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Research Brief

What Happens if the Adult Medicaid Dental Benefit Goes Away?

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Key Messages

- *If federal aid to state Medicaid programs is reduced, states will face considerable budgetary challenges to keep Medicaid beneficiaries enrolled and provided with the same level of services. The adult dental Medicaid benefit would be particularly vulnerable to reimbursement, service, and eligibility cuts under these circumstances.*
- *We estimate that the total one-year increase in U.S. health care costs due to removing adult Medicaid dental benefits is $1.9 billion. This figure accounts for the increased costs due to emergency department visits for dental conditions and unmet periodontal needs among pregnant beneficiaries and beneficiaries with diabetes and coronary artery disease.*

Introduction

Oral health policy is facing an uncertain future.[1] While addressing chronic conditions and improving preventive health are priorities under the new Administration's Make America Healthy Again platform, several House committees have proposed reduced federal spending for Medicaid. Some of these proposals include significantly reducing the Federal Medical Assistance Percentage (FMAP) given to states that expanded Medicaid under the Affordable Care Act (ACA) and setting per capita limits on matching dollars.[2] As of March 10, 2025, these proposals are still being debated; however, if enacted, these spending cuts could mean states will have to pay a significantly larger portion for their Medicaid programs to ensure beneficiaries remain enrolled and provided with the same level of services. States may be forced to explore options in reducing eligibility, services, and reimbursements to meet budgetary challenges associated with new levels of Medicaid spending. Non-mandated benefits such as dental care for adults may be among the first services to be reduced or eliminated from state programs altogether. Eliminating or reducing dental benefits under Medicaid would impact 36.2 million adults who currently have access to limited or enhanced dental coverage in their states.[3]

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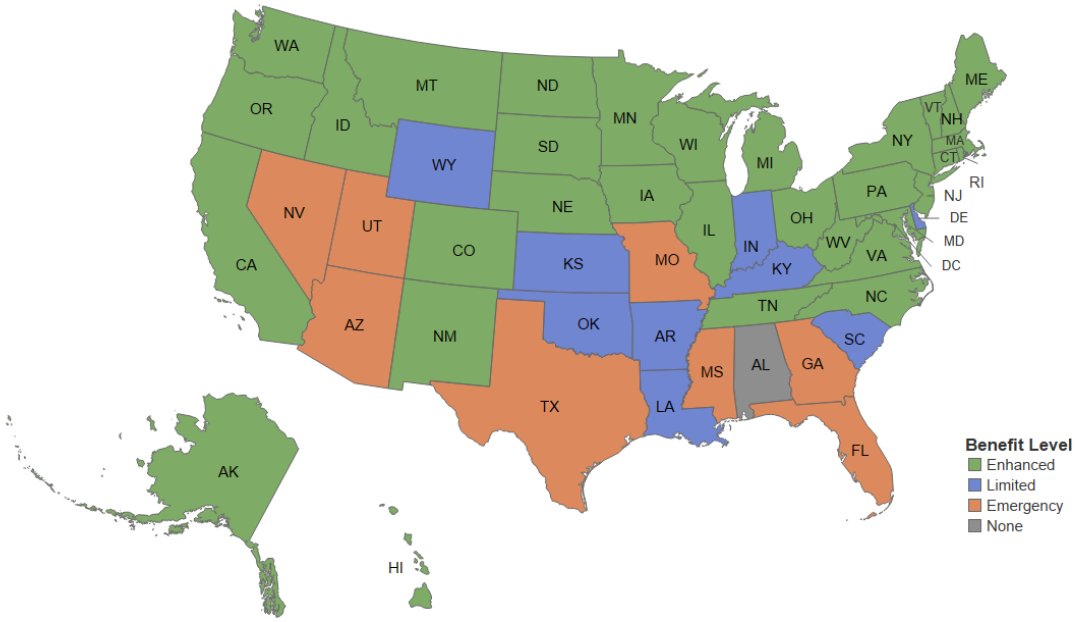
Lack of access to affordable dental care dramatically affects adult Medicaid beneficiaries' overall health and economic well-being. Medicaid pays for an estimated 40 percent of all emergency department (ED) visits for dental conditions for adult beneficiaries.[4] Reduced ED visits for dental conditions are only part of the cost savings states lose out on by not having an adult dental benefit under Medicaid. Previous research by the Health Policy Institute estimated that medical care cost savings would also incur if adult dental benefits were provided to Medicaid beneficiaries who are pregnant or who suffer from diabetes and coronary artery disease.[5]

