



ADVOCACY TOOLKIT

**Preserving and Expanding Medicaid Adult Dental Benefits**

# A Toolkit for Advocates

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## Medicaid adult dental benefits are critical for improving the oral and overall health of communities, safeguarding state budgets, and advancing oral health equity.

Medicaid adult dental coverage continues to be vulnerable during periods of tight state budgets. However, we have the data and the advocacy momentum to protect coverage. Whatever short-term “savings” might result from cutting adult dental coverage could prove costly to states down the road. This toolkit can help you educate policymakers and other stakeholders in your community.

As advocates continue to champion Medicaid dental benefits on the state level, momentum is building for Congress to pass legislation to mandate that states provide dental coverage to Medicaid beneficiaries. The key messages and strategies within this document can be made applicable for both state- and federal-level advocacy.



To learn more about CareQuest Institute's advocacy work, visit [carequest.org/advocacy](https://carequest.org/advocacy).



# I. Key Messages

## 1. Extensive dental coverage is highly valued by adults.

- In a [survey of U.S. adults](#), 51% said they were concerned about their oral health, making it a greater concern than heart, eye, digestive, mental, and skin health.

## 2. Without extensive Medicaid coverage, the cost of dental care will be unaffordable for many adults.

- A [national survey](#) showed adults, including working adults, were more likely to cite financial barriers as a reason for not getting dental care than they were to cite this as a barrier to medical care, prescription drugs, mental health services, or eyeglasses.
- Medicaid shelters low-income families from high costs. A [recent analysis](#) shows the average annual out-of-pocket (OOP) cost for adult dental care was \$196 for those covered by Medicaid, \$283 for those with private medical coverage, and \$466 for those who lack medical coverage. For the working poor, even a small increase in OOP costs can make dental care unaffordable.

## 3. Maintaining a healthy mouth can improve adults' overall health, curbing Medicaid costs in other areas.

- The Mayo Clinic calls oral health “a window to your overall health” and cites its link to heart disease, diabetes, strokes, pneumonia, and pregnancy complications.
- Treating gum disease makes it easier for people with diabetes to manage their blood sugar levels. This means that states can reduce their diabetes-related Medicaid spending by covering this kind of treatment for adults.
- The [average medical costs for patients with diabetes](#) who received appropriate oral health care were \$1,799 lower than the costs for patients who had not received this care.
- [Florida could save up to \\$26 million each year](#) by ensuring that adults with diabetes on Medicaid receive treatment for gum disease at the same rate as those with private dental insurance.

## 4. Having a regular source of dental care improves adults' job prospects.

- Missing or damaged teeth put people at a disadvantage for good-paying jobs because of the stigma and shame associated with poor oral health. Dental coverage helps adults keep their mouths healthy.
- [National research](#) shows that ensuring all working-age adults access to routine dental care would [enhance the job prospects of nearly 10,000 currently unemployed adults](#). [When more people find jobs, state tax revenues rise](#).

## 5. Preserving adult dental benefits can reduce costly visits to hospitals.

- [Low-income adults without Medicaid dental coverage are more likely to address nontraumatic dental conditions \(NTDCs\) by seeking care at hospital emergency departments \(EDs\)](#). The care provided in EDs is expensive and rarely addresses the root causes of NTDCs.
- Unnecessary ED visits are a drain on Medicaid budgets. In 2016, when Maryland adults lacked Medicaid dental benefits, the state's Medicaid program paid \$10 million to cover dental-related ED visits.
- NTDCs can intensify the stress on frontline health care workers during a pandemic.
- After Missouri restored Medicaid dental benefits to about 350,000 adults, the state observed a 38% drop in the rate of ED visits for NTDCs.

## 6. Children may be more likely to get dental care if their parents do.

- By offering robust dental coverage for adults, states can send a strong message about the importance of oral health — and its link to overall health.
- Researchers in Connecticut found that Medicaid-enrolled children were 29% more likely to receive preventive dental care when their parents had received such care.

## 7. Expanding adult dental benefits could advance equity.

- This [HPI brief](#) shows that low-income communities are more likely to report financial barriers to care.
- [This study](#) found that Black and Hispanic adults are more likely to face financial barriers than white adults.

## 8. Addition of a Medicaid benefit or improvements to an existing one should have an eye toward covering all the services people need.

- This includes getting rid of dollar limits (or at least increasing them) and [ensuring the benefit covers key preventive care, including minimally invasive services](#).
- Access to preventive care helps catch dental problems early before they become more painful and costly to treat.

