

The Long Game

How Maine Transformed Emergency-Only Dental Care into Comprehensive Coverage

CASE STUDY



Setting the Stage: Life Under Emergency-Only Care

For more than three decades, MaineCare — the state's Medicaid program — offered adult beneficiaries only emergency dental services: extractions when pain or infection became unbearable. No cleanings. No fillings. No preventive care. Just tooth removal when a crisis struck.

The human cost was devastating. [While 85% of Mainers with annual household incomes above \\$75,000 had seen a dentist in the past year, only 35% of those earning under \\$20,000 had done so.](#) The poorest Mainers were nine-times more likely to have gone more than five years without dental care. And [one in five low-income Mainers](#) reported that their mouth and teeth were in poor condition.

But the employment impact was perhaps most cruel: [more than one in three Maine adults said the condition of their teeth impacted their ability to interview for a job](#) — creating what advocates called a “poverty trap,” where those who most needed work were least able to get it. [Beyond economics](#), one in three Maine adults reported less satisfaction with life due to poor oral health, while 45% of low-income adults avoided smiling because of their teeth.

The financial cost to the state was equally staggering. [Maine was spending up to \\$17 million annually on emergency dental visits](#) — treatments that could have been avoided with basic preventive care. A [2010 University of Southern Maine study](#) revealed that dental disease was the top reason for emergency room visits among young

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and middle-aged adults, regardless of whether they had MaineCare or were uninsured. Emergency rooms could only provide pain medication and antibiotics for abscessed teeth, leading to costly repeat visits without addressing the root cause.

“For decades, the benefit was emergency-only. That meant nothing preventive. It was completely reactive care,” said Becca Matusovich, executive director of the Children's Oral Health Network of Maine, which played a leading effort in the state's subsequent expansion of its dental benefit.

By 2021, Maine was one of only 10 states with emergency-only adult dental coverage—a distinction that advocates and policymakers increasingly recognized as both morally indefensible and fiscally irresponsible.

Executive Snapshot

Year of Medicaid Adult Dental Benefit Expansion: July 2022

Coverage Checker Classification Before Expansion:



Coverage Checker Classification After Expansion:



Newly Covered Adults: Approximately 217,000 MaineCare members

Key Legislative Vehicle: LD 996 (2021) included in FY2022–2023 Biennial Budget

High-Level Takeaway: After more than 30 years of covering only emergency dental services, Maine transformed its Medicaid dental policy through sustained advocacy, strategic data use, and a political window opened by Medicaid expansion.

Why This Story Matters: Maine demonstrates that persistence, combined with the right political moment and compelling fiscal data, can shift oral health from a peripheral afterthought to an essential part of health care.

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.

Decades in the Wilderness: The Long Campaign

The push for dental coverage wasn't new. Advocates had been trying for more than a decade, watching bills gain traction only to stall in appropriations committees. The pattern was depressingly familiar: moral arguments resonated, bipartisan support grew, but when it came time to fund the benefit, fiscal concerns prevailed.

Maine Equal Justice (MEJ) — a nonprofit civil legal aid and economic justice organization working to increase economic security, opportunity, and equity for people in Maine — had been at the forefront of these efforts. With leadership from Advocacy and Programs Director Kathy Kilrain del Rio, MEJ documented the stories of Mainers forced to choose between dental care and other necessities.

"Two things really helped generate a lot of energy behind the campaign," Kilrain del Rio recalled. "One: we had a lot of people who shared their personal experiences, saying, 'This is my story. This is why this matters.' They talked about the health implications of not having coverage. They talked about the financial impacts — what it meant for their budgets to pay for care out of pocket. They also talked about well-being, self-esteem, and the mental health effects of not having care."

One particularly powerful thread emerged from these testimonies: parents who never smiled with their teeth because they were embarrassed. "That really showed how this impacts not just someone's ability to be healthy or get a job, but also how they interact with their family," Kilrain del Rio said. "That emotional piece really came across."

The second critical element was provider engagement. "We had some really strong providers, particularly from nonprofit clinics, who talked about the importance of an expanded benefit as a way of shoring up infrastructure — and as a way to increase the presence of providers in more rural areas where a greater number of people are enrolled in Medicaid."

But stories alone weren't enough to overcome entrenched resistance to what many saw as an expensive offering — especially given the Centers for Medicare & Medicaid Services' (CMS) classification of Medicaid adult dental benefits as completely optional for states.

The breakthrough came when credible data revealed the true fiscal impact. The \$17 million that Maine spent annually on avoidable emergency dental care reframed the debate from cost to savings. Studies from other states reinforced the argument. For example, after the state of Missouri restored Medicaid dental benefits, it [saw a 38% drop in ER visits for nontraumatic dental conditions](#).

