ORAL HEALTH ADVOCACY TASKFORCE

July 15, 2026

Dr. Ryan Schwarz
Assistant Secretary for MassHealth
One Ashburton Place
Boston, MA 02108

Dear Assistant Secretary Schwarz,

On behalf of the Health Care For All (HCFA) and the Oral Health Advocacy Taskforce (OHAT) we are excited to work with you in your new role as Assistant Secretary for MassHealth. We appreciate your experience and longstanding commitment to improving access to care for the state's Medicaid members as both a physician and policymaker.

OHAT is a broad-based statewide coalition of consumers, advocates, medical and dental providers, academics, and community-based organizations. OHAT works with partners including HCFA and state policymakers to protect and advance access to oral health care for residents throughout Massachusetts. We write today regarding the newly established authority for a $1,750 annual benefit maximum—or cap—for adult dental MassHealth coverage established in the FY27 Budget. We know that the Commonwealth is facing difficult funding decisions in the wake of federal health care cuts and are grateful that the cap was raised from the initial proposal of $1,000 and includes exemptions for clients with the Department of Developmental Services and emergencies. This will make a meaningful difference in the care that thousands of MassHealth can pursue.

As MassHealth implements the new cap, we respectfully request that you consider additional exemptions and to consider delaying the start date to ensure a clear and functional process for members. Specifically, we urge to you to please consider:

- **Making targeted clinical exemptions for MassHealth members who require dentures and other essential services that will impact their overall health and quality of life.**
- **Offering exemptions by population or for medically necessary dental services.**
- **Delaying implementation of the cap until both providers and members can be assured that they will be adequately notified when they are subject to the cap to enable informed clinical decisions, reduce confusion, and prevent delays.**

Background and Barriers to Oral Health in Massachusetts

Oral health is essential to our overall health and wellbeing, impacting our ability to eat, speak, sleep, connect with one another and participate fully in our lives. When states provide comprehensive dental benefits to Medicaid members, it is proven to reduce racial disparities in oral health access, improve surgical outcomes, supports recovery from substance use disorders, and even leads to greater employment opportunities. Conversely, benefit reductions drive up emergency room costs, strain health center budgets and provider networks, and frequently lead to delayed or forgone care.

While the Commonwealth has made progress towards increasing access to oral health services, dental care remains the most common unmet health care need due to cost. Many of our neighbors, including seniors, communities of color, and people with disabilities, face uniquely high barriers to maintaining their oral health and are less likely to visit the dentist and more likely to have missing teeth.

This risk is compounded for MassHealth members, who struggle to find providers that accept their insurance, especially when they have overlapping and complex oral health needs. Only an estimated 25 percent of dentists regularly accept new MassHealth patients— many of them concentrated in urban settings like Boston and Worcester. As a result, MassHealth members are more likely to rely on costly emergency room visits, that cannot resolve underlying problems, when preventable dental issues become too painful to manage at home.

The addendum attached to this letter provides more detail on the design and availability of adult dental Medicaid benefits in the 15 states with annual benefit maximums, including the exemptions offered. The recommendations and requests detailed below are in-line with the national landscape of Medicaid dental coverage. They were developed with extensive input from coalition members and are aimed at ensuring that the most vulnerable MassHealth members can continue to access life-changing dental services while maintaining state savings.

Targeted clinical exemptions protect the health and wellbeing of the most vulnerable MassHealth members

Of the 15 states with annual caps for adult dental Medicaid benefits, six exempt or otherwise protect access to dentures—making dentures one of the most frequently exempted services. In Alaska, Medicaid members who need dentures can utilize up to two annual limits at once, effectively "borrowing" from the next year's cap to ensure that they can complete treatment.

An outright exemption for dentures would cost the state an estimated $6-$8 million annually, and would retain 80 percent of the $34 million in estimated savings from the benefit cap. With this investment, the Commonwealth can drastically improve the wellbeing of MassHealth members who are more likely to experience tooth loss and require dentures, including, people with autism and intellectual disabilities, individuals with chronic diseases like diabetes and HIV/AIDS, people recovering from substance use disorder and cancer survivors.

While instances of severe oral disease and edentulism—the loss of all natural teeth—have declined in the past 20 years, people living in poverty and are still twice as likely to be edentulous. Based on an unpublished analysis of FY23 claims data, over 30 percent of the MassHealth enrollees who exceeded $1,750 worth of dental care, had at least one denture code at a mean annual expense of $2,722. Without an exemption, many of these patients will quickly reach the cap and may be forced to live with incomplete care. The patient story below provides an example of the impact dentures have on the wellbeing of MassHealth members.

