Bridging the Financial Gap in Dental Care

Building a sustainable and effective federally funded program

CANADIAN DENTAL ASSOCIATION

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Executive Summary

The federal government's 2022 commitment to invest in access to dental care is an historic opportunity to close gaps in oral health care, leading to better oral and overall health for more Canadians. This policy paper provides a roadmap for the federal government to create a sustainable and effective long-term program that will provide high-quality oral health care to those who need it most without negatively impacting the current oral health care system, including employer-provided benefits, on which most Canadians rely for their dental care.

Currently, Canadians with dental coverage enjoy flexibility in choice of dentists, minimal wait times and high-quality dental care with few limitations. Government policies that could potentially impact employer-provided dental benefits must be carefully considered because they risk having significant consequences throughout the Canadian economy.

A recent poll of Canadians has indicated that 78% support federal investment in dental care, however support falls to 39% when respondents consider the idea that it might impact existing employer-provided dental benefits. Also, 70% of Canadians with employer-provided benefits would be unable to or would not be able to easily afford dental care if those benefits were lost.[1]

With today's demographic and economic challenges, an effective and equitable oral health care system in Canada is one that has a modern and efficient private insurance sector as its essential core, with the addition of a well designed and funded public sector component for people who need extra support.

While a lack of dental benefits coverage creates a barrier to care for some Canadians, there are many non-financial barriers that also make it challenging to access dental care. **CDA believes that the federal government should develop a comprehensive federal oral health strategy that addresses a broader set of challenges facing Canadians' oral health.**

Key Principles

Any federally funded dental care program or oral health initiative should be designed to:

- **be compatible with a holistic approach to oral health that acknowledges the interconnection between oral health and general health and wellbeing.**
- **promote patient-centred care and a patient's right to choose their provider.**
- **prioritize preventative care.**
- **support the delivery of care primarily through the existing network of dental offices, supplemented as needed by public clinics.**

CDA's Main Recommendations

A federally funded program should promote the delivery of dental care primarily through the existing network of dental offices, supplemented by public clinics, as needed.

The advantages of providing care by dentist-led teams, with collaboration from other providers, should be clearly recognized and prioritized. In partnership with other levels of government, the federal government should work toward innovative approaches to supplement private delivery of care in specific circumstances where alternatives are necessary.

Public dental care programs should remain a payer of last resort, after any privately funded coverage.

Resolving the potential challenge of employers offloading the responsibility of dental coverage to the public sector needs to be a top priority for the federal government. The federal government should also, in collaboration with other levels of government and industry stakeholders, explore ways to put in place a system that preserves and promotes further employer-provided dental coverage.

A federally funded program must be designed to complement and improve the care that Canadians have through existing federal, provincial and territorial programs.

Federal investment should not lead to existing oral health funding being redirected to other purposes or for programs already in place to be scaled back or cancelled. A set of common national standards for publicly funded dental coverage should be established, with input from relevant stakeholders, to ensure that Canadians receive the same standard of high-quality dental care they need for optimal oral health from coast to coast to coast.

Program design should ensure that administrative procedures do not impact or delay the provision of care to patients.

A federally funded program should not create additional administrative burdens for dental offices. Patient eligibility for a federally funded program should be quickly and easily assessed during a dental appointment. One way to streamline program administration would be to make use of existing tools, such as electronic claims systems (i.e. ITRANS), suggested fee guides, etc., used by both the dental care and the benefits sectors.

The federal government should address human resource challenges and staffing shortages in the oral health sector.

As a federally funded program rolls out, addressing oral health human resources will help ensure that patients do not face increased wait times to see dental care providers. Efforts are also required to ensure that the oral health care workforce across Canada has the knowledge and expertise needed to provide all patients with the care they need–particularly those from high-needs demographics including children, seniors, persons with disabilities, etc.

Any federal dental care formula should ensure the cost of treatment provided to patients is fully covered.

A federally funded program should use the most up-to-date version of provincial and territorial suggested fee guides as the basis to determine funding of services and treatments. Appropriate funding for dental care will ensure that dental professionals can provide high-quality oral health care to all patients and that the federally funded program is sustainable.

Introduction

Dental care in Canada is delivered primarily by a network of 16,000 private dental offices and is funded almost exclusively through private funding, mostly employer-provided benefits. This model achieves oral health outcomes for most Canadians that compare favourably with other high-income nations. However, there are still some gaps in dental coverage and barriers to access to care for some Canadians, particularly those from more vulnerable populations such as seniors, children, low-income families, Indigenous Peoples, racialized individuals and persons living with disabilities.

The federal government's 2022 commitment to invest in access to dental care is an historic opportunity to close these gaps to help all Canadians achieve better oral health. The Canadian Dental Association (CDA), as well as provincial and territorial dental associations across the country and other key oral health stakeholders, have long advocated for the government to invest in dental care for these groups. CDA is pleased that the federal government has responded with a clear financial commitment to address these gaps.

This paper proposes that in tandem with investment in access to care, the federal government should develop a comprehensive federal oral health strategy that addresses a broader set of challenges facing Canadians in achieving optimal oral health. This paper also includes principle-informed recommendations for the federal government about how its investment in dental care can best serve those who need it most.