Even then, progress was incremental and frustrating. In 2019, a comprehensive bill, LD 1453, won unanimous support from the Health and Human Services Committee and passed with strong bipartisan backing in the legislature. But during budget negotiations, it was pared back to establishing a working group and ultimately died when Gov. Janet Mills (D) withheld her signature. Another attempt in 2020 was cut short by the COVID-19 pandemic.

The Catalyst: Medicaid Expansion Changes Everything

The game-changer arrived in 2019 with Medicaid expansion. After years of political battles and steadfast opposition to Medicaid expansion from the previous administration, voters approved a ballot initiative in 2017. With its passage, Maine finally expanded its Medicaid program, bringing more than 70,000 new adults into coverage.

Suddenly, the dental coverage gap wasn't just a policy problem — it was a crisis affecting a much larger population. Many new enrollees, who had gone years without insurance, arrived with significant unmet dental needs, yet their only option for care remained emergency extractions.

"We were building off the energy from Medicaid expansion," Kilrain del Rio explained. "Mainers made clear they wanted more access to health care."

The timing was fortuitous. Gov. Janet Mills had taken office in 2019 with a commitment to expanding health care access, and House Speaker Ryan Fecteau (D-11) was emerging as a champion for comprehensive coverage. The political landscape that had stymied previous efforts was finally beginning to shift.

Courtney Pladsen, DNP, FNP, RN, who would later become MaineCare medical director and guide implementation of the expanded benefit, observed a fundamental transformation



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The Breakthrough Moment: From Aspiration to Appropriation

In 2021, Speaker Fecteau introduced [LD 996: An Act To Improve Dental Health Access for Maine Children and Adults with Low Incomes](#). The bill called for a comprehensive adult dental benefit — not just emergency care, but also cleanings, fillings, root canals, and dentures.

On April 26, 2021, the public hearing for LD 996 drew unprecedented support. A diverse coalition rallied under the cry "dental care is health care." Lawmakers, public health experts, economists, addiction specialists, mental health providers, dentists, physicians, citizens in recovery, religious leaders, and affected Mainers all testified. The Maine Dental Association, Northeast Delta Dental, Maine Primary Care Association, and the Maine Oral Health Coalition stood alongside advocacy groups like MEJ.

[National research bolstered their case](#): providing routine dental care to all working-age adults in the U.S. could enhance job prospects for nearly 10,000 currently unemployed adults, generate \$14.2 million in federal tax revenue, and save \$7.9 million in unemployment benefits. [An economic impact study](#) projected that LD 996 would bring a \$21.6 million boost to Maine's economy, with nearly half of the gains benefiting rural areas.

The legislation sailed through with unanimous support, but advocates had learned not to celebrate too soon. Bills had passed before, only to falter when funding was required.

This time was different. The Mills administration invested approximately \$45 million to launch the adult dental benefit and raised MaineCare dental reimbursement rates to 50-75% of the median commercial dental reimbursement rates nationally, effective July 1, 2022.

"The legislature approving appropriations to fund the benefit — that was the turning point," reflected Henry Eckerson, former Comprehensive Health Care Planner II at MaineCare. "Without that, we wouldn't have been able to do anything." With it, more than 200,000 adult MaineCare members gained coverage for an expanded set of dental care services for the first time.

A key factor in this success was a shift in messaging. Advocates moved away from framing dental care as charity care, and toward emphasizing equity and access. The tipping point came when policymakers recognized the connection between poor dental health and issues such as employment and chronic disease.

From Policy to Practice: Implementation Challenges

Design and implementation of the dental benefit itself took time. “We engaged stakeholders regularly to get feedback,” Eckerson explained. His team took a methodical approach: “line by line, going through every single possible service we could cover, and just assessing whether it was appropriate to cover or not, and who it was appropriate for.” While the task was monumental, Eckerson emphasized it wasn’t as daunting as other states might think: “In theory, it’s not rocket science. It just required a lot of effort.”

