

From Innovation to Impact

Utah's Institutional Model for Medicaid Dental Expansion

CASE STUDY



Setting the Stage: Background and Context

In 2009, [Utah eliminated most adult dental benefits in Medicaid](#) as part of recession-era austerity. Except for pregnant women, adult Medicaid enrollees were left with emergency-only coverage — extractions when pain became unbearable, but no prevention or restoration to keep teeth healthy in the first place.

But Utah's story of benefits expansion didn't begin in the legislature or among grassroots advocates. It began at the University of Utah School of Dentistry (UUSOD), which welcomed its inaugural class in 2013, with a mission rooted

in service to underserved populations. This institutional commitment — to deliver care to those who otherwise couldn't access it — would eventually drive one of the most innovative Medicaid dental expansions in the country.

As Glen Hanson, DDS, PhD, a professor at the University of Utah who helped launch the dental school and has co-led this work, put it: "We are a conservative state, but we're a conservative state that really cares about their people and is interested in trying new things."

Executive Snapshot

Year of Medicaid Adult Dental Benefit Expansion: April 2025 (all adults)

Coverage Checker Classification Before Expansion:



Coverage Checker Classification After Expansion:¹



Newly Covered Adults: Approximately 150,000

Key Legislative Vehicle: Senate Bill 19 (2023)

High-Level Takeaway: Utah broke from traditional advocacy paths to expand adult Medicaid dental benefits statewide. Through the leadership of a university dental school, the state deployed a financially self-sustaining, institution-led model that built credibility over nearly a decade.

Why This Story Matters: Utah shows that innovation, not just advocacy, can drive transformative policy change — especially when traditional political routes are blocked.

What is the Medicaid Adult Dental Coverage Checker?

The [Medicaid Adult Dental Coverage Checker](#) is an interactive tool for policymakers, administrators, and advocates to better understand where a given state's Medicaid adult dental benefits package falls on a continuum from no benefits to extensive benefits, helping identify areas for improvement.

Using data from an [annual survey](#) of state Medicaid agencies, the Coverage Checker looks at coverage of specific procedures and services, including allowed frequency, in eight service categories. Points are assigned based on coverage provided in each category.

¹ The Medicaid Adult Dental Coverage Checker currently displays information regarding coverage in place as of December 31, 2024. The "Coverage Checker Classification After Expansion" listed here reflects an assessment of Utah's benefit completed outside the formal survey period.

The Turning Point: When Innovation Meets Opportunity

The creation of UUSOD fundamentally altered Utah's oral health policy landscape. Unlike many states where fiscal concerns halt Medicaid benefit expansions, the dental school had a unique proposition: UUSOD would not only deliver care but would also cover the state's share of Medicaid costs. By absorbing the non-federal match, UUSOD effectively neutralized the primary legislative objection to adult dental benefits.

While building an innovative and sustainable financial model, UUSOD's approach demonstrated how academic institutions can function as "policy entrepreneurs." UUSOD served as provider, funder, evaluator, and policy advocate, a rare combination that gave it standing in budget conversations and credibility across party lines.