## II. Be Prepared for the Opportunities

Although states are required to provide dental benefits for children covered by Medicaid and the federal Children's Health Insurance Program (CHIP), adult dental coverage is not similarly mandated. States have the option to limit the type or amount of services and populations they will cover. States can exclude adult dental services overall.

Public understanding of the connection between oral health and overall health has grown in recent years. Policymakers also recognize the potential cost savings associated with providing dental benefits and regular care to adults. Much of this growing awareness and increase in public and political attention to the enhancement of services is attributed to the tireless work of community- and state-based advocates.

As public awareness grows about the importance of oral health, so has the political will to implement new or restore previously eliminated dental coverage for adults. Recent state experiences have demonstrated that expanding access to dental services is a bipartisan issue.

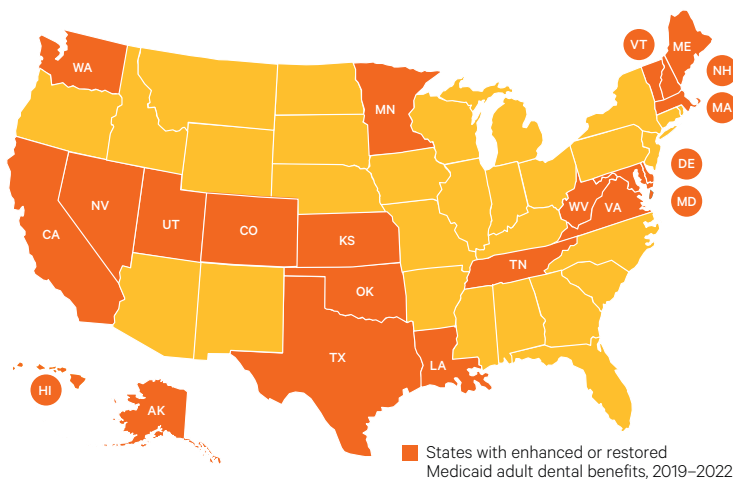
Messaging is key. The messages used to advocate for an expansion or restoration of benefits are important. Understanding the concerns and motivations of legislators allows advocates to determine which messages will resonate the most within a given state.

Understanding the state's financial, political, and policy environments is equally important. These insights will help inform advocacy strategies for enhancing or restoring benefits.

Advocates in many states have been successful in securing benefits for their entire adult population, but others have found it is not politically feasible due to budget constraints or competing health or Medicaid policy priorities. In those instances, advocates have adopted an incremental approach to secure expansion or restoration of benefits for specific groups such as pregnant adults, those with physical and/or

**Between 2019 and 2022,  
Medicaid adult dental  
benefits were enhanced or  
restored in at least 20 states.**

*(see Appendix)*



developmental disabilities, or individuals with certain chronic conditions. Others have secured the expansion or restoration of specific services such as periodontal treatments or dentures.

Although tremendous gains in expanding Medicaid adult dental benefits have been made over the past several years, threats remain. Seen as “low-hanging fruit” because they are considered “optional” benefits, Medicaid adult dental benefits are often the first targeted for reduction or total elimination when state budgets are strained. Advocates will find the same key messages effective in defending coverage.

# III. Importance of Partnerships

Oral health advocates across the country often credit meaningful, collaborative partnerships across sectors when Medicaid oral health policies make progress within their states. Consider connecting with partners whose missions promote health, equity, and access to care, and whose constituents are most impacted by oral health disparities in your state. These partners may be, but are not limited to:



## **Community members/health care consumers** —

Residents, community members, and Medicaid beneficiaries themselves can be empowered advocates for Medicaid adult dental benefits or changes to Medicaid programs that would be most beneficial to them.



**Community organizations** — Organizations who operate within and for local communities are often invaluable partners in all advocacy work, including Medicaid oral health advocacy. These organizations may be social service providers, grassroots organizing groups, or health care navigation organizations. Community organizations led by and for Black, Indigenous, and People of Color (BIPOC) community members, rural populations, and low-wealth communities are also important voices to include in advocacy campaigns. These trusted community partners understand and can shed light on potentially otherwise unnoticed implications that oral health policies will have on vulnerable constituents and community members.



**Children's advocates** — Data shows that when adults have dental coverage, children are more likely to access preventive dental services. Advocates in states experiencing Medicaid “wins” often have strong partnerships with advocates in the child health sector.