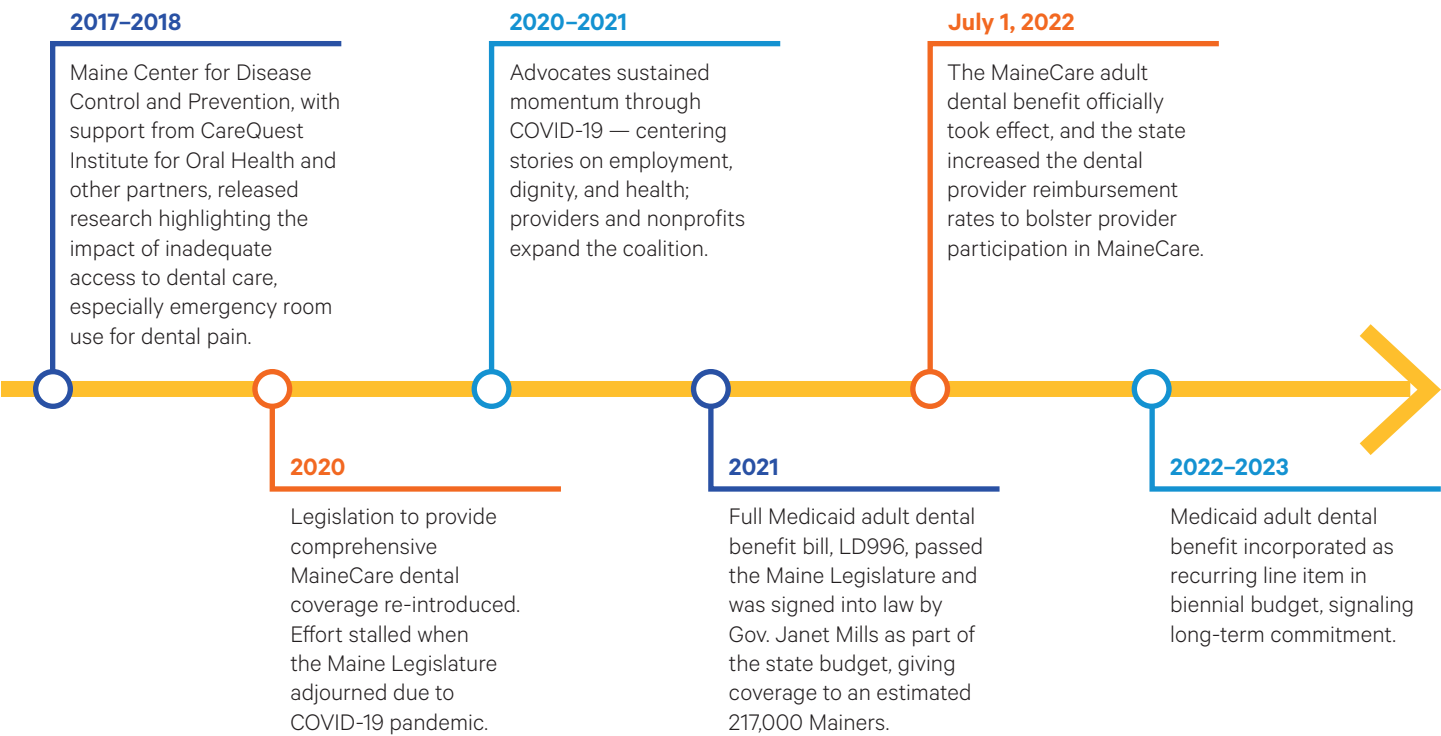
Eckerson’s approach proved both pragmatic and comprehensive. Rather than attempting to modify Maine’s outdated policy, the state decided to do a full repeal and replace of the policy. Transforming this new policy into practice, however, required more than political will. In her new role as MaineCare medical director, Pladsen led an internal task force to address provider concerns and support the new benefit, with considerable challenges.

Provider shortages, especially in rural areas, threatened access. Between 2019–2022, [the number of dentists in the state actually decreased by 5 percent, and dental assistants by 8 percent; and as of 2023, only 25 percent of general dentists](#) in the state accept MaineCare.

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Journey to Expansion: Key Milestones



Lessons for Other States: What Maine's Story Teaches

Looking back, all stakeholders agree: this wasn't a sudden victory but the culmination of decades of groundwork.

"This did not come out of the blue in the final mile," Matusovich emphasized. "It was built on the backs of so many people who'd been trying for so long and who had made progress along the way."

The success required the alignment of numerous factors: credible fiscal data that reframed cost concerns, strategic messaging that positioned dental care as essential health care, personal stories that illustrated the human impact, provider advocacy that demonstrated infrastructure benefits, and—crucially — a political window opened by Medicaid expansion.

"What lined up was the leadership from the governor's office to the commissioner's office to our Medicaid leadership," observed Pladsen. "Really a fundamental shift of saying oral health is an essential component of overarching well-being. That's what made these possible."

But advocates also emphasize that winning the policy battle was only the beginning. "Even after we passed it, we had to stay really engaged to make sure implementation went well," Kilrain del Rio noted. "It wasn't just a 'win-and-done' moment."



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Beyond Coverage: Building a System That Works

Since July 2022, early signals point to more preventive care among MaineCare adults, but access remains a constraint. Provider participation is still limited, especially

in rural areas, leading to long waits and travel. During rollout, MaineCare set up cross-functional teams and regular provider forums to work through operational and policy challenges.

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For other states watching Maine's transformation, the lesson is clear: comprehensive change requires comprehensive commitment. It demands not just the political will to pass legislation or the funding to implement benefits, but sustained engagement to ensure those benefits translate into accessible, quality care.

Maine's journey from emergency-only extractions to extensive dental coverage took more than 30 years. But once the pieces aligned — data, advocacy, political leadership, and implementation expertise — change happened quickly.

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.

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