The Canadians who currently lack adequate access to dental care have diverse and sometimes complex oral health needs. An effective program needs to be flexible enough to meet these varied needs. Thus, the guiding principles are that any federally funded dental care program or oral health initiative should be designed to:

- be compatible with a holistic approach to oral health that acknowledges the interconnection between oral health and general health and well-being.
- promote patient-centred care and a patient's right to choose their provider.
- prioritize preventative care.
- support the delivery of care primarily through the existing network of dental offices, supplemented by public clinics, as needed.

"The Canadians who currently lack adequate access to dental care have diverse and sometimes complex oral health needs. An effective program needs to be flexible enough to meet these varied needs."

The recommendations in this paper build upon these principles and are intended to leverage the knowledge and expertise of the dental profession. The paper provides a roadmap for the federal government to create a sustainable and effective program that will provide high-quality oral health care to those who need it most, without negatively impacting the current oral health care ecosystem (including employer-provided benefits) on which most Canadians rely.

Our recommendations fall into categories related to providing a broad and collaborative strategy to address both financial and non-financial barriers to dental care, envisioning an effective and sustainable model for federal investment in dental care; program delivery and administration; and consideration of challenges to oral health care in Canada.

The Dental Care Ecosystem: A Blended Model

Three-quarters of Canadians consult a dental professional every year, which is amongst the highest annual utilization rates for dentistry in the world.[2] This is, in part, the outcome of Canada's unique, high-functioning and efficient private dental insurance sector that has served the majority of working Canadians and their families for decades.

Private health benefits, particularly employer-provided dental benefits, are the essential core of dental care financing in Canada. About 95% of dental care is financed through private sources, either private insurance (55%) or out-of-pocket payments (40%).[3]

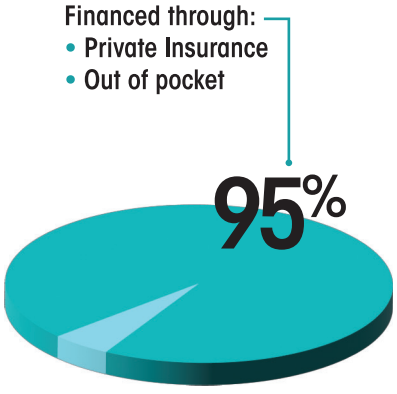
Unlike medical care, which is almost exclusively publicly financed in Canada, dental care generally falls outside the scope of provincial and territorial universal health insurance plans. When compared to the mix of funding sources for dental care in other high-income countries, Canada is the highest in its proportional use of private health insurance for dental care. Most Canadians' dental insurance is via employer-provided benefits; approximately half of Canadians have it. Employer-provided benefits are integral to access to dental care in Canada, and the nation's oral health is dependent on it remaining available to patients.

In 2021, the health insurance sector paid $30.4 billion in claims for 27 million Canadians. An estimated $9.5 billion (32%) was for dental care.[4] The majority of employees consider basic dental care to be one of the most valued benefits. Many Canadians say that an unsatisfactory employer-provided benefit plan would cause them to look for a new job.[5]

Canadians with benefits and those who can pay out-of-pocket enjoy flexibility in their choice of dentists, minimal wait times and high-quality dental care with few limitations. Studies show that people who have dental insurance are more likely to visit the dentist and receive dental care, which contributes to better oral health outcomes.[6–8] Policy instruments that could potentially impact employer-provided dental benefits to any extent must be carefully considered because they risk having significant and consequential impacts throughout the employment sector.

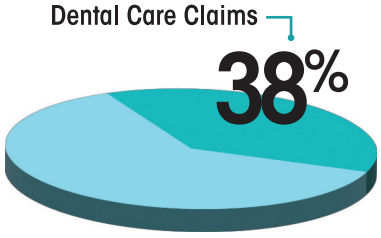
A recent poll of Canadians indicated that 78% support the federal investments in dental care, however support falls to 39% when the idea that it might impact existing employer-provided dental benefits is introduced. Also, 70% of Canadians with employer-provided benefits would be unable to, or not easily, afford dental care if those benefits were lost.[1]

Dental Care Financing in Canada

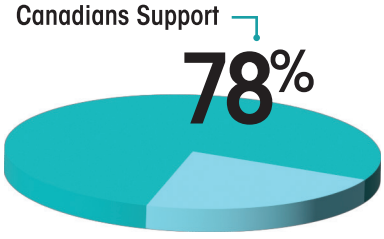


2021 Health Insurance Sector Payments

Claims:
- Total cost: $ 30.4 billion
- Number of Canadians: 27 million
- Dental Care Claims: $ 9.5 billion



Support for the Federal Dental Care Investments



Support falls to 39% when the idea that it might impact existing employer-provided dental benefits is introduced.

During the pandemic, about 10% of Canadians lost or experienced a reduction in their private dental benefits.[1] A recent Canadian Community Health Survey found 1 in 5 Canadians without private dental benefits avoided going to a dentist because of cost.[9] A large proportion of Canadian seniors lose their private dental insurance after retirement. According to Statistics Canada projections, by 2030, close to one-quarter of the population could be aged 65 and older, up from 19% in 2022 and 14% in 2010.[10] According to the latest census figures, Canada's working-age population is also older than it has ever been, with more than 1 in 5 working adults now nearing retirement, and this group now makes up a larger share of the Canadian population than those aged 15 to 24.[11]

In the context of demographic and economic challenges, an effective and equitable oral health care delivery system in Canada is a blended model that includes a modernized and efficient private insurance sector as the essential core of dental care delivery with the addition of a properly designed and adequately funded public component.