**Aging and disability advocates** — Advocates working with either the aging population or disability population often have ample experience and interest in expanding benefits for those they serve, including oral health benefits.



**Economic policy groups** — With mounting evidence supporting dental benefits yielding long-term cost savings for states, state budget, and policy groups may share interest in advancing Medicaid oral health policy.



**Traditional health stakeholders** — Health partners from across disciplines such as medicine, public health, nursing, and more acknowledge that oral health is important to overall health.



**Health and/or oral health trade associations** — Depending upon their respective missions, local health trade groups may have varying levels of interest in advancing Medicaid oral health policy and engaging their members around advocacy efforts.



**Safety net providers** — Community health centers and Federally Qualified Health Centers (FQHCs) see the effect of insufficient Medicaid adult dental benefits on a day-to-day basis and may have interest and capacity to participate in and engage their patients in advocacy efforts.



**State departments of health, public health, Medicaid or other** — State-based departments and agencies may be able to assist with data regarding enrollment, health care spending, and service utilization. They may also be able to assist with benefit design and cost projections related to restored or enhanced benefits.



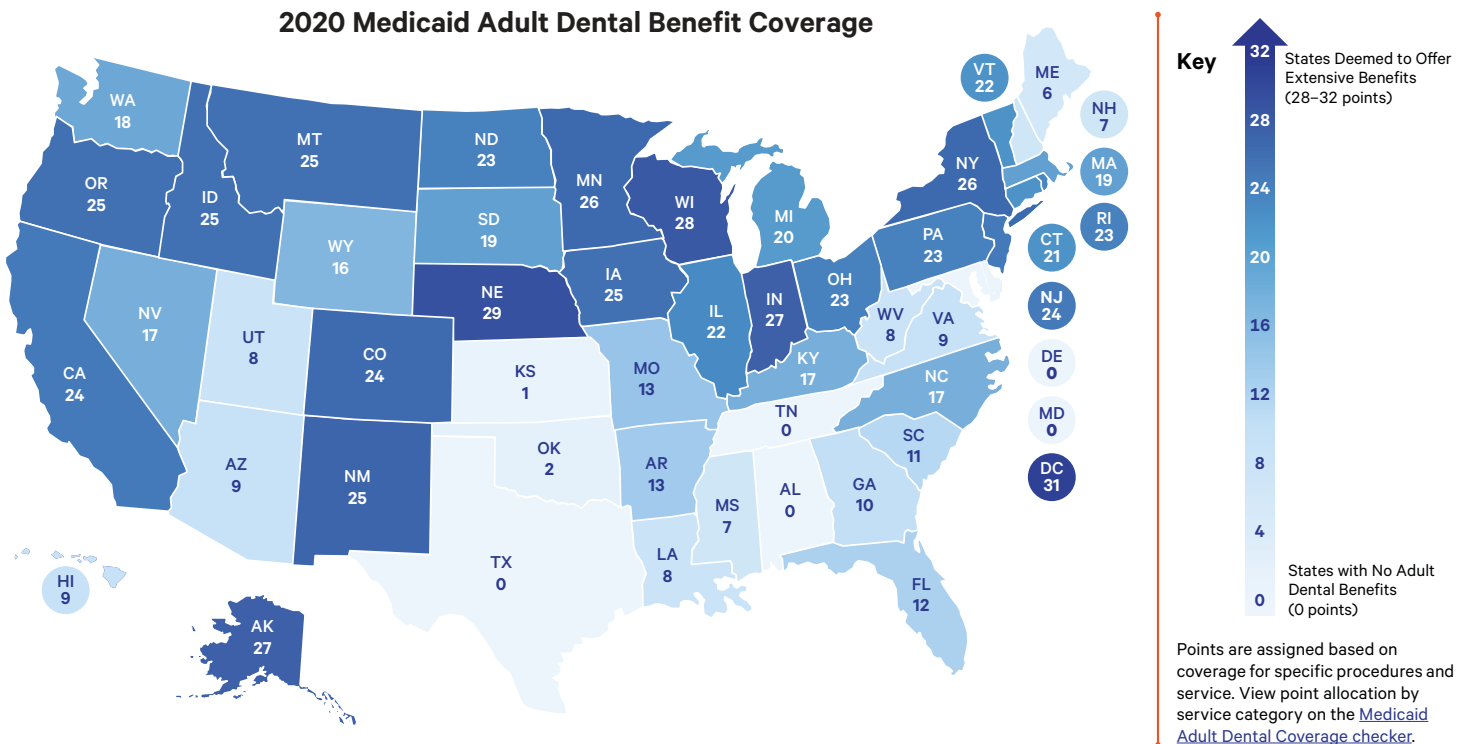
**Local colleges and universities** — Local colleges and universities, particularly those with oral health programs, may be supportive of advancing Medicaid oral health policy and may be able to provide research support related to oral health issues in the respective state.

