

Testimony for LD 1501, **AN ACT TO PROTECT ORAL HEALTH FOR CHILDREN IN MAINE**

Thank you to Senator Claxton, Representative Meyer, and the esteemed members of the Committee of Health and Human Services for the opportunity to speak to you today. My name is Dr. Erica Hidu. I am a resident physician who lives in Falmouth, Maine.

Today, I am speaking on behalf of the Maine Chapter of the American Academy of Pediatrics as a trainee member, testifying in support of LD 1501. Training in the combined specialty of Internal Medicine and Pediatrics, I take care of people throughout their lives and have personally witnessed the effects of poor dental care.

Poor dental care has been shown to affect children's mental health, school attendance, and academic performance. But dental disease does not just affect children. Poor dental care in childhood has been linked to other negative health effects like obesity and hypertension in adulthood. Dental care can be difficult to access as an adult and coverage of preventative services is not guaranteed. Many of my patients have fueled my passion in addressing dental health disparities in Maine. One particularly stark example was a woman in my clinic who had to get her teeth pulled due to severe decay while hospitalized for a major infection. She came to me asking for help with dentures, at 24 years old. Had she had adequate access to preventative services in childhood, this may have been avoided.

While accessing dentists that care for children has never been easy, the pandemic has made it even more difficult. About 40% of children with MaineCare and 30% of children with commercial insurance did not receive preventive oral health services in the last year. Dental disease does not affect all children equally. Children below the poverty level and of racial and ethnic minorities are more likely to have tooth decay and less likely to have access to preventative services like fluoride and sealants. School-based sealant programs have been shown to improve sealant rates in all children, but especially in those high risk populations. With over 400 of the more than 600 schools in Maine ineligible for the school based oral health programs under the current guidelines, this creates disparities across the state, especially for lower income children in wealthier school districts.

Preventative services like fluoride and sealants work. According to the CDC, dental sealants prevent 80% of cavities in the molars, where 90% cavities occur. This is an issue of equity, and providing dental services to children in schools meets them where they already are regardless of their access to services in the community or the income of their parents. We need to invest in pediatric oral health now and expand services across the state, because neglecting to do so will impact not only our children today, but also our adults in the future.

Thank you.

References

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