"An effective and equitable oral health care delivery system in Canada is a blended model that includes a modernized and efficient private insurance sector as the essential core of dental care delivery with the addition of a properly designed and adequately funded public component."

Key Principles That Underline Our Recommendations

CDA supports the FDI World Dental Federation definition of oral health and has worked with provincial and territorial dental associations to adapt a Canadian version of this definition. This holistic approach to oral health includes preventing and managing oral health diseases, as well as consideration for the whole person and how their oral health intersects with their general health and well-being. **It is essential that any federally funded dental care program or oral health initiative be designed to be compatible with a holistic approach to oral health.**

CDA's definition of oral health:

Oral health is part of your overall health. With a healthy mouth you can eat, speak and smile in comfort, which helps you feel physically, socially and mentally well. A healthy mouth helps you enjoy life.

Policy design should promote the concept of patient-centered care. Patients should be active participants in their own oral health care, and have timely and local access to preventative care, any necessary treatment and education. The patient-provider relationship should be built on mutual respect and decisions should ultimately be agreed upon by both parties. Putting patients at the centre of the oral health journey allows individual needs, preferences and experiences to be met. CDA respects that the interim Canada Dental Benefit allows treatment decisions to be agreed upon by patients and providers.

Federally funded initiatives should focus on the management of a patient's oral health throughout their life, in the same way other parts of health care manage chronic conditions and disease on an ongoing, long-term basis. Oral health needs are unique and vary from patient to patient and need to be addressed using more than just a pre-defined list of services. Ensuring that there is flexibility to allow patients and providers to agree on a customized oral care routine and treatment plan is a must.

The federally funded dental care program should be designed to prioritize and promote preventative care. Preventative care, which helps prevent dental problems such as decay and gum disease, is often less expensive and more beneficial for long-term oral health than treating oral disease. An oral health care system that focuses on preventing disease and maintaining oral health by ensuring access to care such as regular exams and preventative services is not only more sustainable but also leads to the best oral health outcomes for Canadians.

Oral health conditions and needs vary greatly from patient to patient, so it can be difficult to estimate the annual cost of dental care. While someone with good oral health may only need routine examinations, radiographs, and preventative services, others may require more significant dental care. **Patients covered by any federally funded dental care program should not face arbitrary limits on type or cost of necessary dental treatment.** While it may be prudent to set a soft annual cap for budgeting and accountability purposes, this should not be a barrier to patients receiving the treatment they need.

> **"Patients covered by any federally funded dental care program should not face arbitrary limits on type or cost of necessary dental treatment."**

For patients living in rural, remote and northern areas that must travel greater distances to receive dental care, there is a significant advantage to being able to proceed with necessary treatment at a single appointment, rather than forcing a patient to make a return visit. This can also be beneficial for other demographics where there are barriers to accessing care—for example seniors, children, persons with disabilities, medically compromised patients, shift-workers with irregular hours, and even those with dental fear and anxiety. For this reason, the elimination of pre-determination requirements would be beneficial for patients. Being able to diagnose and provide treatment in a single appointment helps break down barriers to care. **While understandable in the case of complex treatment plans, pre-determination requirements should not be used as a cost-control mechanism, especially when it impedes the provision of routine dental care.**

Canadian dental offices are complex facilities; in effect, they are miniature outpatient hospitals. They provide services often including oral surgery, anaesthesia, and treatment of medically compromised patients. The provision of safe, quality treatment comes at a cost, however. These costs include the facility and associated infrastructure, clinical materials and equipment, dental personnel, and administration. Given the current inflationary environment and the tight labour market, most, if not all, of these overhead costs are rising. Dentists must also account for long-term costs such as infrastructure and technological maintenance and upgrades as well as continuing education that are directly linked to better oral health outcomes for their patients. **It is essential that any federal dental care formula ensures the cost of treatment provided to patients is fully covered.**

Provincial and territorial dental associations consult with experts and use calculations driven by key economic indicators and financial data to provide their member dentists with a set of suggested fees each year to objectively calculate the cost of providing each dental service. **Any federally funded dental care program should use the most up-to-date version of provincial and territorial fee guides as the basis to determine funding of treatment.** Depending on the design of the program, balance billing might be a useful mechanism to make up the difference between any amount covered and the recommended level in the current fee guide. Appropriate funding to dental practices will ensure that dentists can provide high-quality oral health care to all patients and that the federally funded dental care program is sustainable.

“It is essential that any federal dental care formula ensure the cost of treatment provided to patients is fully covered.”

The quality of Canada’s dental offices was demonstrated by dentistry’s successful response to the COVID-19 pandemic. Dentistry already had stringent infection protection and control procedures, and, during the pandemic, heightened protocols were introduced. The result: there were no known cases of COVID-19 transmission between oral health professionals and patients in Canada.

Our Recommendations: A Broader Strategy on Oral Health

In 2022, the federal government made a commitment to make a significant investment in access to dental care. This investment aims to bridge the gap in dental coverage and help surmount the barriers to dental care faced by Canadians, particularly those from more vulnerable populations including seniors, children, low-income families, Indigenous Peoples, racialized individuals, and persons living with disabilities.