Without a variety of diverse perspectives involved in collective advocacy work, advocates cannot veritably ensure that policy solutions will be effective for all populations. Perfect inclusion of all communities' perspectives is a near-impossible goal for any advocacy campaign, but it is incumbent upon oral health advocates to continually assess whose voices are missing from their advocacy work and determine strategies to meaningfully engage them.

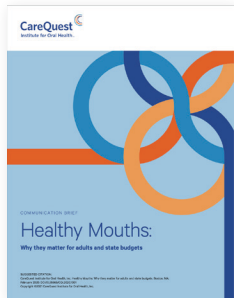
# IV. Adult Dental Coverage in the 50 States

Focus group research suggests that policymakers and policy influencers — those who engage in advocacy activities — may find state-to-state comparisons persuasive. For example, if adjoining states offer more comprehensive Medicaid adult dental benefits, this information is worth sharing. In addition, if your state is one of the handful that offer emergency-only dental services, this should be noted.

For these and other reasons, this 50-state map indicates the oral health services that each state provides to its adult Medicaid members as of the most recent data year 2020.



# V. Resources to Review or Share with Policymakers

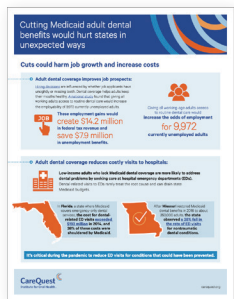


## [Healthy Mouths: Why They Matter for Adults and State Budgets](#)

CareQuest Institute for Oral Health (2020)

This communications brief explains why dental coverage is so important for adults and states. The brief points out that low-income adults are visiting hospital emergency departments for

dental issues at a rate that is two and a half times higher than might typically be expected. This strengthens the case that these visits are linked to the lack of comprehensive Medicaid adult dental benefits in most states. This brief shares national data as well as data from the states of Hawaii, Maryland, Missouri, and Tennessee.

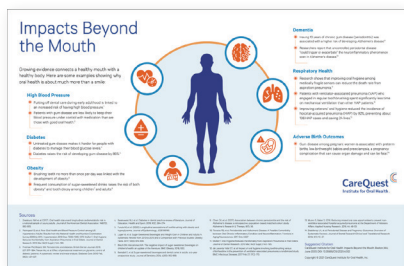


## [Cutting Medicaid Adult Dental Benefits Would Hurt States in Unexpected Ways](#) (infographic)

CareQuest Institute for Oral Health (2020)

As this infographic shows, it can be easy to overlook the ways in which cutting Medicaid adult dental benefits

could hurt states. One example is job growth. Many employers' hiring decisions are shaped by whether an applicant has unsightly or missing teeth. This infographic cites examples from two states to make the case for why states stand to benefit when dental coverage for lower-income adults is preserved or achieved.



## [Impacts Beyond the Mouth](#) (infographic)

CareQuest Institute for Oral Health (2020)

Growing evidence connects a healthy mouth with a healthy

body. This infographic highlights how oral health is linked with high blood pressure, diabetes, obesity, dementia, respiratory health, and adverse birth outcomes. This is an excellent document to share with policymakers and other stakeholders.



## [Protecting and Expanding Access to Oral Health in 2020: Learning from State Trends in Medicaid Adult Dental Coverage](#)

Families USA (2020)

In this policy paper, Families USA explains why educating policymakers and the public can pay dividends in expanding dental coverage. This paper

summarizes the five states that recently expanded access to dental coverage for adults who rely on Medicaid for their insurance.



## [Reversible Decay: Oral Health Is a Public Health Problem We Can Solve](#)

DentaQuest (2019)

Six out of 10 U.S. adults rate their oral health as fair or poor, and half (51%) of adult patients are concerned about their oral health — rating it as a bigger health concern over heart, eye, digestive,

mental, and skin health. High costs and lack of coverage are significant barriers to getting oral health care. Most dentists (98%) and physicians (96%) agree that access to preventive dentistry is key for improving overall health. Most Americans support Medicare dental (80%) and Medicaid dental (78%) coverage.