In this brief, we estimate the state fiscal impact of removing adult Medicaid dental benefits for the 41 states and District of Columbia that offer benefits at the limited or enhanced level.[6] Our analysis includes the associated medical care costs incurred for ED visits and for those with conditions such as diabetes, heart disease, and pregnancy. We also review previous policy changes in several states with their state-wide Medicaid dental benefits and examine the impact of these changes.

Estimating Cost Burden to States if Adult Medicaid Dental Benefit is Removed

We estimate the increased medical care costs that would result from the removal of adult Medicaid benefits in 41 states and District of Columbia that offer limited or enhanced dental benefits (Figure 1). For each state, we used the number of Medicaid-enrolled adults utilizing dental care to calculate estimated costs. Our estimates represent increased downstream health care costs for emergency department visits and treatment of periodontitis among pregnant beneficiaries and beneficiaries with diabetes and coronary artery disease (CAD).

Figure 1: Adult Medicaid Dental Benefit Level by State



Source: Health Policy Institute analysis of data from state Medicaid websites and the CareQuest Medicaid Adult Dental Coverage Tracker.[7] Analysis based on data as of mid-2024. **Notes**: None = No coverage. Emergency-only = Coverage for pain relief under defined emergency situations. Limited = Coverage for a subset of diagnostic, preventive, and minor restorative procedures with a per-enrollee annual maximum expenditure of $1,000 or less. Enhanced = Coverage for a more comprehensive mix of services, including at least diagnostic, preventive, and restorative procedures, and a per-enrollee annual maximum expenditure of at least $1,000 or no annual spending limit. States outlined in yellow were the eight states selected for the beneficiary and dentist surveys.

Among Medicaid-enrolled adults with limited or enhanced dental benefits in their state, the average utilization rate (i.e. percent with a dental visit in the past 12 months) was 17.6 percent for 2021.[8] For the United States, we estimate that the total one-year increase in health care costs for adults utilizing dental care due to removing adult Medicaid dental benefits is $1,913,968,753. This figure represents the cost for patients with CAD who do not receive care for periodontitis ($173,572,522), patients with diabetes who do not receive care for periodontitis ($1,207,749,004), pregnant patients who do not receive care for periodontitis ($348,016,413), and the expected cost of increased ED visits for dental conditions due to losing access to routine dental care ($297,566,857). We estimate the 5-year total cost in the U.S. as $9,569,843,764. The two states with the highest total costs are California ($400,001,393 for one year) and New York ($255,778,913 for one year). Table 1 outlines each state and their costs. In states that expanded Medicaid dental adult benefits since 2021 (Maine, Maryland, New Hampshire, Oklahoma, and Tennessee), our results represent underestimates of the states' costs.

The elimination of adult dental Medicaid benefits would significantly limit access to cost-effective preventive and early intervention dental care, ultimately contributing to poor oral and overall health. Such decisions will result in both immediate and long-term financial burdens on states' budget and economy.

Removing adult dental Medicaid benefits would significantly limit access to preventive and early intervention dental care, worsening oral and overall health and imposing immediate and long-term financial burdens on state budgets.