While every province and territory has a set of public dental care initiatives, these vary greatly from jurisdiction to jurisdiction (see Appendix D), and many have significant shortcomings. Some only cover children or those from low-income households; others do not cover the cost of dental care provided; many are chronically underfunded. Therefore CDA, alongside provincial and territorial dental associations across the country and other key oral health stakeholders, have long advocated for the federal government to invest in dental care. CDA respects that the federal government has responded with a clear financial commitment to supporting the oral health of Canadians.

CDA has called on the federal government to proceed slowly and carefully in developing proposals to implement its commitment on dental care. This would allow time to consult broadly with all relevant stakeholders, including dentists, as well as to collaborate with other levels of government that are active in this policy space. The government has heeded CDA's advice by announcing a phased approach, starting with an interim Canada Dental Benefit for eligible children under 12. Going forward, the government may want to further investigate providing patients with an oral health care spending account as an interim phase to better understand patient treatment patterns and have a more informed basis for costing a more comprehensive plan, although, this should not limit patient treatment.

CDA believes that the federal government should develop a comprehensive federal oral health strategy that addresses a broader set of challenges facing Canadians in achieving optimal oral health. While a lack of dental coverage poses a significant barrier to care for many Canadians, there are many non-financial barriers that can make it challenging to access dental care necessary to achieve and maintain optimal oral health. These barriers are caused by socioeconomic factors, geographical factors (especially in rural and remote areas), staffing shortages, lack of community-wide preventative health measures, and access to quality data and research. Action on these fronts should not be neglected and will likely require additional federal investments in the coming years.

Given that the federal government commitment to access to dental care is set to be fully implemented by 2025 and that there is a federal election slated to take place in that same year, we urge the government to have a federal oral health strategy in place by April 1, 2025. The strategy should be developed through engagement with a broad set of stakeholders, including CDA, provincial and territorial dental associations, other organizations representing health professionals at the federal, provincial, and territorial level, as well as other key groups representing children, seniors, persons with disabilities, Indigenous communities, racialized Canadians, and other underserved demographics. The strategy should focus on delivering concrete results for better oral health outcomes for more Canadians, especially vulnerable populations, and for the long-term sustainability of our nation's dental care delivery system.

Given that broad-based oral health programming is a relatively new activity area for the federal government, it will be important for the government to factor in opportunities to review and revise its approach, adjusting as needed. **CDA urges the federal government to commit to a five-year program review of its approach to dental care, with a full report being made public upon completion.** Five-year legislative reviews should include some measurable oral health outcomes and also be built into any legislation introduced to implement these proposals to ensure they are fulfilling their purpose. The government should consult oral health stakeholders, including CDA, and other professional and patient input.

Our Recommendations: Envisioning a Model for Federal Investment in Dental Care

Canada already has a system of publicly funded oral health and dental care programs in provinces and territories across the country. These include systems of universal coverage for age specific children, such as programs in Newfoundland and Labrador, Nova Scotia, and Yukon. In Alberta and Ontario, there are programs for seniors. Other programs target individuals on social assistance, such as the programs in Saskatchewan and Manitoba. Though some programs have been well received by dentists and patients—notably the recently renewed children's programs in Prince Edward Island and Newfoundland and Labrador—others face challenges.

Vignette:

Harpreet, age 70, lives in Ontario and has a cavity, but recently lost his dental insurance when he retired. He learns about the Ontario Seniors Dental Care Program that provides routine dental care for low-income seniors who are 65 years of age or older. However, seniors can only access dental care through public health infrastructure, so Harpreet cannot get treatment from his dentist of over 30 years. He must instead take an hour-long bus ride to the neighbouring city for treatment and only after 2 years on a long waitlist. When Harpreet arrives at the clinic, they have difficulty communicating in Harpreet's preferred language.

Vignette:

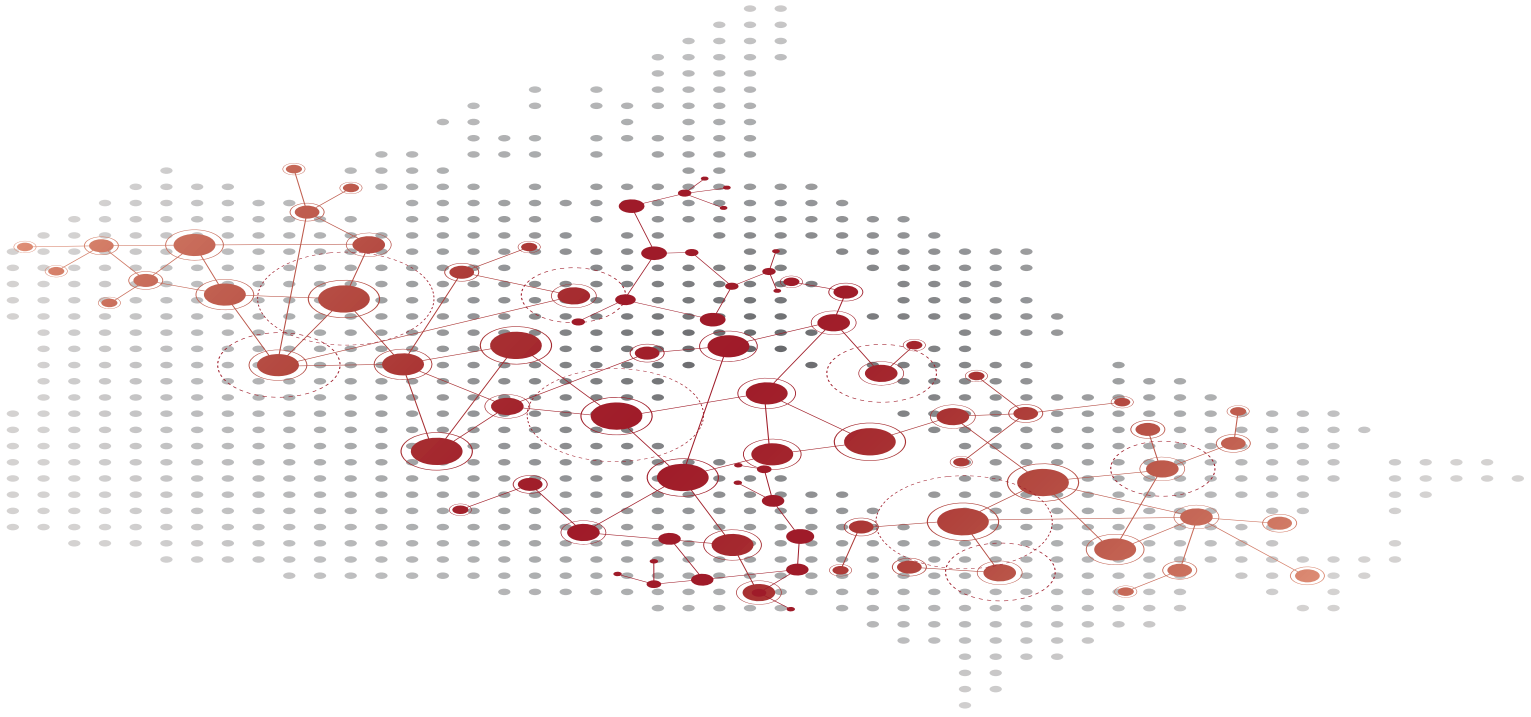
Brenda, age 5, lives in British Columbia and has a developmental disability. She has a terrible toothache and is in constant pain, but she has already reached her maximum limits through the Healthy Kids program in the province. Children eligible for the program can exceed their bi-annual maximum if they are in pain, but Brenda has a difficult time verbally expressing the intensity of her pain. Instead of discovering the source of her pain during a regular check-up—because she has none left through the program—she is not diagnosed until a severe oral infection requires that she is hospitalized.

Beyond restricted eligibility, these challenges in some provinces and territories include underfunded budget envelopes, limited dental services covered, and payment rates that don't cover the costs associated with the treatment provided. In addition to these provincial and territorial programs, the federal government also has a limited set of dental care programs for First Nations and Inuit, veterans, and refugees.

Regardless of the model chosen by the federal government for its long-term approach to dental care, coordination between all levels of government will be crucial to its long-term success. **The federal government should consult and collaborate with provincial and territorial governments, and oral health care stakeholders in designing and delivering initiatives to enhance equal access to dental care for Canadians coast to coast to coast.** Where possible, they should seek to leverage existing expertise and private infrastructure. There should be increased investment into existing provincial and territorial programs to ensure coverage is equitable across the full breadth of publicly funded dental care in Canada. Access to existing publicly funded programs should work hand in hand with the new federal investments and patients should not be limited to one or the other.

In the short term, political cooperation between levels of government is necessary to smoothly implement better access to dental care. **Federal, provincial and territorial governments should be encouraged to seek consensus on the best way to administer federally funded dental care initiatives within Canada's constitutional framework.** New initiatives must be designed to complement and improve the care that Canadians have through existing federal, provincial and territorial programs; federal funding should not lead to existing oral health funding being redirected to other purposes or for programs already in place to be scaled back or cancelled.

Whatever the delivery model for federal investment, the federal government, in consultation with other stakeholders, should use this opportunity to create minimum criteria for publicly funded oral health programming across Canada. **A set of common national standards for publicly funded dental coverage should be established, with input from relevant stakeholders, to ensure that Canadians receive the quality dental care they need to achieve and maintain optimal oral health.** As part of this process, efforts should be made to improve existing programs. It will also be important to include provincial and territorial dental associations in these discussions, as well as other relevant regional stakeholders to make sure that these programs make sense based on different on-the-ground regional realities. This will help ensure that longer-term proposals are ultimately well suited to the realities of both patients and providers, no matter where they live in Canada.



Our Recommendations: Program Delivery and Administration

While there is a need to fill the gaps in access to dental care that many Canadians face, especially children, seniors, and persons with disabilities, etc., it is also important that the foundational building blocks of Canada's dental care delivery system remain in place. These building blocks include the network of private dental offices across the country, a robust system of employer-provided dental benefits, and a common set of tools (such as CDAnet/ITRANS digital electronic claims, fee guides, etc.) used by both the dental care and health benefits sectors.

