

Uninsured and in Need

**68.5 Million Lack Dental Insurance,
More May Be Coming**



State of Oral Health Equity in America 2023

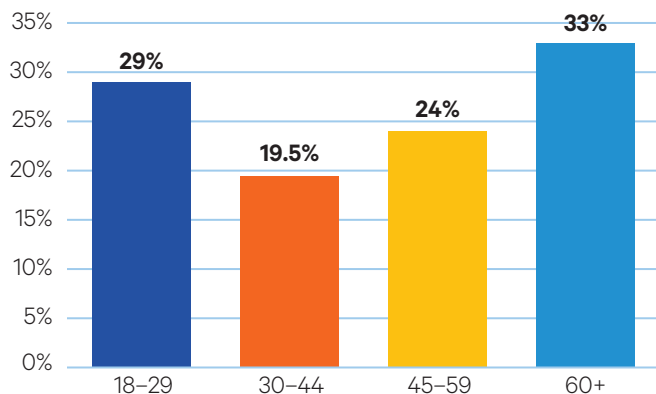
According to the 2023 State of Oral Health Equity in America (SOHEA) survey from CareQuest Institute for Oral Health®, an estimated 68.5 million adults in the US do not have dental insurance.

The estimated portion of the population without dental insurance (27%) is significantly greater than that of those without health insurance (9%) — about three times as high. With a significant number of adults in the US lacking dental insurance, we face an ongoing nationwide oral health crisis. We must call for health care professionals, administrators, policymakers, and advocates to lead efforts to increase dental coverage by Medicaid and Medicare.

SOHEA is the largest nationally representative survey focused exclusively on adults' knowledge, attitudes, experiences, and behaviors related to oral health. The 2023 survey found that of all adult age groups, adults 60 years and older (33%) were most likely to lack dental insurance. Additionally, adults living in rural areas (34%) were more likely to lack dental insurance than adults living in suburban (24%) or urban (29%) areas.

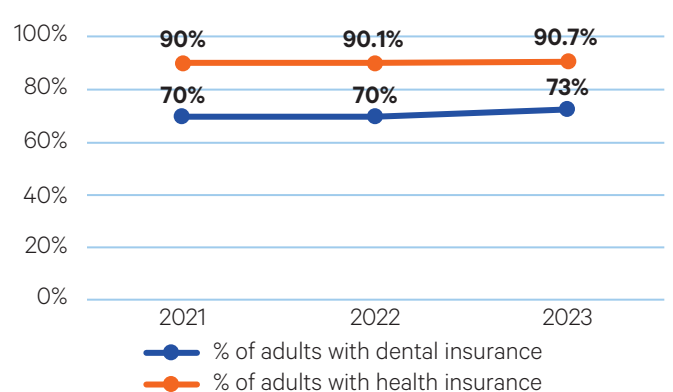
While the proportion of adults with dental insurance increased by 3% from 2021 to 2023, it is important to note that the

% of Adults Without Dental Insurance by Age



SOHEA survey did not ask survey participants whether they gained dental coverage in the past year. The increase in dental insurance rates is likely related, at least in part, to the increase in the proportion of adults receiving dental coverage through Medicare Advantage within the past year — from 7% in 2022 to 9% in 2023. During that same time period, [Medicare enrollment increased](#) from 65.1 million to 65.8 million individuals. Of those enrolled in Medicare, the proportion selecting [Medicare Advantage plans also increased](#) from 46% to 48%. While it is positive that more Medicare-eligible adults are selecting coverage with some dental benefits, it is important to note that the scope of dental benefits under Medicare Advantage plans [varies widely and is quite limited](#), often resulting in high out-of-pocket costs for individuals with severe dental needs. Additionally, Medicare Advantage plans have an [estimated average monthly premium of about \\$18](#), and in some cases much higher, again reinforcing the limitations and inaccessibility of this option for Medicare participants seeking oral health coverage.