> *While working as a dentist at a federally qualified health center, I took care of a patient in recovery from opioid use disorder. The severity of her substance use disorder and her lack of dental care as a teen and young adult meant that none of her teeth were restorable—they all needed to be extracted before she could have dentures made. This was understandably a highly traumatic experience for my patient, but ultimately with dentures she was able to feel more like herself, seek employment, regain custody of her kids, and maintain her recovery. Today, my patient would reach the cap of $1,750 even before dentures could be made, which would result in her spending a full year without any teeth. This would dramatically affect her ability to eat enough to maintain her health, get a job, and her self-esteem*."

In addition to clinical exemptions for dentures, five states exempt preventive dental care from annual caps and two states exempt extractions—one state exempts all three services. Exempting extractions, which range in cost from $75-$150, helps prevent scenarios like the one described above, where the services rendered to prepare a patient for dentures would exceed the cap even before dentures can be fabricated. An exemption for extractions also ensures that patients who might reach the cap and experience further needs can receive definitive treatment for infections without relying on emergency rooms.

Providing an exemption for preventive services is similarly cost effective and promotes the importance of preventive care in improving oral health outcomes. Medicaid enrollees who receive regular preventive dental care are less likely to need significant oral surgery to address dental needs and experience 43% lower costs. Such an exemption would encourage members to continue to receive routine dental care without worrying that dental visits for cleanings would contribute to their annual benefit maximum and restrict access to restorative services down the line.

Broader exemptions by population and for medical necessity offers flexibility for underserved patients with complex oral health needs and medical conditions that may be exacerbated by lack of oral health care

While broader exemptions would require more administrative work on behalf of dental and medical providers to document patient needs, they also offer an avenue to protect access to care for historically underserved patients who may face more severe and expensive systemic diseases without access to oral health care. In Vermont, pregnant people, certain seniors, people with disabilities and those in recovery from substance use disorder and other mental health conditions, are exempt from the $1,500 cap. In Connecticut and California, the annual cap can be exceeded for medically necessary dental services. This mirrors the prior authorization process for many adult dental services at MassHealth. This exemption would be particularly important for members who need extensive dental care related to further medical treatment such as surgery, chemotherapy or taking immunosuppressing medications, like the MassHealth member described below.

> *I received a call from an individual who had recently completed chemotherapy and radiation treatments. They urgently needed 14 dental extractions to move forward with full upper and lower dentures, but the treatment estimate they received was far beyond what they could afford. At the time, they were losing weight and feeling embarrassed about their appearance, which was causing them to isolate socially. Because they had dental coverage through MassHealth, I was able to refer them to a participating dentist.*
>
> *Several months later, the individual contacted me to express their gratitude and to share that they had received all the needed treatment. Without access to this care, they likely would not have pursued any dental services. Receiving timely treatment allowed them to restore their oral health and improve their nutritional well-being.*

Delaying implementation will help inform treatment plans and prevent confusion among both members and providers

As implementation of the cap follows less than one month after the authorizing language was signed into law, we have several questions and concerns we hope you can address. In particular, we would be grateful for more information regarding communication with impacted members and dental providers. Our questions are:

- How will providers be notified about the cap and what guidance are they being given about communicating with members?
- How will members be informed that dental services exceeding the cap will be paid out of pocket? Will providers be responsible for communicating this information to members?
- Will information on the cap be required to be shared with members before they receive care, or could they be billed unknowingly after services have been rendered?
- Are the current patient record systems capable of tracking the new cap in real time?
- Finally, we are particularly concerned that members who begin dental treatment before August 1st may have their care interrupted or face paying out of pocket for services that were previously covered, and request information on how these instances will be adjudicated.

We respectfully request written answers to the above concerns and urge you to consider delaying implementation of the cap until there is clarity regarding these essential questions. A delay would enable the communication of clear protocols and details regarding the cap to ensure that MassHealth members and their providers can make informed choices regarding treatment plans.

Thank you for the opportunity to share our thoughts and concerns with you. We would appreciate the opportunity to meet with MassHealth staff regarding these questions and requests. As the agency implements the new cap, please do not hesitate to look towards Health Care For All and OHAT as a resource. We understand the enormous challenges facing MassHealth and are grateful for your leadership during this difficult moment.

Sincerely,

Grace Coughlin
Policy Manager, Health Care For All
On behalf of the OHAT Steering Committee

Other Supporting Partners

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Cc:
Secretary Kiame Mahaniah, Executive Office of Health and Human Services
Undersecretary Amy Rosenthal, Executive Office of Health and Human Services

State use of Annual Benefit Maximums

As of December 31, 2024, 15 states have annual benefit maximums (ABM) in place for some or all adult beneficiaries.

