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Testimony of the Maine Dental Association
Before the Health and Human Services Committee

In Reference to:
LD 1501, An Act To Protect Oral Health for Children in Maine

Public Hearing: Monday, April 26th at 1:00 PM

Senator Claxton, Representative Meyer, and Distinguished members of the Health and Human Services Committee,

My name is Angela Westhoff and I serve as the Executive Director of the Maine Dental Association. The MDA is a statewide association dedicated to advancing excellence in dentistry.

The MDA represents 85% of the dentists in Maine; there are 774 practicing and retired dentists who are active members of the association.

On behalf of the Maine Dental Association, I am pleased to provide testimony in support of **LD 1501, An Act To Protect Oral Health for Children in Maine.**

This bill seeks to ensure that all children with MaineCare receive at least one preventive oral health visit annually and expand oral health services to schools across Maine, as well as begin a pilot project for an oral health value-based payment model within MaineCare for dental services delivered in school and early childcare settings. Lastly, the bill would re-establish the Oral Health Coordinator position within the Maine CDC.

We believe it is important to have a state-wide oral health program with dedicated staffing in order to address the oral health needs of Maine children. Cavities are one of the most common chronic diseases of childhood in the United States.¹ Untreated cavities can cause pain and infection and impact a child's ability to eat, speak, play and learn. Children with poor oral health often miss more school and receive lower grades than children who do not.² The good news is that cavities are preventable. With proper care, daily brushing, fluoride varnish and sealants, we can prevent decay.

¹ Centers for Disease Control and Prevention (2016). Children's Oral Health. Retrieved from <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>.

² Ibid.

In order to track and measure the impact of oral health programs, we support adding the functions of data analysis, performance management reporting and program planning, and evaluation to appropriately monitor and objectively assess the impact of such programs and pilots.

Furthermore, the MDA recommends annual reporting on the number of MaineCare eligible children accessing oral health services through the School Oral Health Program as well as the number of children referred to a dental office for additional necessary treatment. Given the significant amount of information that arrives home in children's school backpacks, the MDA also recommends that MaineCare, working with school-based providers, develop a postcard mailer with perforated permission slip on the services provided by the school oral health program; the mailer would also include scheduled dates of service.

Lastly, we would also respectfully suggest that a dentist serve in an advisory capacity to the statewide oral health coordinator on an as needed basis. We urge you to support LD 1501.

Thank you.