Insurance Coverage Trends, 2021-2023

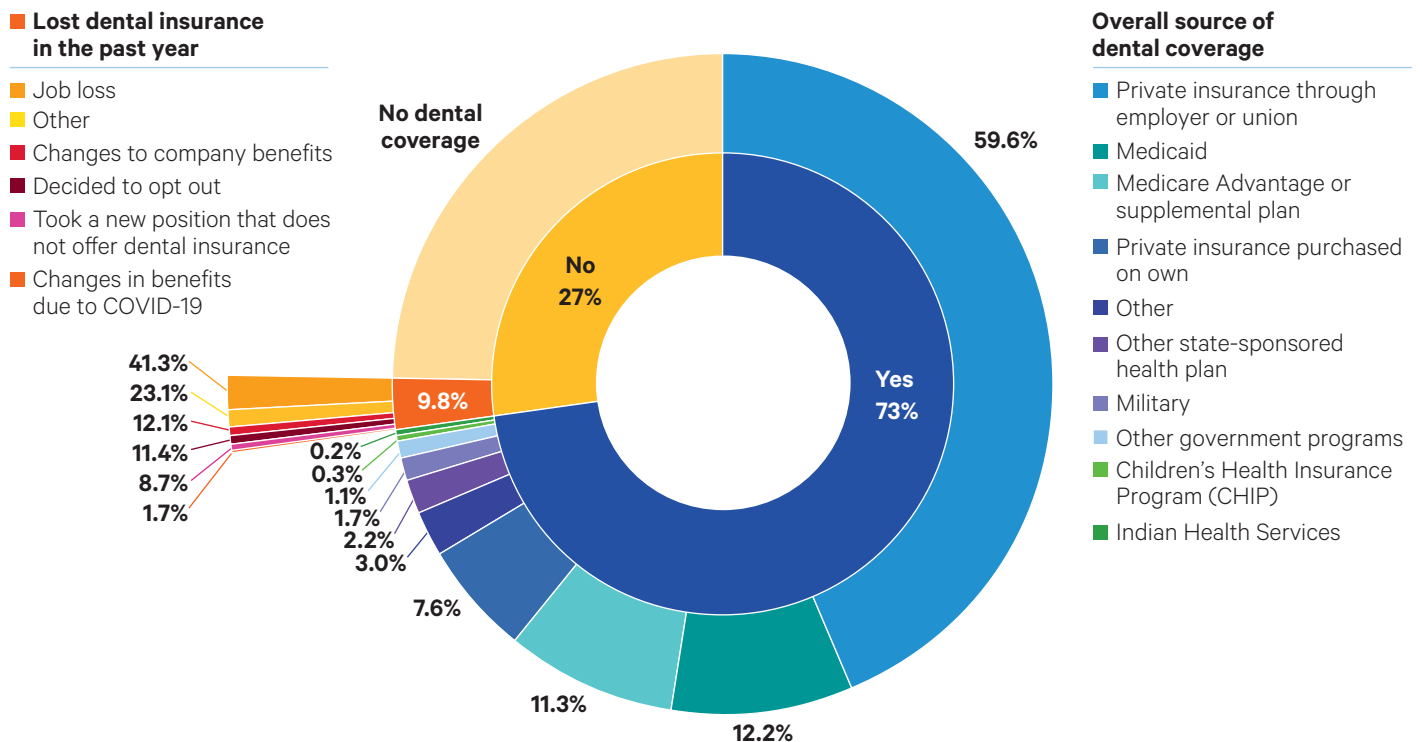


The Number of Uninsured May Be Higher

About 6.7 million adults in the US, or approximately 3% of adults in the US and 10% of all adults who currently do not have dental insurance, lost their dental coverage in the past year. These data on dental insurance loss were collected in January and February 2023. These estimates do not account for the families of those who lost dental coverage, as many family and household members receive dental coverage through a single member of the household. Most (76%) individuals in the survey who lost their dental insurance in the last year and did not receive income from a government program — making them less likely to be eligible for Medicaid coverage — live in a household with at least one other person. If all members of these households lost their dental insurance when the survey respondent lost their coverage, this could represent as many as 8.9 million additional people who have lost their dental insurance in the last year. Therefore, in total, the number of those individuals who have lost dental coverage in the past year could be as high as 15.6 million adults and household members. When considering the 68.5 million adults without dental insurance and the 8.9 million household members losing their dental insurance according to the SOHEA survey, these results could represent as many as 77.4 million adults and household members without dental insurance as of the time of the survey.