In implementing a long-term approach to providing access to oral health care for all Canadians, there is an opportunity to leverage the existing network of 16,000 private dental offices across Canada, most of which are small businesses and employers providing jobs, focused on serving the needs of their communities. **Federally funded initiatives should promote the delivery of care primarily through the existing network of dental offices, supplemented as needed by public clinics.** It is also crucial that any program use the skills and expertise of dentists and all other oral health professionals, including dental hygienists, dental assistants, denturists, dental therapists and dental technologists. However, **the advantages of providing care by dentist-led teams, with collaboration from other providers, should be clearly recognized and prioritized.**

There may be occasions where, based on the unique needs of certain demographics or regions, alternative approaches may be needed in addition to dental care delivered via private clinics. In provinces like Prince Edward Island and in northern Canada, for example, school-based programs play an important role in supporting children's oral health. Other public health programs can also play a role in raising public awareness of the importance of oral health or providing patient education. There may even be the need for some publicly funded, community-led initiatives to make dental care accessible in rural, remote, and northern communities where private delivery of dental care is not economically viable. **In partnership with other levels of government, the federal government should work toward innovative approaches to supplement private delivery of care in specific circumstances where alternatives are needed.**

Nearly 18% of Canadians live in rural and remote communities,[12] where access to dental care presents a challenge. Additionally, 6.2 million Canadians live with special health needs,[13] and there are a limited number of oral health providers with the required training to comfortably provide comprehensive care for these patients and limited facilities for provision of care under sedation.

Simply increasing the funding for dental care is insufficient to attain good oral health for these Canadians. The federal government needs to support initiatives that aim to address disparities in geographic distribution of oral health providers, specifically dentists, as well as skillsets required to meet the needs of populations with special health needs.

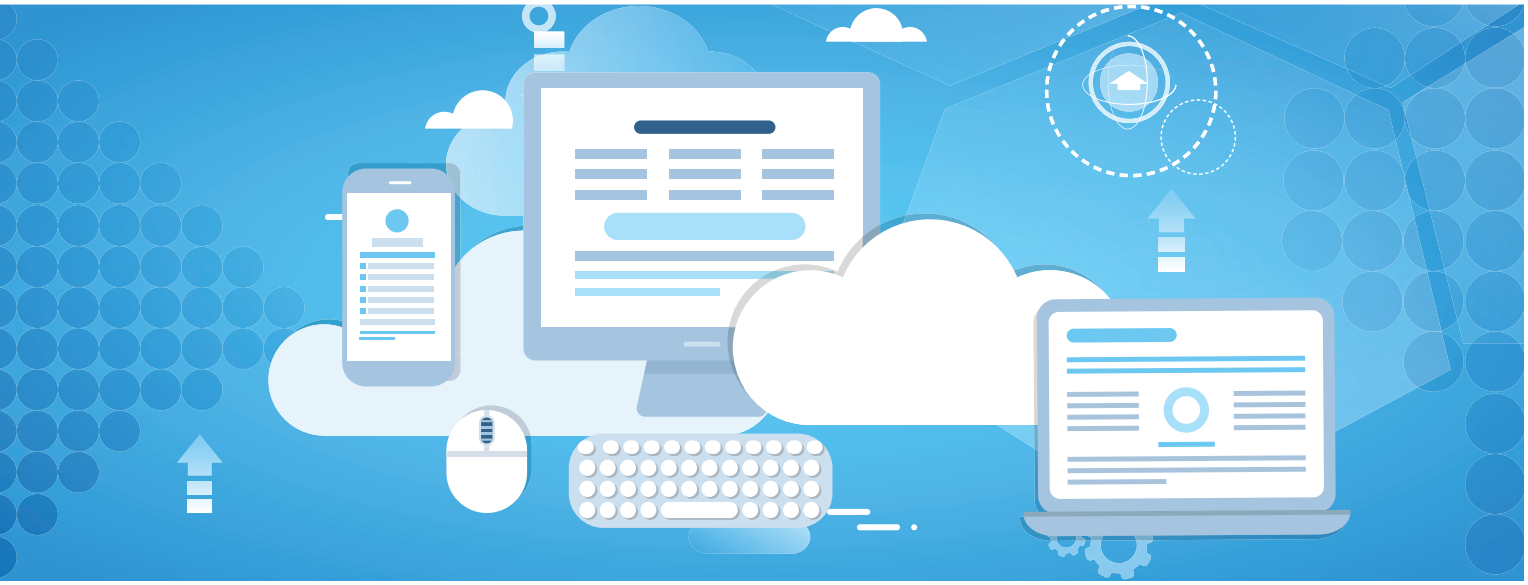
Any new federally funded initiatives should not create additional administrative burdens for dental offices. Program design should ensure that administrative procedures do not impact or delay the provision of care to patients. The focus for dentists and dental office staff should continue to be providing safe, quality treatment—with the need to spend time on paperwork and communications with dental benefits providers or government programs kept to a minimum. This is particularly important given the staffing shortages facing dental offices and the broader health care sector.

One way to streamline program administration would be to make use of several tools developed collaboratively by CDA and others and then widely adopted across Canada. These tools include:

- The **Uniform System of Coding and List of Services** (USC&LS), which is updated regularly and allows dentists to record services and prepare and transmit claim forms to dental benefits providers in a consistent manner.
- **CDAnet** and the **ITRANS Claim Service**, which both facilitate the seamless and secure electronic submission of claims to dental benefits providers and informs dental office staff and patients of the coverage provided.
- The **Standard Dental Claim Form**, developed collaboratively by CDA and the Canadian Life and Health Insurance Association (CHLIA), which serves as a template for any paper-based claims.