State	PROVIDES COVERAGE OF[1]							ABM Amount	Program information and Exclusions[2]
	Diagnostic Services	Preventive Services	Restorative Services	Endodontic Services	Periodontal Services	Prosthodontic Services	Extractions Services		
AK	X	X	X	X	X	X	X	$1,150	Alaska Medicaid covers two categories of dental services for adult recipients: Adult Emergent Dental Services; and Adult Enhanced Dental Services. Adult Enhanced Dental Services are limited to a maximum total reimbursement of $1,150 per state fiscal year (July 1 through June 30). Recipients requiring upper and lower dentures and/or partials may be eligible to utilize two (2) annual limits at one time in order to obtain both appliances at the same time. Exclusions from the ABM: •Emergent services; Anesthesia or sedation services; Certain services rendered in preparation for dentures or partials.
AZ	X (some)		X (some)	X (some)			X (some)	$1,000 in emergency services for AHCCCS beneficiaries $1,000 in emergency services plus $1,000 in non-	The Arizona Long Term Care System (ALTCS) is health insurance for individuals who are age 65 or older, or who have a disability, and who require nursing facility level of care. Services may be provided in an institution or in a home or community-based setting. Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.

[1] As outlined and collected in the 2024 Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits and reported in the Medicaid Adult Dental Coverage Checker. These tools collect and provide data on coverage of specific codes offered within the service categories of diagnostic services, preventive services, restorative services, endodontic services, periodontal services, prosthodontic services, and extraction services.

[2] Based on data collected in the 2024 Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits and reported in the Medicaid Adult Dental Coverage Checker.

								emergency services for diagnostic, therapeutic and preventative care for ALTCS beneficiaries	
AR	X (some)	X (some)	X			X (some)	X	$500 beneficiaries 21 and over	Exclusions from the ABM: •Extractions and complete and partial dentures.
CA	X (some)	X (some)	X	X	X	X (some)	X	$1,800	Exclusions from the ABM: •There is no limit for covered, medically necessary dental services.
CT	X	X	X	X		X (some)	X	$1,000	Exclusions from the ABM: •Certain non-emergency dental services (diagnostic, restoration prevention, basic procedures and nonsurgical extraction consistent with standard and reasonable dental practices) are exempt from the DSS' prior authorization process up to a maximum amount of $1,000 per member per calendar year, regardless of the number of dental providers serving the member. •DSS may pay for services that exceed the $1,000 threshold if, subject to prior authorization requirements, DSS determines that the services are medically necessary, as defined in section 17b-259b of the Connecticut General Statutes. •Emergency dental services, as defined in subsection (a) of section 17b-282c of the Connecticut General Statutes, hospital-based surgical procedures and dentures are not counted toward the annual dental benefit maximum.
DE	X	X	X (some)		X		X (some)	$1,000 An additional	The Adult dental benefit is capped at $1,000 per calendar year per individual. An additional $1,500 is available per individual per calendar year under

								$1,500 is available under the emergency benefit.	the emergency benefit. Prior authorization is required. DHSS defines emergency basis as: a. An unforeseen or sudden occurrence demanding immediate remedy or action, without which a reasonable licensed dental professional would predict a serious health risk or rapid decline in oral health. b. When an individual's dental care needs exceed the $1,000 per year dental benefit limit, and postponement of treatment until the next benefit year would result in tooth loss or exacerbation of an existing medical condition.
IA	X	X	X	X	X	X	X	$1,000 for Adult Dental Wellness Plan members 21 or older	Exclusions from the ABM: •Exams, x-rays, cleanings, sedation related to oral surgery, dentures and services that are needed for emergent situations.
MS	X (some)						X	$2,500	Adults are covered for emergency pain relief and palliative care up to a $2,500 maximum per fiscal year.
MT	X	X	X	X	X	X	X	$1,125[3]	Exclusions from the ABM: •Covered diagnostic, preventive, dentures, and anesthesia services. Periodic service limits apply. •Adults determined categorically eligible for Aged, Blind, and Disabled Medicaid are not subject to the $1,125 annual dental treatment limit.
NH	X	X	X			X Adults enrolled in DD, ABD, CFI Waiver programs and nursing home residents only[4]	X	$,1500	Exclusions from the ABM: •Diagnostic and preventive services.

[3] Effective July 1, 2025, and per Montana's State Plan Amendment, the ABM has been increased to $1,205. Diagnostic, preventive, denture and anesthesia services are excluded from the financial cap.

[4] Removable prosthetic coverage is provided to adults enrolled in the developmental disability waiver, acquired brain disorder waiver, and choices for independent waiver programs as well as nursing facility residents.