As of April 1, 2023, states are allowed to review and redetermine whether adults are still eligible for Medicaid coverage as the national COVID-19 Public Health Emergency (PHE) expires. CareQuest Institute estimated that [more than 14 million adults stood to lose dental insurance coverage](#) during this redetermination process. The most recent estimates available from [Centers for Medicare and Medicaid Services](#) show that, as of May 1, 2023, overall Medicaid coverage has been terminated for over 700,000 individuals across 18 states. According to the [Kaiser Family Foundation](#), 4.1 million individuals across 42 states and the District of Columbia have been disenrolled from Medicaid as of August 9, 2023. These data are consistent with CareQuest Institute’s estimates of the number of individuals losing dental insurance under the expiration, as disenrollment continues on a rolling basis. Therefore, with the PHE expiration, the number of uninsured individuals may be even higher than previously stated. In addition to the estimated 68.5 million adults without dental insurance, 8.9 million household members who may have lost dental insurance in the last year, and the 14 million who stand to lose their Medicaid dental insurance coverage with the PHE expiration, there may be as many as 91.4 million individuals without dental insurance by the end of this calendar year.

Dental Coverage in the US



Reasons for Losing Dental Coverage

Approximately 41% of adults reported that a job loss was the primary reason for losing their dental coverage in the last year. Other reasons include changes to company benefits (12.1%), choosing to opt out (11.4%), taking a new position that does not offer dental insurance (8.7%), changes in benefits due to COVID-19 (1.7%), and “other” (23.1%).

Most of the US population ([about two-thirds](#)) acquires dental coverage through their employers, as an add-on to health coverage. This likely explains why job loss was the primary reason for lost dental coverage in the past year. For those without plans provided by their employer, or lacking the ability to pay for dental services out of pocket, [routine dental care can be out of reach](#).

Who Is Most Affected?

Compared to adults aged 18–29, adults aged 45 and older were significantly less likely to have lost their dental insurance in the past year. Additionally, Hispanic individuals were twice as likely to lose dental insurance in the last year than white non-Hispanic individuals. There were no other significant racial or ethnic differences in having lost dental insurance in the last year.