> **"Federally funded initiatives should promote the delivery of care primarily through the existing network of dental offices, supplemented as needed by public clinics."**

The federal government should ensure any federally funded dental care does not disrupt access for the many Canadians who already have access to employer-provided benefits. **Public dental care programs should remain a payer-of-last resort, after any privately funded coverage.** This can be done by either restricting eligibility for federally funded dental care programs to only those without employer-



provided dental benefits, or by requiring that all privately funded dental benefits be exhausted before public dental coverage kicks in.

The federal government should also, in collaboration with other levels of government and industry stakeholders, explore ways to put in place a system that preserves and promotes further employer-provided dental coverage. This is essential to the long-term success of any federally funded dental care program. A situation where there is widespread offloading of dental coverage from employers to the public sector must be avoided because a shift of any significant amount of private sector investment in dental care would quickly overwhelm government budgetary envelopes. Though there are already some incentives built into both the corporate and income tax systems for employers to provide health and dental benefits, the federal government should explore other models that would retain or increase private sector investment in the provision of dental benefits. Beyond legislative solutions—which may prove tricky given more than 90% of the private sector workforce in Canada falls under provincial and territorial jurisdiction[14]—the government could look beyond our borders for inspiration. For example, the United States and Germany are two examples of advanced economies with federal systems of government that could provide models to follow (**see Appendix A—Background**). **Resolving the potential challenge of widespread offloading of the responsibility for dental coverage from employers to the public sector needs to be a top priority for the federal government.**

USA United States

- Affordable Care and Patient Protection Act (2010).
- Employers with 50 or more full-time employees must offer health benefits to full-time employees (30+ hours) aged 26 and older and their dependents.
- Employers not meeting the requirement can be subject to Employer Shared Responsibility Payment calculated based on the number of employees not provided coverage.
- Amounts ranged from $2,750 to $4,120 per employee and are collected by the Internal Revenue Service.[15]

DEU Germany

- Compulsory social health insurance system originated in the 19th century.
- Private-sector employers must enroll most employees in one of over 200, not-for-profit "sick funds."
- High-income earners are not required to enroll but can opt-in or can purchase private insurance.
- Premiums are split between employer and employee contributions, with the latter being collected via wages[16].

Our Recommendations: Federal Oral Health Strategy that Addresses Non-Financial Barriers to Better Oral Health

One of our main recommendations is that, in conjunction with federal investment in access to dental care, the federal government develop an oral health strategy to address non-financial barriers to care. This approach will have strong, measurable impact on oral health of the most vulnerable Canadians. While the full scope of such a strategy should be designed in concert with a diverse group of stakeholders and partners, it should include action on the following issues.

> **"The oral health care needs of all Canadians must be considered when developing an oral health strategy, specifically those of vulnerable populations with specialized needs."**

Vulnerable Populations

The oral health care needs of all Canadians must be considered when developing an oral health strategy, specifically those of vulnerable populations with specialized needs. Some of the specialized groups that need to be considered include Indigenous Peoples, seniors and persons with disabilities, among others.

Although the Non-Insured Health Benefits program for eligible First Nations and Inuit provides dental coverage for about one million people, Indigenous oral health outcomes lag significantly behind those of the general population. This discrepancy shows that other barriers to dental care and optimal oral health for Indigenous People's need to be addressed in an effective oral health strategy.

Many seniors in Canada face financial, physical and geographical barriers within the health care system, including access to dental care. Canadians have progressively lower incomes as they age and older people are less likely to have private dental insurance through employment. Federal investment in coverage for dental care for seniors will help, but the complex physical, geographical and socioeconomic needs of seniors must also be considered when developing an oral health strategy.

Some persons with physical and developmental disabilities have special dental care needs that intersect with general health and well-being in complex and interrelated ways. In some cases, providing dental care for people with disabilities requires specialized equipment, use of surgical suites or training to accommodate their treatment. It is important to ensure that any federally funded dental care initiative considers the unique oral health care needs of persons with disabilities and the multifaceted barriers to care they face.

Better Oral Health Data and Research

While oral health is an essential component of overall health, it is rarely included in any large-scale health-related surveys conducted by the federal government. An oral health component has not been part of the Canada Health Measures Survey since 2010, nor has oral health been regularly included in the Canadian Community Health Survey. It is impossible to monitor and track progress on Canadians' oral health outcomes without regular, reliable data. The ability to collect oral health data in future Canada Health Measures Survey and Canadian Community Health Survey cycles will be critical to evaluating the impact of publicly funded oral health initiatives, and identifying any adaptations needed to ensure they are contributing to a long-term improvement in Canadians' oral health. **The federal government should commit to long-term, ongoing funding to ensure that oral health components are routinely included as part of both the Canada Health Measures Survey and the Canadian Community Health Survey.**

The oral health indicators to be included, as well as the roles of both household questionnaires and physical examinations, should be determined in consultation with oral health experts, specifically dentists. CDA has also encouraged the new House of Commons Standing Committee on Science and Research to undertake a dedicated study of oral health research and data collection in Canada and provide further recommendations to the government.