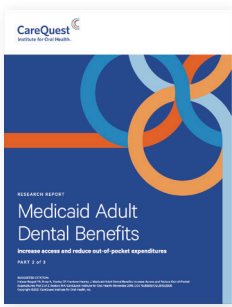
## [Poor Families Spent 10 Times More of Their Income on Dental Care, than Wealthier Families](#) (Part 1 of 3)

CareQuest Institute for Oral Health (2019)

This research report shows why dental coverage is so important for lower-income Americans. While 58% of

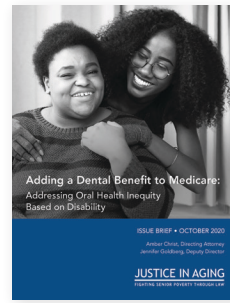
high-income people have unmet dental needs, 93% of individuals living in poverty have unmet dental needs. And high-income Americans are roughly twice as likely to utilize dental services as those living in poverty. Those in poverty spend 10 times more of their annual family income on dental services compared to those living in high-income families.





[Medicaid Adult Dental Benefits Increase Access and Reduce Out-of-Pocket Expenditures \(Part 2 of 3\)](#)  
CareQuest Institute for Oral Health (2019)

This research report shows how Medicaid dental benefits significantly improve adults' access to and utilization of oral health services. The average annual out-of-pocket cost for dental care was \$196 for those covered by Medicaid, \$283 for those with private medical coverage, and \$466 for those who lack medical coverage.



[Adding a Dental Benefit to Medicare: Addressing Oral Health Inequity Based on Disability](#)  
Justice in Aging (2020)

Roughly 8.6 million adults with disabilities under age 65 receive health coverage from Medicare. Many of these adults are dually enrolled in Medicare and Medicaid. This report by Justice in Aging explains why the lack of dental coverage in Medicare puts these adults at greater risk of poor oral health.



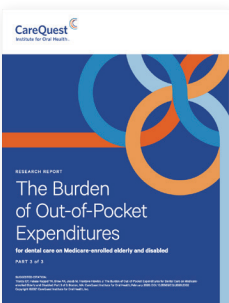
[Estimating the Cost of Introducing a Medicaid Adult Dental Benefit in 22 States](#)  
American Dental Association, Health Policy Institute (2016)

Most visits by adults to hospital emergency departments (ED) are for dental conditions that could have been addressed in a dental office, but many adults lack dental coverage. Examining the 22 states that back then lacked a comprehensive Medicaid adult dental benefit, this 2016 research brief explains that these states' Medicaid programs paid roughly \$520 million for ED visits for dental conditions. The brief contends that diverting this money toward an extensive Medicaid adult dental benefit in these states would go a long way in covering the estimated cost of providing this benefit.



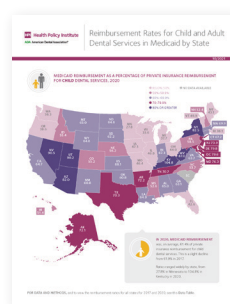
[Making the Case for Dental Coverage for Adults in All State Medicaid Programs](#)  
Health Policy Institute White Paper. American Dental Association in partnership with Community Catalyst and Families USA (2021)

In this brief, the ADA, Families USA, and Community Catalyst review data on barriers to dental care for low-income adults and the current landscape of dental coverage for Medicaid-enrolled adults. The data convincingly show that providing comprehensive dental coverage for Medicaid-enrolled adults is a major driver of access to dental care and improved oral health. They then estimate the fiscal impact of implementing comprehensive dental coverage for adults in the 28 state Medicaid programs that currently do not provide such coverage.



[The Burden of Out-of-Pocket Expenditures for Dental Care on Medicare-Enrolled Elderly and Disabled \(Part 3 of 3\)](#)  
CareQuest Institute for Oral Health (2020)

Although this toolkit focuses on Medicaid, this report shows how the lack of a mandated dental benefit in Medicare significantly contributes to poor health among America's elderly and disabled populations. Among all Medicare or Medicare Advantage recipients, at least 75% of total dental costs were paid for out of pocket. This contributes to financial strain that can force older adults to choose between dental care and other health services they need.



[Reimbursement Rates for Child and Adult Dental Services in Medicaid by State](#)  
American Dental Association, Health Policy Institute (2021)

Published by the ADA Health Policy Institute, this resource allows advocates to compare their state's Medicaid reimbursement rates to regional and national peers.