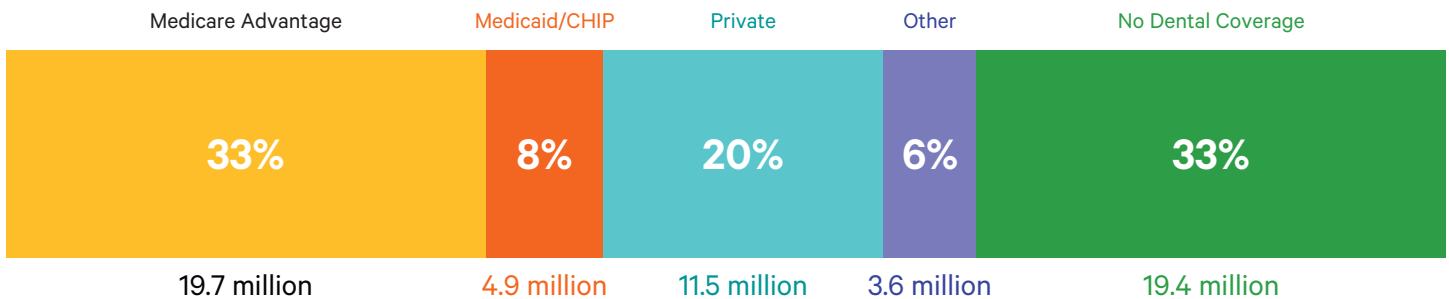


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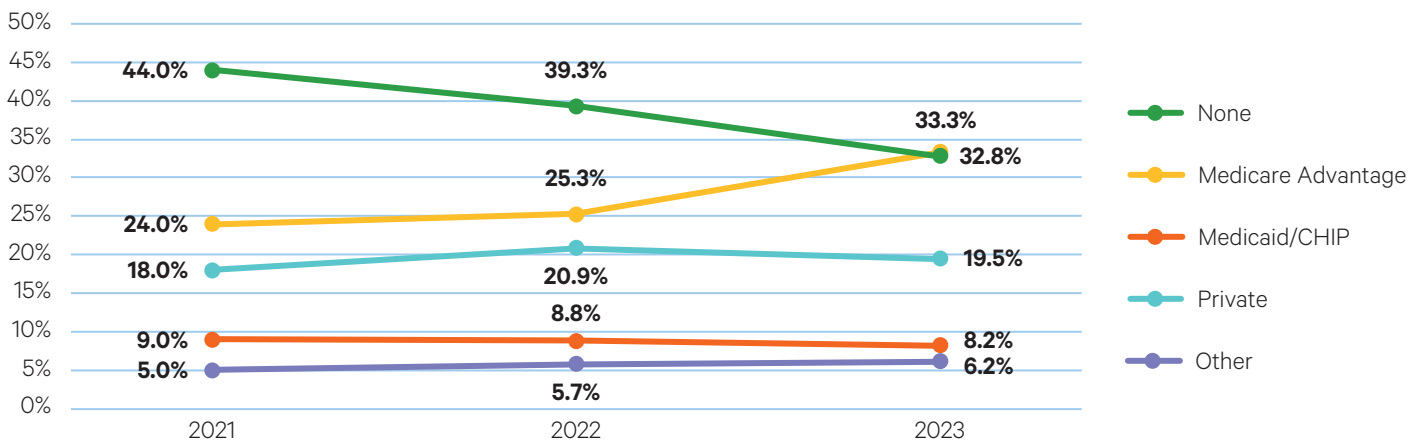
What Portion of Adults Have Dental Coverage and What Type?

Findings from the survey show that approximately one-third of both Medicare and Medicaid participants do not have dental coverage. The graphics below indicate estimated rates of dental coverage among those with different types of health insurance.