Table 1: Estimated Increase in Health Care Costs Associated with Different Medical Conditions due to Removal of Adult Medicaid Dental Benefit in Each State

	ED Visits	Diabetes	Coronary Artery Disease	Pregnancy	Total Cost	5-Year Cost
Alaska	$1,472,453	$5,976,316	$858,891	$1,255,731	$9,563,390	$47,816,950
Arkansas	$1,172,457	$4,758,707	$683,901	$1,590,846	$8,205,910	$41,029,549
California	$62,270,994	$252,742,296	$36,323,042	$48,665,062	$400,001,393	$2,000,006,967
Colorado	$6,774,213	$27,494,826	$3,951,439	$9,077,326	$47,297,804	$236,489,022
Connecticut	$6,555,614	$26,607,587	$3,823,929	$6,743,571	$43,730,701	$218,653,506
Delaware	$552,563	$2,242,715	$322,313	$709,984	$3,827,575	$19,137,877
District of Columbia	$1,566,352	$6,357,427	$913,662	$1,430,567	$10,268,008	$51,340,040
Hawaii	$702,996	$2,853,286	$410,062	$580,405	$4,546,749	$22,733,743
Idaho	$1,449,562	$5,883,408	$845,538	$2,495,693	$10,674,202	$53,371,009
Illinois	$10,906,534	$44,266,876	$6,361,846	$11,950,979	$73,486,235	$367,431,174
Indiana	$7,848,872	$31,856,596	$4,578,294	$10,311,695	$54,595,457	$272,977,285
Iowa	$3,460,869	$14,046,798	$2,018,746	$5,623,795	$25,150,209	$125,751,044
Kansas	$896,128	$3,637,160	$522,717	$2,832,596	$7,888,601	$39,443,004
Kentucky	$4,565,087	$18,528,538	$2,662,842	$5,407,234	$31,163,701	$155,818,507
Louisiana	$4,645,091	$18,853,254	$2,709,509	$7,900,694	$34,108,547	$170,542,736
Maine	$744,422	$3,021,423	$434,226	$641,648	$4,841,719	$24,208,595
Maryland	$3,678,509	$14,930,143	$2,145,696	$4,871,093	$25,625,442	$128,127,212
Massachusetts	$11,287,969	$45,815,026	$6,584,340	$10,450,139	$74,137,474	$370,687,371
Michigan	$11,826,128	$47,999,278	$6,898,251	$12,169,234	$78,892,891	$394,464,456
Minnesota	$6,854,137	$27,819,216	$3,998,059	$10,303,691	$48,975,103	$244,875,514
Montana	$1,451,525	$5,891,373	$846,683	$1,794,664	$9,984,245	$49,921,227
Nebraska	$1,505,782	$6,111,589	$878,331	$3,294,428	$11,790,129	$58,950,647
New Hampshire	$234,489	$951,733	$136,779	$250,559	$1,573,561	$7,867,804
New Jersey	$12,511,796	$50,782,232	$7,298,205	$16,842,691	$87,434,925	$437,174,623
New Mexico	$3,469,303	$14,081,029	$2,023,665	$3,737,918	$23,311,915	$116,559,576
New York	$38,652,117	$156,879,220	$22,546,011	$37,701,566	$255,778,913	$1,278,894,567
North Carolina	$8,863,111	$35,973,138	$5,169,906	$11,517,870	$61,524,025	$307,620,127
North Dakota	$249,154	$1,011,252	$145,333	$406,998	$1,812,737	$9,063,683
Ohio	$16,270,974	$66,039,790	$9,490,956	$19,025,400	$110,827,121	$554,135,603
Oklahoma	$2,283,424	$9,267,842	$1,331,935	$4,783,127	$17,666,327	$88,331,635
Oregon	$7,868,018	$31,934,306	$4,589,462	$6,636,352	$51,028,139	$255,140,694

Table 1: Estimated Increase in Health Care Costs Associated with Different Medical Conditions due to Removal of Adult Medicaid Dental Benefit in Each State

