

Beth Baratta
Bangor

Sponsoring Representative Speaker Fecteau and cosponsoring Representative Rachel Talbot Ross, thank you for being present. To the chairs and honorable members of the Joint Standing Committee on Health and Human Services: my name is Beth Baratta. I am a resident of Bangor here to testify in favor of LD996.

As a family medicine physician practicing outpatient primary care in the community, I have a lot to say about the importance of making dental care affordable and available to everyone.

Teeth are not bones, because they don't repair themselves the way bones do. What you start with (after you lose your baby teeth) is what you get for the rest of your life. This makes it extremely important to maintain them with regular cleanings, monitoring for cavities, and treating them before the teeth themselves are made nonfunctional.

Dental infections in themselves are extremely painful. They're scary, too, to be honest. Any time there is an infection so close to the brain I get nervous, because the risk of that infection bypassing the protection we evolved (the blood-brain barrier) to reach the central nervous system (CNS, made up of the spinal cord and brain) is higher. A CNS infection can kill you pretty easily, or leave your cognitive/emotional ability permanently impaired.

I like to only prescribe antibiotics when completely necessary, but dental infections are one of the most common reasons I write scripts for antibiotics (almost more than respiratory, urogenital, and skin infections combined). The scripts are often longer than they need to be and a formality. This is because dentists will not provide definitive treatment -- pulling the damaged teeth -- unless "the infection has been treated" with antibiotics.

Antibiotics also are associated with lots of adverse effects, in addition to the development of antibiotic resistance.

I worry especially about dental infections in my pregnant patients. I saw a woman recently who was able to scrape fragments of rotten tooth off with her fingernail. She had no dental coverage and was going to be able to get her teeth pulled at an emergency clinic, which is only available on a first come-first serve basis. She would need antibiotics long enough to "treat the infection" but couldn't finish the course too far before the surgery, otherwise she might end up getting her procedure deferred. Also, pregnant women with dental infections are much more likely to have worse maternal and neonatal outcomes, from increased risks of miscarriage to higher likelihood of developing infections of the heart and blood.

These infections can happen even in patients who are fastidious about their teeth. I was born into an upper middle class family. Both of my parents have college degrees. Three of the six of us are doctors. My dad was self-employed, but my parents still paid for dental visits, x-rays, and getting the naturally grooved surfaces of our molars "sealed" to prevent cavities. And yet I had cavities almost every time the dentist saw me starting in middle school up until I figured out how to take care of my particular teeth (my significant other had the foresight to invest in an electric toothbrush for me before they became so affordable and I also began chewing xylitol gum regularly for the antimicrobial benefits of saliva). It was humiliating: over and over it was heavily implied I was unhygienic and because I couldn't manage the simplest self-care, it was my own fault.

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But then, what happens to people who just have all (or most of their teeth) pulled? Well, they have two major options: live without teeth or try to get dentures. Most of the time, they have to change what they eat to things they don't have to chew, because dentures are not easily accessible.

They are expensive and not covered by Mainecare unless very specific criteria are met: you have to have a medical condition from a specific list and you have to have a certain amount of weight loss caused by it. If not, you will have to pay out of pocket, and that's a couple thousand dollars right there. If you can't afford dental visits and x-rays, this is unlikely to be a cost you can manage.

There are lots of people for whom having no teeth is just asking for problems. For example, I have patients with diabetes who need to follow very specific nutritional plans but can't because they can't chew; patients who can't treat their constipation the preferred way -- with a fiber rich diet of fruits and vegetables, which requires teeth -- and end up having to take medications every day; patients who have nonqualifying conditions and whose health will markedly worsen without having dentures to use and patients who are not able to let their health decline enough that they lose the right amount of weight because their families or loved ones depend on them to work.

I would also like to mention that this weight loss requirement is putting a fair number of our community at undue risk. I'm talking about our growing population of elders. Weight loss should be avoided in elder communities across the board: it worsens outcomes for pretty much all chronic illnesses; it weakens the body's ability to rebound from exacerbations of these illnesses or from acute conditions (which has already been taxed by aging), and it makes people more frail (more likely to break a hip, fall, become delirious, etc). Most of our elders have enough going on health wise, and it is hard enough for them to keep weight on, with fixed incomes, poor access to transportation, and limited abilities to cook/prepare food. But adding on how much harder it is to eat yummy/healthy food when you don't have teeth?

And dentures are great, if the alternative is not having anything at all, or having rotted teeth, but in comparison to the teeth you are born with, they fall short. I recently saw a forty something year old man with dentures with tremendous jaw pain. He had been taking meticulous care of his dentures by treating them with an appropriate washing solution in the morning and at night, but had developed oral thrush anyways. He had to use an antifungal swish several times a day and, in order to prevent further infections, would need to start boiling them daily (which he would need to confirm with the manufacturers).

Most people with Mainecare don't have all the same advantages I did. But by passing LD996, we can help provide them with some of the resources they need to protect their precious teeth and help them live happier, healthier, and safer lives and we can help provide medical and nutritional support to many who would otherwise have a poorer quality of life and help them live happier, healthier, and safer lives.