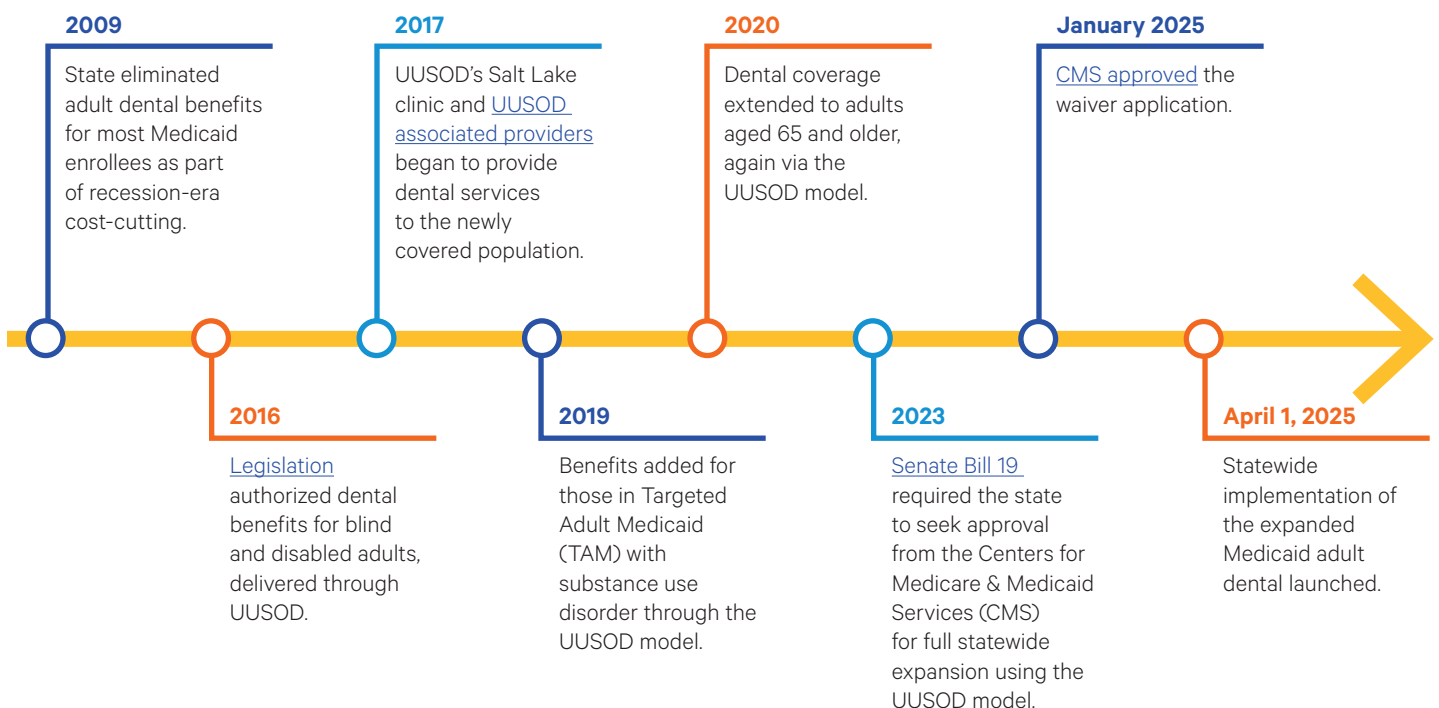
Evidence further solidified the case. [UUSOD's FLOSS study](#) showed that patients receiving dental care as part of substance use treatment had dramatically better outcomes. As James Bekker, DMD, associate dean for professional, community and strategic relations, UUSOD, explained: "The FLOSS study showed that if you provided good, comprehensive dental care to patients, they were three times more likely to get employed. They got off their drugs. Homelessness pretty much disappeared in this population."

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In short, the program evaluation showed that dental care not only improved health outcomes but was a critical enabler of stability and recovery — a message that resonated with fiscal conservatives and health advocates alike.

The Journey to Expansion: Policy in Action

The benefits expansion path in Utah was deliberately incremental, testing and scaling services by population group:



By the time statewide expansion was proposed, Utah had nearly a decade of proof that the model worked.

Each phase built evidence, refined operations, and demonstrated success to skeptical lawmakers. The Utah Department of Health and Human Services proved a vital partner throughout this process, working closely with UUSOD to develop operational frameworks, payment structures, and policy requirements. Medicaid Director Jennifer Strohecker, PharmD, championed the expansion as part of whole-person health, aligning it with the agency's strategic priorities around preventive care and coordinated services. By the time statewide expansion was proposed, Utah had nearly a decade of proof that the model worked.

Advocacy and Stakeholder Collaboration

Utah's expansion story diverged sharply from the traditional advocacy playbook. There was no high-profile campaign, no mass mobilization, and no dramatic legislative battles. Instead, institutional leadership and planful coalition-building drove change.

UUSOD took the lead, with Drs. Bekker and Hanson serving as both policy champions and operational leaders. Their credibility as nonpartisan educators gave them access to lawmakers across the political spectrum and standing to propose coverage, payment, and care-delivery solutions.

When UUSOD offered to cover the state's Medicaid match, it removed the primary fiscal objection and caught lawmakers' attention. The fact that Utah had never had a state-owned dental school made the opportunity unique. Starting with a small, high-need population, the program demonstrated success. Each expansion — to those with disabilities, substance use disorders, and older adults — built credibility and encouraged lawmakers to support broader coverage.

The state Medicaid agency, under Strohecker's leadership, was not just an administrative partner but a strategic force behind the expansion. By partnering with UUSOD, the agency signaled that oral health was not a peripheral benefit but a core component of its broader shift toward whole-person care — aligned with prevention, behavioral health, and long-term cost containment.