	ED Visits	Diabetes	Coronary Artery Disease	Pregnancy	Total Cost	5-Year Cost
Pennsylvania	$15,112,142	$61,336,383	$8,815,003	$16,450,290	$101,713,818	$508,569,089
Rhode Island	$1,363,554	$5,534,321	$795,369	$1,284,623	$8,977,866	$44,889,332
South Carolina	$1,899,498	$7,709,584	$1,107,988	$4,895,547	$15,612,617	$78,063,083
South Dakota	$527,549	$2,141,188	$307,722	$975,803	$3,952,263	$19,761,315
Tennessee	$347,904	$1,412,056	$202,935	$867,557	$2,830,451	$14,152,257
Vermont	$1,078,621	$4,377,853	$629,166	$830,220	$6,915,861	$34,579,306
Virginia	$5,552,636	$22,536,751	$3,238,885	$7,656,841	$38,985,113	$194,925,565
Washington	$8,169,040	$33,156,078	$4,765,050	$9,415,830	$55,505,997	$277,529,987
West Virginia	$1,629,456	$6,613,550	$950,471	$1,607,617	$10,801,094	$54,005,469
Wisconsin	$5,370,157	$21,796,116	$3,132,445	$7,068,172	$37,366,889	$186,834,447
Wyoming	$176,943	$718,167	$103,212	$595,311	$1,593,634	$7,968,168
United States	**$283,818,142**	**$1,151,946,428**	**$165,552,814**	**$312,651,368**	**$1,913,968,753**	**$9,569,843,764**

Notes: Costs for diabetes, coronary artery disease, and pregnancy are based off lack of periodontitis treatment with these conditions. This table only includes states that have limited or enhanced dental benefits for adults under Medicaid. Maine, Maryland, New Hampshire, Oklahoma, and Tennessee have expanded Medicaid benefits since 2021; costs for these states are underestimates. ED: emergency department.

Worsening Overall Health and Economic Outcomes if Adult Medicaid Dental Benefit is Removed

In addition to the loss of cost saving opportunities, reducing or removing the adult Medicaid dental benefit worsens health outcomes and economic opportunities for beneficiaries.

When Illinois scaled back its adult Medicaid dental benefit to only cover emergency visits, ED visits increased by 48 percent, surgical interventions increased by 100 percent, and hospital admissions increased by 128 percent.[9] In Massachusetts, ED visits for non-traumatic dental conditions increased by 11 percent in the 15 months after Massachusetts scaled back its adult Medicaid dental benefit in 2010.[10] The study also found that there was an immediate 16 percent decrease of the same ED visits five months after Massachusetts partially reinstated the adult Medicaid dental benefit.[10] Dropping the adult Medicaid dental benefit is also associated with a decline in oral cancer diagnoses.[11,12]

Eliminating the adult Medicaid dental benefit may also have a carryover affect among pediatric beneficiaries. In Washington state, the temporary reduction of the adult Medicaid dental benefit led to 65 fewer dental examinations per 10,000 children covered by Medicaid and CHIP.[13] Parallelly, other research has found strong associations between adult Medicaid dental coverage and positive oral health outcomes among children. Adult dental benefits under Medicaid are associated

with a relative reduction of 5 to 7 percent from the baseline of caries in children.[14]

While data is limited on the full economic impact of removing the adult Medicaid dental benefit, there are known effects of lack of an adult Medicaid dental benefit may have on employability. Nearly one-third of low-income adults in the U.S. have a hard time interviewing for a job due to the condition of their mouth and teeth.[15] We estimate that removing adult Medicaid dental benefits among those currently utilizing dental care will result in 2,033,032 adults experiencing challenges finding work due to their oral health (Table 2).

Table 2: Estimated Impact of Removing of Adult Medicaid Dental Benefit on Number of Medicaid Beneficiaries Facing Challenges Finding Work in Each State

	Number of Beneficiaries		Number of Beneficiaries
Alaska	10,547	Nebraska	10,786
Arkansas	8,398	New Hampshire	1,680
California	446,056	New Jersey	89,624
Colorado	48,525	New Mexico	24,851
Connecticut	46,959	New York	276,871
Delaware	3,958	North Carolina	63,488
District of Columbia	11,220	North Dakota	1,785
Hawaii	5,036	Ohio	116,551
Idaho	10,383	Oklahoma	16,357
Illinois	78,125	Oregon	56,360
Indiana	56,223	Pennsylvania	108,251
Iowa	24,791	Rhode Island	9,767
Kansas	6,419	South Carolina	13,606
Kentucky	32,700	South Dakota	3,779
Louisiana	33,273	Tennessee	2,492
Maine	5,332	Vermont	7,726
Maryland	26,350	Virginia	39,774
Massachusetts	80,857	Washington	58,516
Michigan	84,712	West Virginia	11,672
Minnesota	49,097	Wisconsin	38,467
Montana	10,397	Wyoming	1,267
		United States	**2,033,032**

Notes: This table only includes states that have limited or enhanced dental benefits for adults under Medicaid. Maine, Maryland, New Hampshire, Oklahoma, and Tennessee have expanded Medicaid benefits since 2021; numbers for these states are underestimates.