## [Congress Should Follow States' Lead in Providing Dental Coverage to Medicaid Enrollees](#)

Community Catalyst (2022)

This blog post from Community Catalyst provides an overview of progress made by states on improving Medicaid adult dental benefits (as of

May of 2022) and provides some context for what Congress could do to shore up these benefits nationwide.



## [Policy Change to Advance Oral Health Equity: An Overview of Key Findings — Oral Health in America](#)

Community Catalyst (2022)

This brief provides a summary of the 2022 National Institute of Dental and Craniofacial Research (NIDCR) report, an update of the 2000 Surgeon

General's Oral Health in America report, and focuses on opportunities for policy change toward oral health equity and racial justice.



**To keep up to date on newly developed resources, sign up for newsletters from CareQuest Institute, Families USA, ADA Health Policy Institute, and Community Catalyst:**

[www.carequest.org](http://www.carequest.org)

[www.familiesusa.org](http://www.familiesusa.org)

[www.ada.org](http://www.ada.org)

[www.communitycatalyst.org](http://www.communitycatalyst.org)

# Appendix

## Efforts to defend against cuts to benefits

- **Minnesota:** Although not implemented, the 2019 Senate budget included cuts to the Medicaid program to offset the costs associated with the upcoming sunset of the state's Medical Provider Tax. If enacted, these reductions would have eliminated the adult dental benefit entirely, removing even emergency benefits for adults. As a result of advocacy efforts and a budget compromise, the Medical Provider Tax and the Medicaid adult dental program were preserved.
- **California:** In response to the \$54B budget deficit, the Governor released a revised budget for FY2021 in May 2020. The revised budget proposed a reduction in adult dental benefits to the partial restoration levels of 2014, which would have eliminated coverage for periodontal treatments, root canals, and partial dentures. Advocacy efforts to maintain the current comprehensive benefit were successful, and the benefits were preserved in FY2021 as part of the budget approved in June 2020.
- **Nevada:** Faced with a \$1.2B deficit in 2020, the Nevada Legislature convened for a special legislative session to consider reductions in the FY2021 state budget. Chief among the proposed cuts were substantial cuts to the Medicaid program, including eliminating a wide number of optional services for adults — including dental — and scaling back benefits for pregnant women. Due in large part to state and local advocacy, the special session adjourned on July 19, 2020, and legislators agreed to maintain funding for the adult dental benefit.

## Incremental expansion or restoration of benefits for specific services and procedures

- **Massachusetts:** Extensive Medicaid adult dental benefits were eliminated in 2006. Over the past decade, and starting with fillings, legislators have incrementally restored various dental services for adult members. Periodontal services were restored through the FY 2019 budget, and coverage for root canals and crowns was restored through the fiscal year 2021 budget.

**Minnesota:** Minnesota's Medicaid adult dental benefit was drastically reduced in 2009, eliminating coverage for the treatment of periodontal disease. After several attempts during previous legislative sessions, funding was included in the state's FY 2022 budget to reinstate periodontal coverage. Coverage took effect in 2022 and is available to all adult beneficiaries.

## Incremental expansion or restoration of benefits of the Annual Benefit Maximum

- **Colorado:** The state expanded its Medicaid adult dental benefits in 2014 and, in 2019, increased the annual benefit maximum from \$1,000 to \$1,500. Facing a \$3B budget deficit the next year, the Joint Budget Committee proposed drastic cuts to Medicaid, including the elimination of the adult dental benefit and substantial reductions in provider reimbursement rates. Advocacy efforts to maintain the dental benefit were successful. However, the annual benefit maximum was again reduced to \$1,000. This reduction was again reversed in the FY 2022 state budget, and the annual benefit maximum is now set at \$1,500.
- **Vermont:** On January 1, 2020, the annual maximum dental benefit for Medicaid adult beneficiaries was nearly doubled, rising from \$510 to \$1,000. In addition, members are allowed up to two preventive visits per year without a copay and without the visits being counted toward the annual maximum.

