

Testimony of the Maine Oral Health Coalition in Support of LD 1501

April 26, 2021

Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee, my name is Judith Feinstein, and I serve as the coordinator of the Maine Oral Health Coalition. Founded over 20 years ago as the Maine Dental Access Coalition, we maintain a close interest in policy and systems changes that can work to improve access to services and oral health status in Maine.

The Coalition was co-founded in 1997 by staff at the Maine Children's Alliance and me, in my position as the director of the Maine CDC's Oral Health Program, which I held until June of 2015, working collaboratively with the Coalition for many years. The MOHC wholeheartedly supports LD 1501, and its intent to take crucial steps to reestablish a fully-functioning state level Oral Health Program in the Maine CDC.

- Our members and stakeholders look to a state level dental public health program as a resource for evidence-based preventive public health approaches and best practices in implementing community-level programs.
- With more resources, starting with a full-time program coordinator, the state Oral Health Program can become the resource we all need for reliable oral health surveillance data to describe the oral health of our population and to design and target effective community interventions to improve oral health for all people in Maine. National guidelines for state oral health programs provide guidance to health agency officials in the development and operation of strong oral health programs at the state level, describing oral health program roles under the three public health core functions of assessment, policy development and assurance.¹
- With staff, the Oral Health Program can address health inequities, coordinate with other state health agency programs to ensure that the relationships between chronic and infectious diseases and oral health are considered when providing care and planning programs, and help to bring up-to-date scientific evidence to bear in informing policy decisions.
- Starting with school-age children, with funding directed toward school-based and school-linked oral health promotion and dental disease prevention programs is one of the best investments we can make in children's health and in their future. These programs work. In my experience, over the many years that Maine's School Oral Health Program functioned, children in schools where the program was well established did have better oral health, not only because of their



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The Maine Oral Health Coalition represents a statewide group of organizations and individuals who work together as a network to support each other in raising awareness and promoting oral health and dental disease prevention activities, through community education and advocacy, with the vision that oral health is valued as a vital element of wellness for all Maine residents.



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participation in the program – but also because of older siblings bringing home the information to the family, and the whole family, parents included, benefitted.

The MOHC also supports the provisions of LD 1501 to direct MaineCare to initiate a value-based payment pilot for oral health services in school and childcare settings and consider how to maximize federal matching funds for these services, and to build into MaineCare's annual report to this committee the status of oral health services provided in schools and methods for maximizing Medicaid funding for school-based oral health services.

Since leaving state service six years ago, I have also been working nationally with the Association of State and Territorial Dental Directors, and as the MOHC coordinator I represent Maine with the American Network of Oral Health Coalitions and with the Oral Health Equity and Progress Network (OPEN, Inc.). From those perspectives, and based on my experience as Maine's Oral Health Program director, I want to add that Maine's Oral Health Program was increasingly under-resourced over a period of years, even before the program was downsized and effectively eliminated in 2015. Doing more with less is possible only up to a point, and we passed that point. There is so much that a fully-functioning program can do, and there are many stakeholders and partners ready and willing to work together to improve the oral health of all Mainers.

Thank you for your consideration, and I urge you to support LD 1501. I would be happy to try to respond to any questions you might have and hope to attend the work session.

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¹ Association of State and Territorial Dental Directors. Guidelines for State and Territorial Oral Health Programs. Reno, NV, March 2021. <u>https://www.astdd.org/state-guidelines/</u>: "The Guidelines document promotes integration of oral health activities into public health systems to assure healthy populations and communities for tomorrow. While the oral health of Americans has vastly improved in the last 60 years, significant oral health disparities still exist. The role of state oral health programs is to improve oral health by increasing awareness of the relationship of oral diseases to systemic health and addressing the Healthy People 2030 Oral Conditions goal to "Improve oral health by increasing access to oral health care, including preventive services." State oral health programs with adequate infrastructure and capacity are integral to the mission of state health agencies and cannot accomplish their objectives without strong partnerships and input from stakeholders."