Medicare

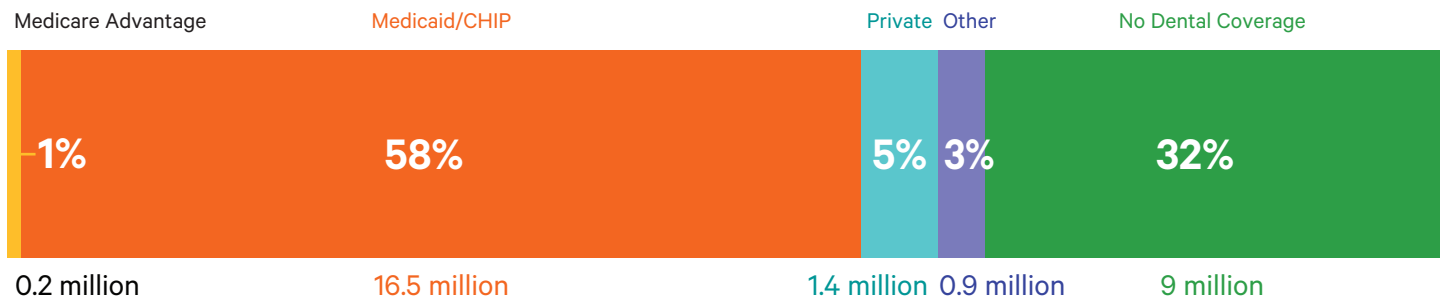


Trends: Dental Insurance for Adults with Medicare Health Insurance, 2021–2023

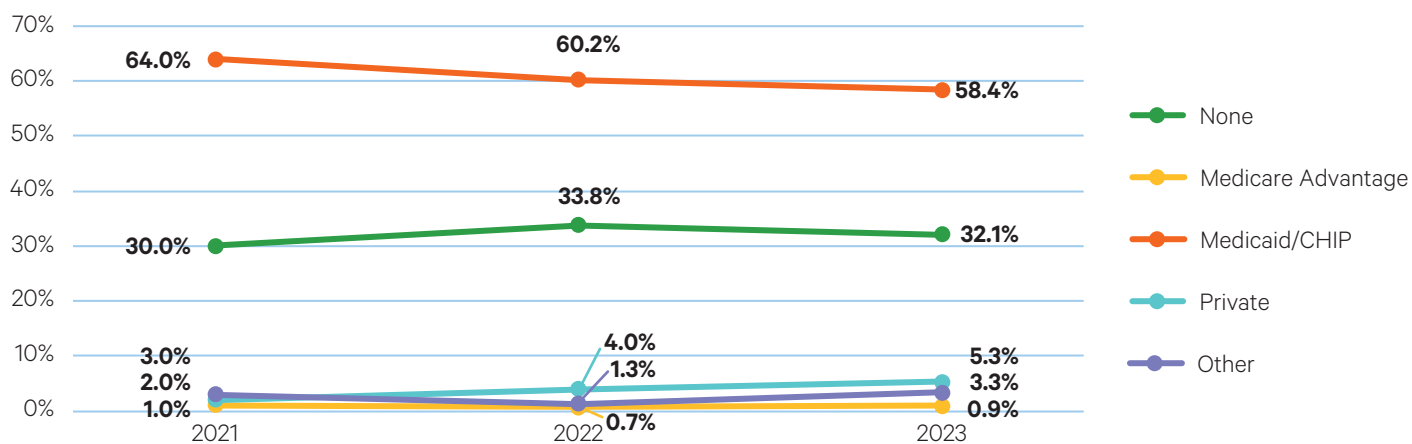


Key Insights: From 2021 to 2023, the number of Medicare-enrolled adults without dental insurance decreased substantially, by 11.2%, while the number of adults with Medicare Advantage dental coverage increased by 9.3%. These findings reinforce that for adults with Medicare Health Insurance, Medicare