



The Need for Medicaid Adult Dental Coverage Across All States

Medicaid is a key source of health care coverage for nearly 80 million people in the United States.¹ While Medicaid provides comprehensive dental coverage for children, adult dental benefits are optional for states. As a result, coverage varies widely across the country, with many states offering limited or emergency-only care.² This fragmented system leaves adults without the dental services they need to maintain their overall health, contributing to increased medical costs.

The Health Risks and Economic Consequences of Medicaid's Varying Adult Dental Benefits

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 contribute to worse overall health outcomes and drive higher health care costs, as untreated dental issues can escalate into more serious and costly medical conditions.

Cost as a Barrier: Adults with lower incomes are significantly more likely than those with higher incomes to report cost as a barrier to dental care. Those earning more than \$100,000 per year are more likely to seek dental care (93%) than those earning less than \$30,000 annually (73%).³

Economic Burden: Medicaid could save up to 14% in costs for patients with diabetes, amounting to average annual savings of approximately \$2,918 per person, by covering periodontal care for adults.⁴

Employment Consequences: Nearly 18% of all adults reported that the appearance of their mouth and teeth affected their ability to interview for a job, with this figure rising to 29% among those with lower incomes.⁵

Non-Traumatic Emergency Department Visits: In 2019, at least 7 out of 10 emergency department visits for non-traumatic dental conditions among patients aged 0–44 years were for people enrolled in Medicaid or for people who were uninsured.⁶

Strengthening Medicaid to Provide Comprehensive Adult Dental Coverage

All adults enrolled in Medicaid should have comprehensive oral health coverage incorporated into their existing Medicaid benefits, ensuring that low-income families can access timely preventive and restorative dental services.

Extensive Medicaid dental benefits are linked to **improved oral health**, which can **reduce the likelihood** of cardiovascular disease, maternal health issues, and other physical health problems.^{7,8}

More than **7 in 10 voters** (74%) **support adding adult dental benefits** to Medicaid at the state or federal level.⁹



By ensuring states provide comprehensive dental benefits for adults who rely on Medicaid for their health coverage, policymakers can 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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