



Testimony before the Health and Human Services Committee

LD 1453, An Act To Improve Dental Health for Maine Children and Adults with Low Incomes

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Senator Gratwick, Representative Hymanson, and distinguished members of the Health and Human Services Committee, my name is Kalie Hess, and I am the Policy Program Manager for the Maine Primary Care Association (MPCA), whose members include all 20 of the state's Federally Qualified Health Centers (FQHCs), which provide high quality, affordable and integrated primary and preventive care services (including extensive oral health care) for over 210,000 individuals, or 1 in every 6 Maine people. I work on oral health issues for our member FQHCs, and I am pleased today to offer testimony on their behalf in strong support of LD 1453.

As the largest primary care network in the state, which also provides comprehensive dental care to Maine people, we anticipate providing the same amount of uncompensated dental care in 2019 that we reported back in 2017—nearly \$2.6 million. This level of uncompensated care (uncompensated care because there is currently no adult dental benefit for preventive care) is unsustainable in the long term. With less uncompensated care, health centers would be able to hire more dentists and hygienists and provide care to more patients; specifically they could provide low-cost dental screenings, cleanings and other services too if they were able to get reimbursed through an adult dental benefit under the MaineCare Program.

We also know that when adults have dental coverage, their children are more likely to receive dental care. Studies have repeatedly shown that expanding coverage for parents has a myriad of positive effects for families. The Kaiser Commission on Medicaid and the Uninsured: *Health Coverage for Low Income Parents* found that children are more likely to receive well-child care and are significantly less likely to have unmet or delayed needs for medical care, dental care and prescription drugs.

MPCA is also supportive of the incentive program that would help to broaden the number of providers who are available to address the oral health needs of those with new coverage. Moreover, we welcome the opportunity to serve on the work group that contemplates this incentive program.

Finally, there is a potential connection with dental coverage expansion to our state's opiate crisis. To the extent that such an expansion can ward off pain and suffering due to delayed oral health prevention, we may be able to reduce exposure to opiates while providing critical health services to Maine people.

Thank you for listening today and please don't hesitate to contact me directly if you have any questions. I can be reached at khess@mepca.org or 207-621-0677.