States have previously faced difficult decisions regarding their adult Medicaid dental benefits under Medicaid. We explore the historical case of two states that made the decision to cut back or eliminate their adult dental benefits and what impact these decisions had on the state's economy and population health.

Spotlight: California

In 2009, California eliminated Medicaid dental benefits for their general adult population, covering only emergency services. As a result, around 3 million adult beneficiaries were no longer able to access preventive dental services. While the intention behind the dental benefit cut was to save the state money, the cost of untreated dental disease rapidly increased over time.[16]

Following the repeal of the adult dental benefit, the consequences of delayed preventive dental care became apparent. Providers reported an increase in patients with dental abscesses.[17] Repealed comprehensive dental benefits were also associated with increased ED visits for non-traumatic dental conditions (an additional 1,800 visits per year).[18] When the benefit was reinstated incrementally in 2014 and 2018, there was an immediate decrease in ED visits.[18]

The repeal of Medicaid benefits affected more than beneficiaries. Providers who primarily treated beneficiaries covered by Denti-Cal, the state's Medicaid dental program, reported considerable financial challenges and either contemplated or eventually closed their practices.[17]

Adult dental benefits were reinstated over a decade ago in California, but the repeal's effects on beneficiaries, providers, and the state economy remain significant.[19] This decision led to an estimated loss of nearly 4,500 jobs and over half a billion dollars in economic activity.[20] Providers previously dedicated to treating underserved populations were undoubtedly discouraged and alienated from the program. As of 2021, 29 percent of California dentists are enrolled as Medicaid providers; of that 29 percent, 11 percent treat 100 or more Medicaid patients per year.[21] While California may again have an adult dental benefit, there may not be enough providers willing or able to treat beneficiaries. The experience of California exemplifies that it is costlier and detrimental to both providers and patients to eliminate the adult dental benefit than it is to maintain or even expand it.

Spotlight: Oregon

In 2003, Oregon's Medicaid program, known as the Oregon Health Plan (OHP), rescinded its adult dental offerings due to budget constraints. In addition to reducing benefits and increasing premiums, OHP eliminated exceptions, implemented penalties for unpaid premiums, and instituted a six-month lockout to beneficiaries missing premium payments.[22] More than 50,000 low-income beneficiaries became disenrolled. The impact of the elimination of adult dental benefits was seen within the first 10 months, resulting in increased costs, negative impacts on healthcare access and utilization, and adverse health outcomes.[23] Those who had periods of no insurance for more than four months had greater and more complex unmet dental needs, which multiplied in severity over time.[22]

The number of ED visits increased from 6,600 per month in 2002 to over 9,000 per month in 2004.[24] In addition to the impact on dental-related costs, there was a 28 percent increase in the utilization of ambulatory medical care for dental concerns and a 26 percent increase in per person expenditures.[25] Despite not having coverage, low-income adults still sought dental care, reiterating the essential role oral health has to overall health, employability, and quality of life.[25,26]

Oregon is another example of the health and economic issues that can incur when benefits are cut and beneficiaries are penalized for financial hardship.

Beneficiaries struggled with increased medical debt, greater health issues and unmet dental needs, decreased access to care, and unemployment. Oregon's experience demonstrated that policy decisions that remove the public safety net force beneficiaries to face increased out-of-pocket costs and seek inappropriate care settings for unmet dental needs.

