



**Written Testimony of Jess Maurer on Behalf of  
The Maine Council on Aging  
To Joint Standing Committee on Health & Human Services**

**In Favor of  
LD 72 – An Act to Improve Dental Health for Maine  
Children and Adults With Low Incomes and  
LD 996 – An Act to Improve Dental Health Access for  
Maine Children and Adults with Low Incomes**

Submitted in Writing on April 26, 2021

Senator Claxton, Representative Meyer and members of the Joint Standing Committee on Health and Human Services:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 100 organizations, businesses, municipalities, and older community members working to ensure we can all live healthy, engaged, and secure lives with choices and opportunities as we age at home and in community settings. I am testifying in support of LD 72 and LD 996.

For us to live healthy lives, long into older age, we must have access to preventative and restorative health care services, including oral health services. The mouth and teeth are connected to the rest of the body! Preventative care ensures we don't develop diseases and serious, more costly, health problems that are avoidable. Diagnostic and restorative dental care helps to ensure functional oral health and nutrition. Nationally, 1 in 5 people over 65 have untreated tooth decay and two thirds have gum disease. Cancers of the mouth are primarily diagnosed in older adults. There is also a correlation between poor oral health and increased rates of diabetes, stroke, and heart disease. Poor oral health can impact mental health, the immune system, and medication efficacy. A lack of dental attention can also negatively impact communication and social interaction.

While there are many reasons why everyone, including older adults, need access to comprehensive oral health care, the lack of dental insurance is a major access barrier to dental care for many Mainers generally and for older adults in particular – nearly 70% of older Americans currently have no form of dental insurance. Medicare does not provide dental coverage (except in some Medicare Advantage Plans or Medigap Plans which are often too expensive for low-income older Mainers to afford). Expansion of MaineCare coverage to include preventive, diagnostic, and restorative dental care (and full and partial dentures) as

proposed by both of these bills would increase access to these important health services for older adults.

Both of these bills offers additional provisions to support effective implementation of this coverage expansion and both would improve access.

In addition to the current lack of MaineCare coverage for many dental services, too many people with dental problems that ARE covered still cannot access a dentist because not enough dentists accept MaineCare. LD 72's plan to create an incentive program to encourage dental service providers to provide care to MaineCare recipients would help to address this additional problem.

As well, LD 996 proposes to expand this coverage through Department rules. A diverse multi-stakeholder group is charged with developing recommendations for Department consideration as it develops these rules. This process would provide a greater depth of knowledge and input from a variety of perspectives, both of which will enhance a smooth and effective implementation process. In addition, LD 996 calls for the Department to work with providers to encourage their participation and to promote the availability of this new service through a public service campaign for MaineCare members. All of these measures combine to form a comprehensive plan for effective implementation and solid data collection to document the benefits of this new service.

Poor dental health is a serious problem for many low-income Mainers of all ages. LD 72 and LD 996 provide a well-considered path forward toward addressing this long-standing health issue.

We urge you to vote in favor of both LD 72 and LD 996.

Thank you.

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