacity to accept patients due to the shutdown related caused by COVID-19. That was a helpful resource for people we work with at Maine Equal Justice so I do think exploring the best way to create an accurate list in a place accessible for MaineCare members is worth exploring further.

For these reasons, we ask that you support LD 441 and we would be happy to talk more about the best way to make Part B work well. Dental care is health care and all Mainers need access to it. Thank you for giving me an opportunity to share our thoughts on this important issue. I'm happy to answer any questions you have.

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<sup>i</sup> <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>

<sup>ii</sup> <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>

<sup>iii</sup> <https://www.nidcr.nih.gov/research/data-statistics/surgeon-general#pregnancy>

<sup>iv</sup> <https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthWell-Being-StateFacts/Maine-Oral-Health-Well-Being.pdf>

<sup>v</sup> <https://www.nidcr.nih.gov/research/data-statistics/surgeon-general#pregnancy>

<sup>vi</sup> Ibid.

<sup>vii</sup> <https://www.coloradohealthinstitute.org/research/family-matters-oral-health>

<sup>viii</sup> <https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthWell-Being-StateFacts/Maine-Oral-Health-Well-Being.pdf>

<sup>ix</sup> <https://www.nidcr.nih.gov/research/data-statistics/surgeon-general#pregnancy>

<sup>x</sup> <https://www.nytimes.com/2018/02/19/upshot/how-dental-inequality-hurts-americans.html>