Implications for a State's Medicaid Program

In the coming years, states may face the decision about keeping, reducing or removing the adult Medicaid dental benefit due to budgetary shortfalls created by economic conditions or fewer federal dollars being contributed to a state's Medicaid program. Proposed cuts to Medicaid at the federal level could have more dramatic effects than anticipated by legislators. Several states have already learned the hard way that eliminating or reducing adult Medicaid dental benefits has long-term consequences in the form of long-term health issues, financial strain for providers, increased medical costs, and worsening health disparities.

Oral health stakeholders are encouraged to proactively engage with their state and federal government partners about the value of the adult dental Medicaid benefit to health care costs and overall population health.

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Data & Methods

Baseline Adult Dental Benefit, Medicaid Enrollment, and Dental Care Utilization Rate by State

We developed classifications of each state's adult Medicaid dental benefit using following levels: none, emergency-only, limited, and enhanced.[6] As of mid-2024, 41 states and the District of Columbia offer enhanced or limited adult Medicaid dental benefits, 8 states offer emergency-only dental benefits, and Alabama offers no dental benefits.

We obtained Medicaid enrollment figures from the U.S Centers for Medicare and Medicaid Services (CMS).[3] These data provide monthly enrollment by state, including total Medicaid and CHIP enrollment and total Medicaid and CHIP child enrollment. We used data from October 2024 (the most recently available final enrollment figures). For each state, we estimated adult Medicaid enrollment by subtracting child enrollment from total enrollment.

We calculated adult Medicaid dental utilization rates for each state using de-identified claims data from the Transformed Medicaid Statistical Information System (T-MSIS), maintained by the CMS. Dental care utilization was defined as the total number of adults receiving any dental service divided by the total number of adults that were enrolled in Medicaid, calculated for the latest data release available to us, 2021. Among those enrolled for at least 90 continuous days, an enrollee utilizing dental services has at least one claim with a CDT code (D0100-D9999). We restricted adults to individuals ages 21-64. From 2021 to 2024, there were five states that expanded adult Medicaid dental benefits. For these five states, our results represent an underestimate of the costs.

State specific adult dental benefit coverage, Medicaid enrollment, and dental care utilization rates can be found in the Appendix.

Estimated Medical Care Costs

We estimated medical care costs associated with the removal of access to dental care for adult Medicaid enrollees. There is emerging evidence that decreased access to dental care can lead to higher health care costs among pregnant patients and patients with chronic conditions such as diabetes and heart disease.[27]

Emergency Department Visits

The national average cost of an ED visit for a non-traumatic dental condition was $1,887 in 2019 ($2,381 when adjusted for inflation).[28] Data indicate that 1.7% of all ED visits among low-income adults were due to dental-related problems.[29] We assumed that all adults that were utilizing dental care are now at risk for going to the ED for dental-related problems. We used these figures to estimate the cost for each state in dental-related ED visits.

Diabetes and Coronary Artery Disease

We estimated the number of Medicaid enrollees in each state who have diabetes and coronary artery disease (CAD) based on the share nationally of adult Medicaid enrollees who have these health conditions.[30] In the most recent year reported (2023), 9.7 percent of Medicaid enrollees nationwide self-reported they had diabetes and 2.4 percent reported they had CAD. We applied the national rates for these chronic conditions among Medicaid enrollees to all states. We assumed adults utilizing dental care would be the ones with increased costs for these conditions, when losing dental coverage.

We assumed that 60 percent of adult Medicaid enrollees have some form of periodontal disease. This estimate is based on the most recent national data on the prevalence of periodontal disease among low-

income adults in the U.S.[31] This 60 percent estimate also applies to pregnant enrollees.[32]

Based on the available evidence, the estimated yearly medical costs per patient with diabetes who does not receive periodontal treatment was $1,799 in 2007.[33] When adjusted for inflation, this cost becomes $2,823.24. In addition, the estimated yearly medical costs per patient with coronary heart disease who does not receive periodontal treatment is $1,090 in 2009.[34] When adjusted for inflation, this cost becomes $1,639.94.