Advantage is rarely defined as one’s comprehensive dental coverage.

Medicaid



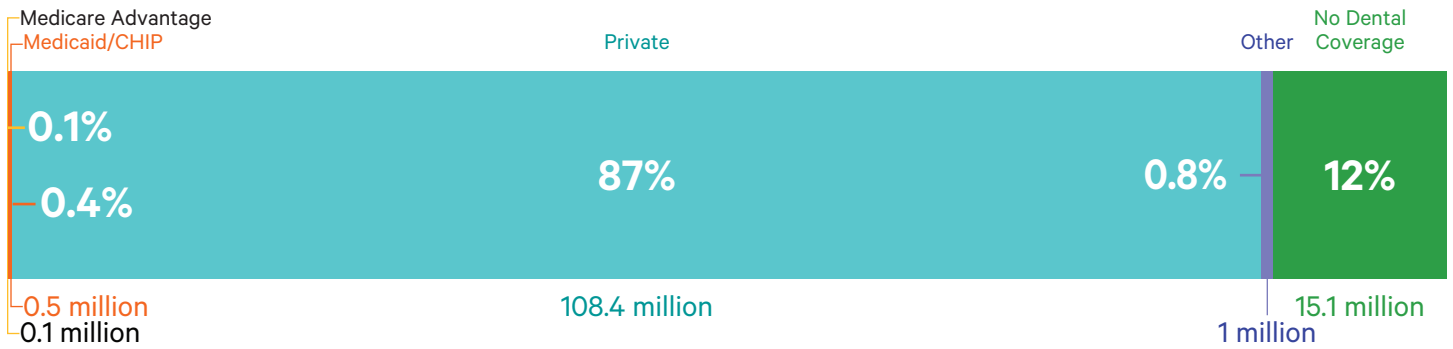
Trends: Dental Insurance for Adults with Medicaid Health Insurance, 2021-2023



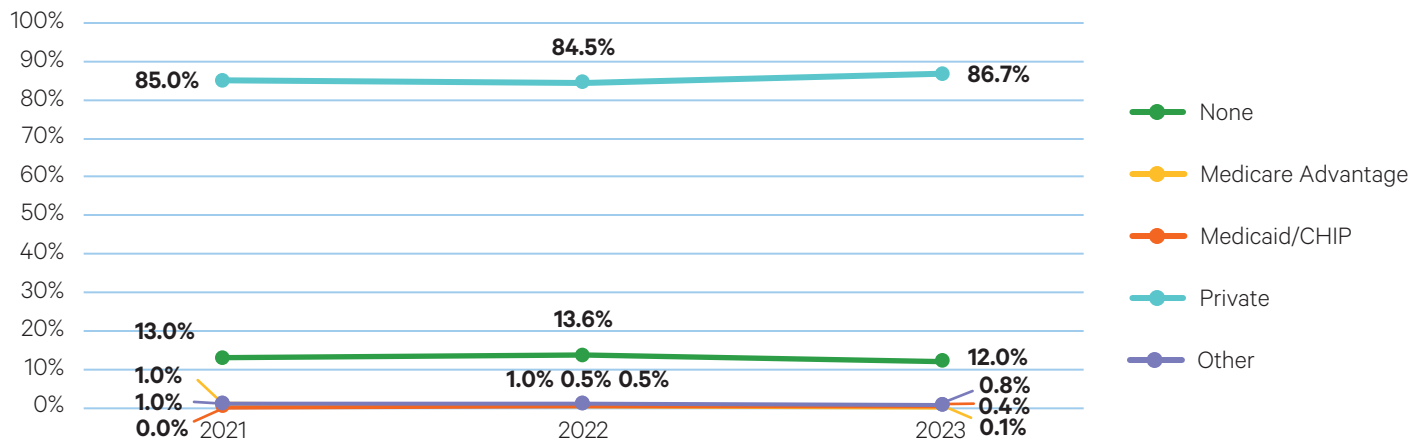
Key Insights: From 2021 to 2022, for adults with Medicaid health insurance, the number of those with no dental insurance increased by 3.8%. However, following this increase, from 2022 to 2023, that number decreased by 1.7%.

