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Testimony of the Maine Oral Health Coalition
in Support of LD 1693, An Act To Advance Health Equity,
Improve the Well-being of All Maine People and Create a Health Trust

Before the Joint Standing Committee on Health and Human Services
Public Hearing: February 9, 2022

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Committee*

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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.*

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. We maintain a close interest in policy and systems changes that can work to improve access to services and oral health status in Maine.

We support LD 1693 in its intent to establish a Public Health Trust, which would receive the annual payment Maine receives each year from the tobacco Master Settlement Agreement. As noted in our testimony for LD 1523, we think the proposed Health Trust is the best way this money can have the most impact. Its proposed powers and duties would enable it to remain nimble and responsive to changing needs, while prioritizing public health investments without the specters of budget cycles and lower payment projections. I will repeat here that when the FHM funding began over 20 years ago, and since then, those dollars have been key to addressing health equity, social determinants of health, and Maine's public health infrastructure – even though those phrases weren't explicitly in our vocabulary. Now they are, and we maintain that they and other non-tobacco specific programs are more important than ever.

Why does an Oral Health Coalition care about the other provisions in this bill? "Health equity" and "social determinants of health" are more than buzz words. These concepts are bi-directional and multi-faceted. For example, education and income have a significant influence on health; but when health is compromised, education and income are also impacted, often adversely. LD 1693 directs us to pay attention to these dynamics and use our resources accordingly. In dental public health, we understand these relationships well.

Tobacco use in general, including e-cigarettes,¹ has been documented to increase the risk for deteriorating periodontal and dental health and can cause changes to the oral microbiome. E-cigarette explosions can also cause extensive dental damage. To take this example a bit further: the relationship between income, tobacco use, and oral health care is important. Tobacco use prevention education is a constant effort by dental professionals. Even the cost of regular, ongoing preventive care may present a significant financial barrier for many individuals and lower-income families, and the cost of restorative care can be prohibitive. Dental disease is a chronic and progressive disease, but it is almost completely preventable. The connections between dental disease and limitations in employment opportunities, low educational achievement, and decreased social mobility are well known and well documented. Adults with poor oral health are also more likely to have other health problems that poor oral health only makes worse. Similar examples might be drawn around health problems related to obesity.

Given these considerations, we support the other provisions of LD 1693 – to end the sale and distribution of flavored tobacco products, increase the tax on cigarettes, establish an Office of Population Health Equity, and implement nutrition standards in early care and K-12 education.

We believe these provisions will improve determinants of health for people in Maine, including their oral health, and urge you to support them in your consideration of LD 1693.

Thank you for your attention today, and I would be happy to respond to any questions you might have, now or at the work session.

¹ Yang I, Sandeep S, Rodriguez J. The oral health impact of electronic cigarette use: A systematic review. *Crit Rev Toxicol*. 2020 Feb;50(2):97-127. doi: 10.1080/10408444.2020.1713726. Epub 2020 Feb 11. Erratum in: *Crit Rev Toxicol*. 2020 Apr 14;;1. PMID: 32043402.