## Incremental expansion or restoration of benefits for certain adult Medicaid beneficiary groups

- **Louisiana:** Signed by the Governor on June 23, 2021, [House Bill 172](#) provides extensive dental coverage to adults with intellectual and developmental disabilities. The new benefit took effect on July 1, 2022, and includes coverage for diagnostic, preventive, restorative, endodontic, periodontal, prosthodontic, and orthodontic services as well as oral surgery and emergency care.<sup>1</sup> Nondisabled adult beneficiaries in the state currently have access to an emergency-only benefit.
- **Texas:** Signed by the Governor in June 2021, [House Bill 2658](#) provides an annual dental visit to adults with disabilities who are not already enrolled in the state's STAR+PLUS managed care program.<sup>2</sup> The benefit took effect September 1, 2021. Nondisabled adult beneficiaries currently have an emergency-only dental benefit. Also signed in June 2021, the state's FY 2022 budget includes funding for a pilot project for people with intellectual and development disabilities and similar disabilities to receive supports and services in the Medicaid managed care system, including comprehensive dental services. The pilot was authorized through HB 4533 in 2019, with language directing the state to begin the pilot in 2023.
- **Utah:** Signed into law in March 2019, Senate Bill 11 expanded coverage for adults aged 65 and older enrolled in Medicaid. The bill requires adults to receive their care through the University of Utah School of Dentistry or its associates

1 Under current law, Louisiana Medicaid offers adults with disabilities limited coverage for tooth removals, dentures, and hospital visits tied to dental emergencies.

2 Bill language: "To prevent serious medical conditions and reduce emergency room visits necessitated by complications resulting from a lack of access to dental care, the commission shall provide medical assistance reimbursement for preventive dental services, including reimbursement for one preventive dental care visit per year, for an adult recipient with a disability who is enrolled in the STAR+PLUS Medicaid managed care program. This subsection does not apply to an adult recipient who is enrolled in the STAR+PLUS home- and community-based services (HCBS) waiver program. This subsection may not be construed to reduce dental services available to persons with disabilities that are otherwise reimbursable under the medical assistance program."

throughout the state. The bill also requires the coverage of porcelain or porcelain-to-metal crowns if the services are provided.

- **Washington:** Signed into law in May 2019, Senate Bill 5274 establishes a COFA Islander Dental Care program. The bill makes no-cost dental coverage available to adults from Compact of Free Association (COFA) nations (Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia) residing in Washington who are income-eligible for Medicaid. The bill builds upon the COFA Islander Health Care Program, which was established during the 2018 legislative session. Coverage through the COFA Island Dental Care Program began January 1, 2021.
- **Nevada:** During the 2019 legislative session, AB223 was filed to establish a pilot project to provide dental care to adults with diabetes. Signed by the Governor in June, the legislation directed the NV Department of Health and Human Services to seek a waiver from CMS for the pilot project. Dental services provided to adults with diabetes will include diagnostic, preventive, periodontal, and restorative care.
- **Maryland:** In 2019, Maryland launched the Medicaid adult dental waiver program. This program gives Medicare/Medicaid dual-eligible adults access to \$800 per year for diagnostic, preventive, and restorative dental care. In March 2020, the Governor passed a supplemental budget that included \$1 million to extend Medicaid dental coverage for pregnant women to 60 days postpartum, taking effect on January 1, 2021. In 2022, the Maryland Legislature approved SB150, creating a Medicaid dental benefit for all adults.<sup>3</sup> All adult beneficiaries will have access to diagnostic, preventive, periodontal, and restorative services beginning on January 1, 2023.
- **Virginia:** In 2015, Virginia added an extensive dental benefit for Medicaid-enrolled adults during pregnancy and 60 days postpartum. Prior to 2015, emergency extractions were the only covered services provided to adult beneficiaries. Building off the successes of the dental benefit for pregnant and postpartum individuals, advocates were able to secure coverage for all adult beneficiaries in 2020. The new extensive benefit took effect on July 1, 2021.

## Expansion or restoration of benefits for all adult Medicaid beneficiaries

- **Alaska:** Medicaid beneficiaries saw the near total elimination of the Medicaid adult dental benefit as drastic cuts were implemented across all sectors of the state budget in 2019. As a result of a \$27M cut to the adult dental program, the benefit was reduced to emergency-only coverage in October of that year. In December, state officials reversed course and reinstated the program to its previous levels.