Another critical partner in the expansion effort was the Utah Dental Association (UDA), which played a key role in promoting the opportunity to serve as associated providers within the innovative care delivery model described below. The UDA shared information about the program at all of its state and regional meetings throughout the year, making it easy for interested dentists to learn how to enroll. As a trusted voice for dental professionals in Utah, the UDA's endorsement sent a strong signal that UUSOD's model was not only viable, but professionally credible and aligned with the values of the broader dental community.

The Utah Health Policy Project (UHHP), a nonpartisan, nonprofit organization advancing sustainable health care solutions for underserved Utahns, provided crucial support through lived experience testimony. For example, Paul Gibbs, a Medicaid enrollee and UHHP board member, testified before legislative committees about the personal impact of dental coverage, [bringing human stories to technical policy discussions](#).

As UHHP Health Policy Analyst Daniel Sloan, MPA, explained, "Having individuals and organizations who are well respected and not viewed through a partisan lens — but as neutral parties — was essential to building trust with conservative lawmakers, who may resist messaging from the other side of the aisle."



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— Daniel Sloan, MPA,
Health Policy Analyst.
Utah Health Policy Project



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— Jennifer Strohecker, PharmD,
Medicaid Director,
Utah Department of Health and Human Services

The Utah Oral Health Coalition further supported efforts, helping to connect oral health advocates with the broader policy conversation. Lorna Koci, coalition chair, reflected on the decade-long journey by emphasizing that patience and persistence were critical to their ultimate success.

Her perspective was echoed by Strohecker, who added, "From the start, all of the partners' missions were aligned. We all had a commitment to problem-solve and get it right because we all wanted to serve the person. This was a beautiful alignment that really helped us to constantly innovate and commit resources to making it happen."

"The School of Dentistry and the state Medicaid program forged their partnership to serve people in special and meaningful ways," reflected Strohecker in her 2024 commencement speech at UUSOD. "There was a pivotal moment in 2008 when adult dental care was removed from Medicaid coverage in our state . . . Thousands of some of the most vulnerable Utahns [were] left without essential dental care. As a taxpayer-funded and legislatively controlled program, Medicaid could not help these adults on our own. After studying the needs, the University of Utah School of Dentistry leveraged its resources to bridge this gap and fulfill its mission to serve the underserved.

It was a pure moment of opportunity, where collectively our needs and resources met, with a common goal of providing high quality dental care for all Utahns on Medicaid. This step in 2019 led to . . . a strong and strategic partnership rooted in our commitment to care for all members of our community. And it is thriving today!"

Overcoming Barriers: Building Provider Buy-In

Even with state support secured, significant challenges remained. Skepticism among community dental providers was perhaps the greatest obstacle. Many had past frustrations with Medicaid's low reimbursement rates and administrative complexity, making them reluctant to participate in any expansion.

UUSOD addressed this head-on by developing the [associated provider model](#) — a framework allowing any dentist in the state to participate in Medicaid without becoming university employees or giving up practice independence.

The program offered competitive reimbursement (75%–80% of typical community rates), rapid payment (two to three weeks), and elimination of co-payments. According to Dr. Bekker, these concrete improvements began to shift provider attitudes. "Over the last five years, we have gathered momentum, and now, so many dentists are saying, 'This is really good, this works!'"

UUSOD's nonpartisan and solutions-focused approach proved critical with skeptical lawmakers. Rather than positioning itself as an advocate, UUSOD emphasized its role as a facilitator — pointing out that this was a state Medicaid program with operations run through state systems, and that UUSOD simply made implementation possible. Lawmakers were repeatedly reminded: there was no cost to the state. Moreover, legislators saw that when managed care entities tried to provide similar benefits, costs often followed. UUSOD's consistent messaging, backed by operational success and zero fiscal impact, created a foundation of trust.

To ensure patients understood their coverage, UUSOD and the Medicaid agency worked together to align messaging and streamline communication. From benefits brochures to helpline training, both institutions aimed to reduce confusion and make access seamless. This operational partnership was critical to turning policy into real, usable benefits.

Implementation and Early Impact

The April 2025 rollout marked the culmination of nearly a decade of groundwork. For the first time, all adult Medicaid enrollees in Utah had coverage for comprehensive dental care — not just emergency extractions, but prevention, restoration, and surgical services.