SC	X	X (some)	X (some)	X ID/RD members only		X (some) ID/RD members only	X	$1,000	Exclusions from the ABM: •Diagnostic and adjunctive services. ID/RD Waiver Members Preventive Dental Benefit (age >21 years) are not subject to an ABM.
SD	X	X	X	X (some)	X	X	X	$2,000	Exclusions from the ABM: •Some preventive services, including two exams, two cleanings, two topical fluoride applications, two sets of bitewings, and sealants. •Emergent dental services medically necessary to immediately alleviate severe pain, acute infection, or trauma. •General anesthesia and sedation associated with treatment for immediate relief of severe pain, acute infection, or trauma. •Problem focused evaluations and related radiographs associated with treatment for immediate relief of severe pain, acute infection, or trauma. Not all problem focused evaluations are considered emergent. Clinical notes and radiographs must be provided. •Other services associated with treatment for immediate relief of severe pain, acute infection, or trauma as described in the Emergent Care section of this manual. •Dentures, partial dentures, interim dentures, and bridges. (Replacement of interim partial dentures are not exempt from the maximum) •Alveoloplasty in conjunction with approved dentures. Providers may request a special consideration to exceed limitations when medically necessary.
TX	X For certain adults/varies by program	X For certain adults/varies by program	X For certain adults/varies by program	X For certain adults/varies by program	X For certain adults/varies by program	X For certain adults/varies by program	X For certain adults/varies by program	Varies by program	Dental services are available for adults enrolled in one of the state's several long-term services and supports waiver programs. The covered services and annual limits vary by program.

									Nursing Facility Level of Care Waiver (part of the Texas Healthcare Transformation and Quality Improvement 1115 Demonstration Waiver): (1) STAR+PLUS Home and Community Based Services (HCBS) Program Intellectual and Developmental Disability (IDD) 1915(c) Waivers: (1) HCS and TxHml Waiver Programs (2) CLASS Waiver Program (3) DBMD Waiver Program
VT	X	X	X	X	X	X Pregnant, Postpartum, and members receiving services in DAIL, DDS, DMH, CRT Waiver programs only	X	$1,500	Exclusions from the ABM: •Preventive services for adults — including prophylaxis and fluoride treatments. •Members who are pregnant or in the 12-month postpartum eligibility period, or who are receiving services in the Department of Aging and Independent Living (DAIL) Developmental Disability Services (DDS) Waiver Program, or the Department of Mental Health (DMH) Community Rehabilitation and Treatment (CRT) Waiver Program are not subject to the annual cap on dental services. (There is also coverage for medically necessary denture services for these groups.) Emergency dental services for adults aged 21 and older are covered after the adult annual cap on dental expenditures has been reached. Emergency dental services are those used to treat acute pain, infection, or bleeding that can be delivered in a dental office rather than an emergency setting.
WV	X	X (some)	X	X	X	X	X	$2,000 per two fiscal years	Covered dental services for enrolled adults 21 years of age and older are divided into two levels of service: 1) emergent procedures to treat fractures, reduce pain, or eliminate infection and 2) diagnostic, preventative, and restorative services.

									Prior authorization may be required for specific emergent services and when service limits are exceeded. Services classified as diagnostic, preventative, and restorative in nature will require authorization prior to services being rendered and have a coverage limit of $2,000 per member per two fiscal years (July 1 - June 30th).

For additional information:

Alaska
https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/Dental.pdf

Arizona
https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2021/EmergencyDentalBenefitfor21.pdf
https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-D1.pdf
https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310D2.pdf

Arkansas
Dental - Arkansas Department of Human Services (See Section 212.000 Summary of Coverage)

California
https://dental.dhcs.ca.gov/Providers/Medi_Cal_Dental/Provider_Publications/MocSmaVersions
Dental Benefits Fact Sheet_9.27.23
May Provider Handbook

Connecticut
Connecticut Department of Social Services (Provider Bulletin 2019-24 (May 2019))
https://ctdhp.org/wp-content/uploads/2024/09/Dental-Coverage-Limitations-by-Program-71824.pdf

Delaware
Adult Dental Program

Iowa
https://docs.mcna.net/handbooks/mh-ia-en
https://manuals.mcna.net/iowa
https://www.deltadentalia.com/dwp/about-dwp/using-your-benefits/

Mississippi
https://medicaid.ms.gov/wp-content/uploads/2024/08/Title-23-Part-204-Dental-Services-eff-8.1.24.pdf

Montana
https://dphhs.mt.gov/montanahealthcareprograms/dental

New Hampshire
Medicaid Dental Services: New Hampshire Smiles Program for Adults | New Hampshire Department of Health and Human Services
https://www.dentaquest.com/content/dam/dentaquest/en/members/new-hampshire/nh-adult-dental-member-handbook.pdf
https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-waivers-demonstrations

South Carolina
https://provider.scdhhs.gov/internet/pdf/manuals/dental/Manual.pdf

South Dakota
https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Dental/Adult_Dental_Services.pdf

Vermont
https://vtmedicaid.com/assets/manuals/DentalSupplement.pdf

West Virginia
Chapter 505 Oral Health Services (Effective 7/1/2024)
Appendix 505C: chapter 505 Oral Health Services (effective 5/1/2025)