Testimony of Maine Public Health Association In Support of
LD 1501: An Act To Protect Oral Health for Children in Maine
LD 996: An Act To Improve Dental Health Access for Maine Children and Adults with Low Incomes
LD 72: An Act To Improve Dental Health for Maine Children and Adults with Low Incomes
LD 62: An Act To Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children

Joint Standing Committee on Health and Human Services
Room 220, Cross State Office Building
Monday, April 26, 2021

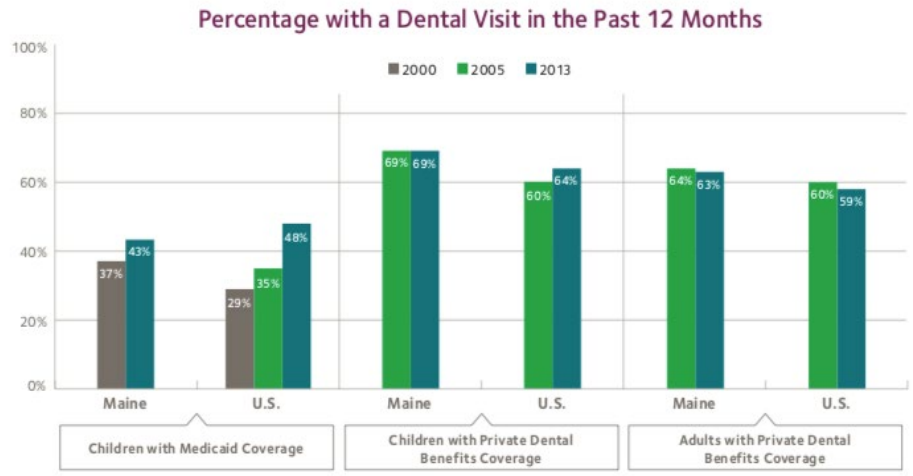
Good afternoon Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. MPHA is in support of:

- LD 1501: An Act To Protect Oral Health for Children in Maine
- LD 996: An Act To Improve Dental Health Access for Maine Children and Adults with Low Incomes
- LD 72: An Act To Improve Dental Health for Maine Children and Adults with Low Incomes
- LD 62: An Act To Promote Cost-effectiveness in the MaineCare Program and Improve the Oral Health of Maine Adults and Children

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities and we take that responsibility seriously.

Collectively, these bills expand the provision of oral health services to vulnerable populations, including children and adults with low-income. We support the premises of these bills as we believe they advance health equity and reduce health disparities in Maine. In particular, we support LD 1501, which requires the Department of Health and Human Services to expand preventive oral health services provided in schools through the school oral health program and would fund an oral health coordinator position, and LD 996, which creates a comprehensive MaineCare dental benefit, including preventive, diagnostic, and restorative care.

Nationally, 13.2% of youth ages 5-19 years have untreated tooth decay; the percentage is doubled among adults aged 20-44 years (25.9%).[1] A recent (2019) systematic review confirmed that low individual/household income is associated with more oral cancer, dental caries prevalence, any caries experience, tooth loss, and traumatic dental injuries. The review also confirmed qualitatively that low income is associated with periodontal disease and poor oral health-related quality of life.[2]



Maine is higher than the national average for children and adults with private dental coverage having a dental appointment within the past 12 months; however, only 43% of Maine children with Medicaid coverage have had a dental visit in the past 12 months, a rate lower than the national average (see chart right: Percentage with a Dental Visit in the Past 12 Months).[3] These disparities in care have consequences for children's oral health: approximately half of Maine third graders have no sealants on any of their permanent molars, and about 40% of Maine children have cavities by the third grade.[4]

According to the National Maternal and Child Oral Health Resource Center, "Schools are the intersection of public health programs, oral health care, and self-care. Schools therefore have a unique opportunity to enhance students' health literacy, including oral health literacy."[5] Currently, there are four components of the School Oral Health Program in Maine: education, fluoride, dental screenings, and dental sealants.[6] Dental sealants are thin coatings to prevent tooth decay; they are one of the most effective ways to protect teeth. Once a sealant is applied, a tooth is protected against 80% of cavities for 2 years, and 50% of cavities for up to 5 years.[7] Children between the ages of 6 to 11 years without sealants have three times more first molar cavities than children who have sealants.[4] Each tooth sealed saves more than $11 in treatment costs.[4]

Currently, MaineCare-eligible adults are unlikely to find affordable regular preventive dental care and often wait until their dental problems are more complicated and costly to address. Hospital emergency rooms do not provide definitive care for the underlying dental problem. Patients who go to emergency room still need to find dental providers to treat them, and those providers need a sustainable financial structure in order to do so. The connections between dental disease and limitations in employment opportunities, low educational achievement, and decreased social mobility are well documented. The lack of regular access to preventive care and barriers to early treatment services are disparities that have long-lasting and consequential effects.

Lastly, the lack of an oral health coordinator position has represented a loss of capacity in the state's ability to be competitive for federal funding to address these clear oral health disparities. Maine needs a dedicated staff position to oversee work in this area.

Dental disease is preventable. Expanding access to dental care for low-income Maine adults and children through MaineCare and school-based efforts and funding an oral health staff position at Maine CDC will have positive and compounding effects on health and productivity. If preventive oral health care is available for low-income adults and children, the incidence of dental infections, tooth loss, and periodontal disease will be reduced; we could also reasonably expect to see positive behavioral changes, such as better oral hygiene practices and nutritional choices that would sustain preventive effects and result in improved health status. We believe these bills improve health equity for underserved populations in Maine. Thank you for your consideration.

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[1] U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. Oral and dental health.
[2] Singh A, Peres MA, Watt RG. The relationship between income and oral health: A critical review. *J Dent Res*. 2019;98(8):853-860.
[3] American Dental Association. Oral Health Care System: Maine.

[4] Partnership for Children's Oral Health. https://www.mainepcoh.org
[5] National Maternal and Child Oral Health Resource Center. K-12 Oral Health Education. Georgetown University.
[6] Maine Oral Health Program. Division of Disease Prevention, Center for Disease Control & Prevention. https://www.maine.gov/dhhs/mecdc/population-health/odh/sohp.shtml
[7] U.S. Centers for Disease Control and Prevention. Dental Sealants, Oral Health.