UUSOD continues to recruit and support associated providers, expanding access beyond Salt Lake City. With more than 400 associated providers now participating statewide, the network has grown far beyond what traditional Medicaid programs typically achieve. Higher reimbursement rates and streamlined administrative processes are beginning to reverse longstanding provider skepticism.

Early utilization data shows promise: approximately 30%–40% of eligible individuals in the pilot populations accessed services, suggesting strong pent-up demand. Plans are underway for communication campaigns in both English and Spanish to ensure all newly eligible members understand their benefits.

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The human impact is already visible. As Strohecker described visiting UUSOD clinics: “There’s a patient journal at these sites, with before and after pictures, and some handwritten notes. When you look at these, you really see how a smile restores dignity and pride. It makes people feel that they matter, and that they can interview for a job or feel confident.”

Lessons for Other States: What Utah’s Story Teaches

Utah’s model isn’t easily replicable — not every state has a dental school ready to assume financial and administrative responsibility. But the principles behind its success offer valuable insights for states exploring adult Medicaid dental expansion:

- **Creative Financing:** The linchpin of Utah’s success was eliminating the state’s financial burden. By covering the non-federal share of Medicaid costs, UUSOD cleared the most persistent political obstacle to expansion. Other states may not be able to replicate this exact strategy, but they can explore cost-sharing partnerships, foundation support, or braided funding streams to reduce perceived budget risks.
- **Incrementalism with Intent:** Stakeholders in Utah didn’t wait for perfect conditions. By starting with high-need populations like adults with disabilities and those in substance use treatment, the state created early wins that demonstrated feasibility and built momentum. States can adopt other phased approaches to test delivery models, build trust with providers, and generate data for broader implementation.

- **Institutional Leadership and Trust:** UUSOD’s role as a credible, nonpartisan actor was crucial. Its willingness to invest financially, deliver care, and lead policy conversations made it a uniquely powerful partner. While not every state has an academic dental institution in this role, similar leadership can come from state medical schools, nonprofit health systems, or managed care organizations committed to innovation.
- **Provider-Centered Design:** Utah’s emphasis on making participation attractive to dental providers — through competitive reimbursement, rapid payment, and administrative simplification — was essential to building network capacity. Too many states focus on benefit design while neglecting provider engagement, leading to coverage that exists on paper but not in practice.

Utah’s “secret sauce” for achieving a comprehensive Medicaid adult dental benefit was institutional innovation paired with strategic patience: a state dental school willing to eliminate fiscal barriers, conservative lawmakers who valued pragmatic solutions over ideological positions, and a decade-long commitment to proving the model worked before scaling it statewide.

Looking Ahead

Sustaining and building on success benefits expansion in Utah will require continued provider network growth, ongoing research to demonstrate impact, and maintenance of the innovative partnership between UUSOD and state government. There's also interest in potentially integrating the pediatric Medicaid dental program into the same model to create a more streamlined system.

But the foundation has been laid through patience, innovation, and institutional commitment. Utah proved that when traditional advocacy paths are blocked, creative partnerships can open new routes to transformative change. For states ready to think beyond conventional approaches, ***Utah's institution-led model offers a compelling alternative — and a reminder that sometimes the most effective advocacy comes not from the outside demanding change, but from the inside delivering solutions.***



We weren't asking for a handout. We were offering a solution — a model that worked and didn't cost the state. That changed the conversation completely."

— Dr. James Bekker,
Associate Dean for Professional,
Community and Strategic Relations,
University of Utah School of Dentistry

The Need for Medicaid Adult Dental Coverage Across All States

Access to oral health care remains out of reach for many low-income families, with cost being one of the biggest barriers. Without stable, comprehensive dental benefits, people enrolled in Medicaid — particularly people with disabilities and residents of rural communities — are more vulnerable to preventable health issues. Lack of access to dental care can worsen overall health outcomes and drive higher health care costs, as untreated dental issues can escalate into more serious and costly medical conditions.

The Medicaid Adult Dental Coverage Checker is a tool to help policymakers, administrators, and advocates better understand their state's Medicaid adult dental benefits package.

With that information, they can examine their benefit offering to ensure they are providing coverage that will improve oral health outcomes, increase employment opportunities, and reduce long-term health care spending on chronic disease management and emergency department use.



To explore your state's coverage and for more state use cases, **[visit the Medicaid Adult Dental Coverage Checker.](#)**