Pregnancy

We utilized the most recently available (2023) state-level data on the number of births among Medicaid for women ages 20 and above from the Centers of Disease and Control.[35] We assumed that pregnant enrollees will behave similarly in terms of their dental care seeking behavior as Medicaid-enrolled adults with dental coverage, meaning their utilization rate will is the same as other adult enrollees. Based on the available evidence, the estimated medical cost savings was $1,549 (second pregnancy) and $2,400 (first pregnancy) per year per pregnant woman receiving periodontal treatment in 2009.[34] We took the lower cost and after inflation-adjusting it, got our final cost of $2,911.36.

Appendix: Medicaid Enrollment, Dental Coverage, and Dental Care Utilization in All States

	Total Medicaid and CHIP Enrollment (2024)	Adult Medicaid Enrollment (2024)	Adult Medicaid Dental Coverage Level	Adult Dental Utilization (2021)
Alaska	250,131	151,731	Enhanced	24.0%
Arkansas	821,017	400,548	Limited	7.2%
California	13,431,928	8,430,477	Enhanced	18.2%
Colorado	1,185,011	659,582	Enhanced	25.4%
Connecticut	932,771	564,533	Enhanced	28.7%
Delaware	250,651	139,661	Limited	9.8%
District of Columbia	255,313	160,625	Enhanced	24.1%
Hawaii	402,818	249,963	Enhanced	6.9%
Idaho	314,819	158,511	Enhanced	22.6%
Illinois	3,243,413	1,806,197	Enhanced	14.9%
Indiana	1,804,429	967,297	Limited	20.0%
Iowa	674,985	336,768	Enhanced	25.4%
Kansas	411,381	130,646	Limited	16.9%
Kentucky	1,385,144	757,105	Limited	14.9%
Louisiana	1,511,871	800,784	Limited	14.3%
Maine	350,738	211,296	Enhanced	8.7%
Maryland	1,525,201	832,738	Enhanced	10.9%
Massachusetts	1,658,082	945,134	Enhanced	29.5%
Michigan	2,364,114	1,439,566	Enhanced	20.3%
Minnesota	1,167,743	577,141	Enhanced	29.3%
Montana	218,858	124,270	Enhanced	28.9%
Nebraska	341,081	165,501	Enhanced	22.5%
New Hampshire	183,563	94,368	Enhanced	6.1%
New Jersey	1,753,610	955,676	Enhanced	32.3%
New Mexico	764,407	423,693	Enhanced	20.2%
New York	6,652,419	4,190,922	Enhanced	22.8%
North Carolina	2,776,584	1,363,084	Enhanced	16.1%
North Dakota	104,911	53,514	Enhanced	11.5%
Ohio	2,875,313	1,661,964	Enhanced	24.2%
Oklahoma	988,293	467,701	Limited	12.1%
Oregon	1,300,251	820,528	Enhanced	23.7%
Pennsylvania	3,106,529	1,653,238	Enhanced	22.6%

Appendix: Medicaid Enrollment, Dental Coverage, and Dental Care Utilization in All States (Continued)

	Total Medicaid and CHIP Enrollment (2024)	Adult Medicaid Enrollment (2024)	Adult Medicaid Dental Coverage Level	Adult Dental Utilization (2021)
Rhode Island	306,344	183,056	Enhanced	18.4%
South Carolina	1,037,498	402,094	Limited	11.7%
South Dakota	142,007	59,973	Enhanced	21.7%
Tennessee	1,436,211	592,844	Enhanced	1.4%
Vermont	157,471	98,548	Enhanced	27.0%
Virginia	1,809,526	948,769	Enhanced	14.5%
Washington	1,837,170	997,053	Enhanced	20.2%
West Virginia	510,971	304,603	Enhanced	13.2%
Wisconsin	1,189,424	626,526	Enhanced	21.2%
Wyoming	63,292	20,468	Limited	21.4%
United States	**79,308,002**	**41,691,898**		**17.6%**

Notes: This table only include states that have limited or enhanced dental benefits for adults under Medicaid. Maine, Maryland, New Hampshire, Oklahoma, and Tennessee have expanded Medicaid benefits since 2021; utilization rates for these states are underestimates.

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