- **Delaware:** The state has been one of few that has not offered a dental benefit to its adult beneficiaries. In August 2019, a law was enacted to create a limited dental benefit for all adult Medicaid members. The bill authorized the creation of a \$1,000-per-year dental benefit, along with the option for an additional \$1,500 of annual services with prior authorization. The new benefit took effect on October 1, 2020.
- **Hawaii:** The state eliminated all non-emergency dental benefits for adult Medicaid beneficiaries in 2009 during the economic downturn. Since that time, advocates have called on the state to restore benefits. In 2022, the Governor included \$10.2 M in the FY2023 supplemental budget for a prevention-based package of benefits. [HB 1754](#) and [SB 1294](#) outlined a menu of three options for restoring benefits ranging from a basic to extensive package. In May 2022, the Legislature approved the state budget, which included \$25.9M (\$8.8M in General funds and \$17.1M in Federal funds) for Medicaid adult dental benefits. The new benefit is slated to begin on January 1, 2023.
- **Kansas:** On April 20, 2022, the Governor signed the FY2023 state budget, which included \$3.5M in funding to extend dental benefits to all adults enrolled in the state's Medicaid program. For more than a decade, Kansas has provided only emergency extractions to its adult Medicaid members, with some additional preventive dental services offered through the state's managed care organizations as value-added benefits. The new benefit, which includes preventive and restorative services, took effect July 1, 2022.
- **Maine:** For the past several decades, Maine has provided emergency-only Medicaid adult dental benefits. Following a multi-year campaign, and using [legislative language](#) from the previous session, the state's FY 2022 supplemental budget included funding for the creation of an extensive Medicaid adult dental benefit. Available to all adult beneficiaries, the new benefit took effect on July 1, 2022.
- **New Hampshire:** After years of sustained advocacy, New Hampshire's Governor signed legislation in June 2022 creating a dental benefit for all adult Medicaid beneficiaries. Set to begin in 2023, the benefit will include diagnostic, preventive, restorative, and oral surgery services. Adults with developmental disabilities, acquired brain disorders, and seniors and adults with chronic illness or disabilities enrolled in the Choices for Independence program will also have coverage for dentures. Prior to 2023, New Hampshire offered an emergency-only Medicaid dental benefit to its adult beneficiaries. It is estimated that the new benefit will cost approximately \$24M (\$6.9M in state funding and \$17M in federal funding).

<sup>3</sup> Maryland currently provides an extensive benefit to pregnant adults, former foster care recipients under age 26, and individuals enrolled in the Rare and Expensive Case Management Program. The state's Medicaid Adult Dental Waiver Program also currently provides a limited benefit (\$800 per year) for adults who are dually enrolled in Medicaid and Medicare. All remaining adult beneficiaries are covered only for emergency services for dental problems provided in a hospital emergency department.



- **Oklahoma:** Oklahoma approved a Medicaid expansion ballot initiative in June 2020. As part of its implementation on July 1, 2021, the state also reinstated its Medicaid adult dental benefit. Available to all adult beneficiaries, the benefit includes preventive and restorative services, full and partial dentures, and extractions.
- **Tennessee:** The state has been one of few that has not offered a dental benefit to adult beneficiaries. In January of 2022, the state announced it would begin providing extensive dental coverage to pregnant and postpartum beneficiaries beginning on April 1, 2022.<sup>4</sup> In February of 2022, the governor released budget recommendations, which included \$75.5M (\$25.5M in General funds and \$49.9M in Federal funds) to provide dental benefits for the program's approximately 610,000 adult beneficiaries. Approved by the legislature that spring, the new benefits will take effect in 2023.
- **West Virginia:** In March 2020, the Governor signed SB 648, creating a limited Medicaid adult dental benefit. Adult beneficiaries have coverage of up to \$1,000 per year for diagnostic, preventive, and restorative services as well as full and partial dentures. Prior to this bill's enactment, adult beneficiaries had access to an emergency-only benefit. The new benefit took effect on January 1, 2021.

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4 As of April 1, 2022, TennCare provides a dental benefits package for beneficiaries for the duration of their pregnancy and postpartum coverage (12 months coverage following the end of pregnancy). Benefits include diagnostic x-rays and exams; preventive cleanings; topical fluoride treatments and caries arresting medicament; restorative (fillings); endodontics (one root canal per member per eligibility period); scaling and root planing; full mouth debridement; crowns (two per member per eligibility period); complete dentures; immediate complete dentures and complete denture relines; tooth extractions; alveoloplasty; removal of lateral exostosis; removal of torus palatinus; removal of torus mandibularis; and palliative treatment. <https://www.tn.gov/content/dam/tn/tenncare/documents2/ChangeTennCareIIIProgramMaternalHealthEnhancements.pdf>

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## CareQuest Institute for Oral Health

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