Additionally, from 2021 to 2023, the number of Medicaid enrollees with Medicaid dental insurance decreased substantially, by 5.6%. There appears to be a trend toward having private insurance (+3.3%) or other forms of dental insurance (+0.3%) for Medicaid participants.

Private Insurance

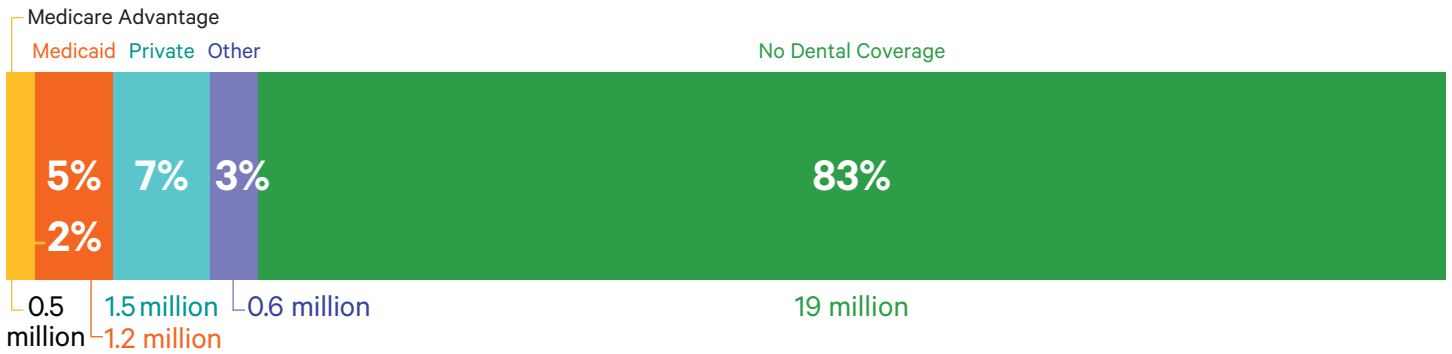


Trends: Dental Coverage for Privately Insured Adults, 2021-2023

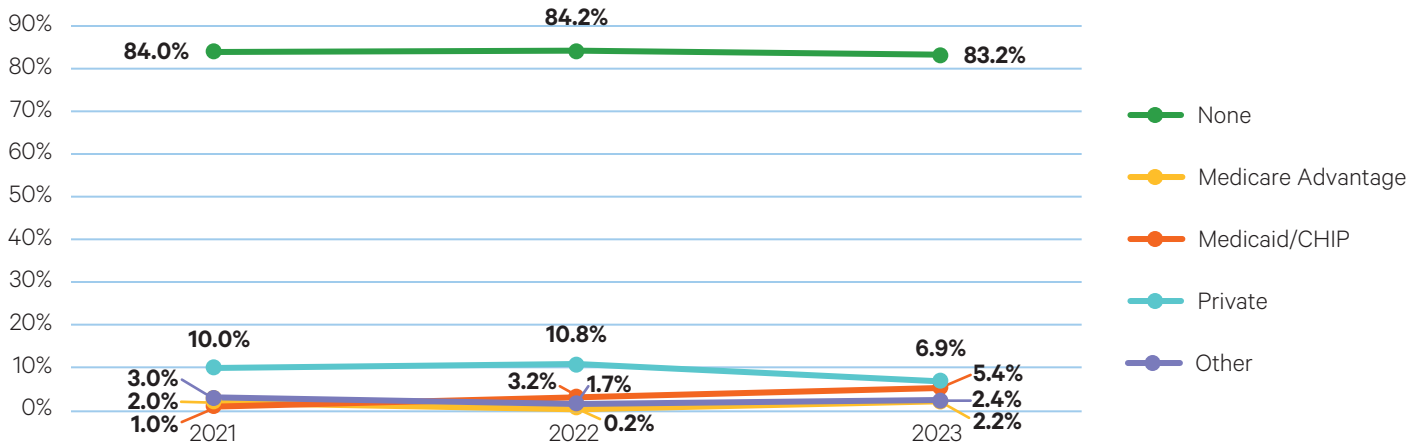


Key Insights: For adults with private health insurance, there have been minimal changes in sources of dental coverage in the past two years.

Uninsured



Trends: Dental Coverage for Adults with No Health Insurance, 2021–2023



Key Insights: From 2021 to 2023, among adults without any type of health insurance, the majority had no dental insurance. But there was a 4.4% increase in the percentage of adults with Medicaid dental coverage and a 3.1% decrease in the percentage of adults with private dental insurance.

Approximately 68% of respondents “strongly agree” that Medicare should cover dental care, and 65% “strongly agree” that Medicaid should cover dental care in their state. These findings signify continued support for the expansion of government programs to include dental coverage.

Consumer Support for Medicare and Medicaid Dental Coverage

- “Strongly agrees” that Medicare should cover dental care: **68%**
- “Strongly agrees” that Medicaid should cover dental care: **65%**

Effects of Not Having Dental Insurance

Individuals without dental insurance are significantly less likely to have had a dental visit in the last year.

Delay of timely dental care can lead to [poor oral health outcomes](#) such as untreated cavities, gum disease, tooth loss, oral cancer, and various chronic diseases. Visiting the dentist regularly not only [prevents dental complications from developing](#) but also prevents minor oral health issues from progressing into larger ones.

Those without dental insurance have significantly higher odds of reporting cost to be a barrier to seeing a dentist in the last two years.

Previous research performed by the [Urban Institute Health Policy Center](#) and the Board of Governors of the [Federal Reserve System](#) reveals that, regardless of age, income level, and type of insurance, more people report cost being a barrier to receiving dental care than any other type of health care. These financial barriers can result in serious [oral and overall health consequences](#).

Adults with lower income were significantly more likely to report cost as a barrier to seeing a dentist in the last two years compared to adults with higher income.

Those with a household income between \$30,000 and \$60,000 (compared to those whose income was \$30,000 or less) were *significantly more likely* than those with higher income (\$60,000 or more) to report cost as a barrier to seeing a dentist. This counterintuitive finding may be due to the lower percentage of those with a household income between \$30,000 and \$60,000 having Medicaid dental coverage (8.8%) than those with a household income of \$30,000 or less (23.5%), according to 2023 SOHEA survey findings. This is the result of the [Medicaid coverage gap](#), which refers to adults who are ineligible for Medicaid coverage or subsidies in the Affordable Care Act (ACA) Marketplace and who live in states that have not adopted the ACA Medicaid expansion. About 1.9 million individuals fall into the coverage gap in the 10 remaining states that have not adopted Medicaid expansion. Their [incomes are below the poverty line](#), which is too low to qualify for subsidized health insurance coverage in the ACA Marketplace. However, they do not qualify for Medicaid under their states' rules. More than [6 in 10 individuals](#) in the coverage gap are people of color.

Having no dental insurance is associated with significantly higher odds of reporting fair or poor oral health.

This finding reveals the significant health consequences of lacking dental coverage. As previously stated, [unmet dental needs](#) can lead to lost teeth, cavities, or gum disease. If left untreated, poor oral health can cause or exacerbate other health conditions. For example, poor oral health can increase the risk of cardiovascular disease and cancer and lead to poor blood glucose control for individuals with diabetes. Additionally, [poor oral health](#) can impact adults' social lives and employment prospects, and it may prevent many from seeking employment.

Individuals with health insurance are significantly less likely to report any emergency department (ED) visits for a dental condition.

With inadequate access to dental care, many individuals [turn to an ED to receive treatment for non-traumatic dental conditions](#) — preventable oral health conditions such as cavities, toothache, and gum disease. Unfortunately, [EDs are not well equipped to manage dental care](#) and often provide only symptom relief rather than treating the underlying dental condition.

Specific demographic groups are more likely to utilize the ED than others.

Older individuals, aged 45 and above, were significantly less likely to report at least one ED visit for a dental condition than those aged 18 through 29. Individuals who identify as transgender (male or female) are 5.2 times more likely than males (cisgender) to report at least one ED visit for a dental condition. Individuals who identify as non-Hispanic Black, Hispanic, or Asian, or identify with two or more races, are significantly more likely than white non-Hispanic individuals to report at least one ED visit for a dental condition. Individuals with higher educational attainment — postgraduate, bachelor's degree, or vocational — have significantly lower odds of reporting at least one ED visit for a dental condition than those with less than a high school education. Lastly, household income also plays a role. Those with a household income of above \$60,000 are significantly less likely than those with a household income of less than \$30,000 to report at least one ED visit for a dental visit.



Call to Action

We are facing a nationwide oral health crisis, and more must be done. We are calling on health care professionals, administrators, policymakers, and advocates to help lead us in this effort. In the US, 68.5 million adults do not have dental insurance, and within the past year, 6.7 million adults have lost their private dental coverage. With Medicaid and Medicare Advantage expansion, it may seem as though more individuals gained dental insurance, as the number of adults with dental insurance has increased by 3% over the past two years. However, despite this 3% increase, it is important to note [Medicaid is not required to provide dental coverage for adults](#). State Medicaid programs are able to choose whether or not they provide dental coverage for adults, and many cut it during economic recessions. Additionally, among those with [Medicare Advantage plans](#), the scope of dental benefits, when offered, is limited and varies, sometimes resulting in high out-of-pocket costs for those with immediate or serious dental needs. With an aging population, Medicare programs must prepare for increased enrollment. However, [comprehensive dental benefits are not generally covered by Medicare](#) except under limited, emergent circumstances. These details are important to consider in the evaluation of why millions of adults have lost insurance in the past year, despite the overall

number of individuals with insurance increasing. It is critical that we advocate for increased comprehensive coverage by government programs like Medicare. Without dental coverage, many individuals in the US will be forced to [forego necessary and routine dental care](#); this will disproportionately affect individuals with low income and racial and ethnic minority communities. Without proper treatment, poor oral health can put one at higher risk for a variety of chronic diseases and potentially result in costly emergency visits.

Additionally, with the national COVID-19 Public Health Emergency having expired on May 11, 2023, it is expected approximately [15 million people](#) will lose the health coverage they are receiving through Medicaid. Analysis by [CareQuest Institute reveals that more than 14 million adults in the US may lose dental coverage](#) under the Medicaid redetermination process, which began April 1, 2023. This is in addition to the 68.5 million US adults currently living without dental insurance. With state Medicaid programs actively conducting eligibility redeterminations and disenrolling individuals, many are no longer guaranteed dental care coverage. The time is now to increase broad dental coverage by both Medicaid and Medicare.

Methodology:

The State of Oral Health Equity in America is a nationally representative survey of consumer and patient attitudes, experiences, and behaviors related to oral health. It was designed by CareQuest Institute for Oral Health. The survey was administered in January and February 2023, to adults aged 18 and older, by NORC at the University of Chicago as part of the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the US household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, nonzero probability of selection from the NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. A sampling unit of 18,521 was used with a final sample size of 5,240, with a final weighted cumulative response rate of 4.4%. All data presented account for appropriate sample weights. The estimates provided here come from weighted responses to questions about the source of medical coverage, if any, and the source of dental coverage, if any. We used data from the [US Census](#) to project estimates from the survey to the adult population of the US. Additionally, presented regression analyses control for demographics such as age, gender, race, level of education, household income, employment, health insurance, and dental insurance. It is important to note, when the national COVID-19 Public Health Emergency (PHE) expires May 11, 2023, approximately [15 million individuals](#) are expected to lose the health coverage they are receiving through Medicaid. Our data reveal that [more than 14 million adults in the US may lose dental coverage](#) under the Medicaid redetermination process that began April 1, 2023. We recognize that the expiration of the PHE may affect the survey data described in this report.

Suggested Citation:

CareQuest Institute for Oral Health. *Uninsured and In Need: 68.5 Million Lack Dental Insurance, More May Be Coming*. Boston, MA: August 2023.

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