Funding for Oral Health Organizations

Federally funded dental coverage will potentially lead to an influx of up to 7 to 9 million new patients into dental offices over the next several years.[17] This increase will require oral health organizations across Canada to significantly boost their activities relating to oral health promotion and professional support for their members. In the coming months and years, they will need to pivot and adapt their activities to support both patients and providers alike. These actions could include promoting awareness of new federal dental care initiatives, public education campaigns on the importance of oral health with respect to overall health, responding to questions from individual oral health professionals, and continuing to provide expert advice and feedback to the federal government on developing and delivering future oral health proposals. **To address this, and as part of a broader oral health strategy, the federal government should make financial support available to oral health organizations who choose to participate in these activities, to offset the costs.** Support could begin as early as Budget 2023.

> **"Canada's health care system is experiencing a human resources crisis, and the oral health sector is no exception."**

Addressing Dental Workforce Challenges

Canada's health care system is experiencing a human resources crisis, and the oral health sector is no exception. Long before the pandemic, dentists were raising concerns about their ability to recruit and retain dental office staff, particularly certified dental assistants. In the decade preceding the pandemic, the ratio of new dental assistants to new dentists fell by half. By 2019, one third of dental offices had vacant dental assistant positions. Since then, the situation has further deteriorated as a result of the broader labour market challenges resulting from the COVID-19 pandemic.

With an expected increase in demand for dental appointments because of federally funded dental coverage, ensuring the dental workforce has the capacity to respond is critical. This workforce is already stretched thin, especially in rural areas, where there is a shortage of all oral health care workers, including dentists. Recent public opinion research conducted for **CDA has also indicated that there is an increasing rate of dental appointment**

cancelations and increased patient wait times due to dental office staffing issues. CDA recommends that the federal government specifically address these human resource challenges and staffing shortages in the oral health sector. This will help to ensure that patients do not face increased wait times to see dental care providers. These challenges are more complex than simply recruiting and retaining more dental assistants and other staff. It can include, for example:

- providing mental health and wellness training to all dental office staff.
- improving human resources management skills for dental office staff.
- leveraging new digital technologies to expand access to certified dental assistant training programs.
- improving labour mobility between jurisdictions.
- harnessing the workforce potential of Canada's increasing immigration population.

While there is a sufficient and growing number of dentists in Canada, efforts must be made to ensure that dentist-led teams can meet the needs of patients from all demographics in all parts of Canada. The federal government has already made good progress by committing to expand eligibility for the Canada Student Loan Forgiveness program. Given that the cost of attending dental school exceeds the cost to complete the education for all other comparable health professionals in Canada, providing federal loan forgiveness as an incentive for newly graduated dentists to serve in rural, remote, and northern areas could help address geographic challenges to the provision of dental care in Canada. **Efforts are also required to ensure that the dental workforce across Canada has the knowledge and expertise needed to provide all patients with the care they need–particularly those from high-needs demographics (i.e., children, seniors, persons with disabilities, etc.).** In this, the federal government could look to collaborate with the Association of Canadian Faculties of Dentistry as well as their member dental schools on activities such as curriculum development or continuing education modules on treating these populations.

Appendix A—Background

History of Publicly Funded Dental Care in Canada

When Canada's medicare system was established via the Medical Care Act of 1966, dentistry was not included.[18] Around this time, many provinces began to set up publicly-funded dental care initiatives to promote and improve oral health—particularly among children. Although this program, and many others, showed positive results, many were later cancelled or scaled back due to shifting government priorities.[19] Given the ad-hoc nature in which these programs were launched—outside of a broader national approach to health care—oral health became an easy target for cost-cutting initiatives.

Today, in Canada, publicly funded dental care continues to be mostly delivered by private dental clinics, usually owned and operated by dentists. There are major differences between programs in different provinces and territories, including eligibility criteria and what is covered in each jurisdiction. The Canada Health Act covers some surgical-dental services provided by a dentist in a hospital, when a hospital setting is required to properly perform the procedure. Because health care is mostly a provincial and territorial responsibility (with some exceptions), many provinces continue to put most of their health care funds into social assistance programs and public health programs, while leaving public dental programs consistently underfunded.

Community water fluoridation, which began in Canada in the 1940s, is a public health measure that has positively impacted the oral health of millions of Canadians.[20] Dentistry has long been an advocate of community water fluoridation because it is a cost-effective, accessible and preventative measure that has been proven to decrease the incidence of cavities.

State of Oral Health in Canada

Although data on the oral health status of Canadians is limited, the most recent comprehensive national survey with clinical data on oral health outcomes was carried out in 2007-08 through the Canadian Health Measures Survey (CHMS). Health Canada published a report on the dental health of Canadians in 2010, based on the results of the CHMS, that showed that 75% of Canadians visited a dental clinic annually and 86% did so at least once every 2 years. The data demonstrated a significant improvement from the Nutrition Canada survey done in the early 1970s, when barely half the population consulted a dentist on an annual basis.[21]

A key oral health measure for comparative purposes is the decayed, missing and filled teeth (DMFT) index measure. The measure is taken in 12-year-olds. In Canada, the mean DMFT index is 1.02, which is better than most high-income countries where the average mean DMFT is 1.60, according to the most recent data from 2006.[22] Canada also ranks favourably in comparison to other high-income countries in prevalence of severe chronic gum disease (less than 10% of the population aged 15 and over) and incidence of oral and lip cancer (2.5-4.9 per 100,000 people).[23]

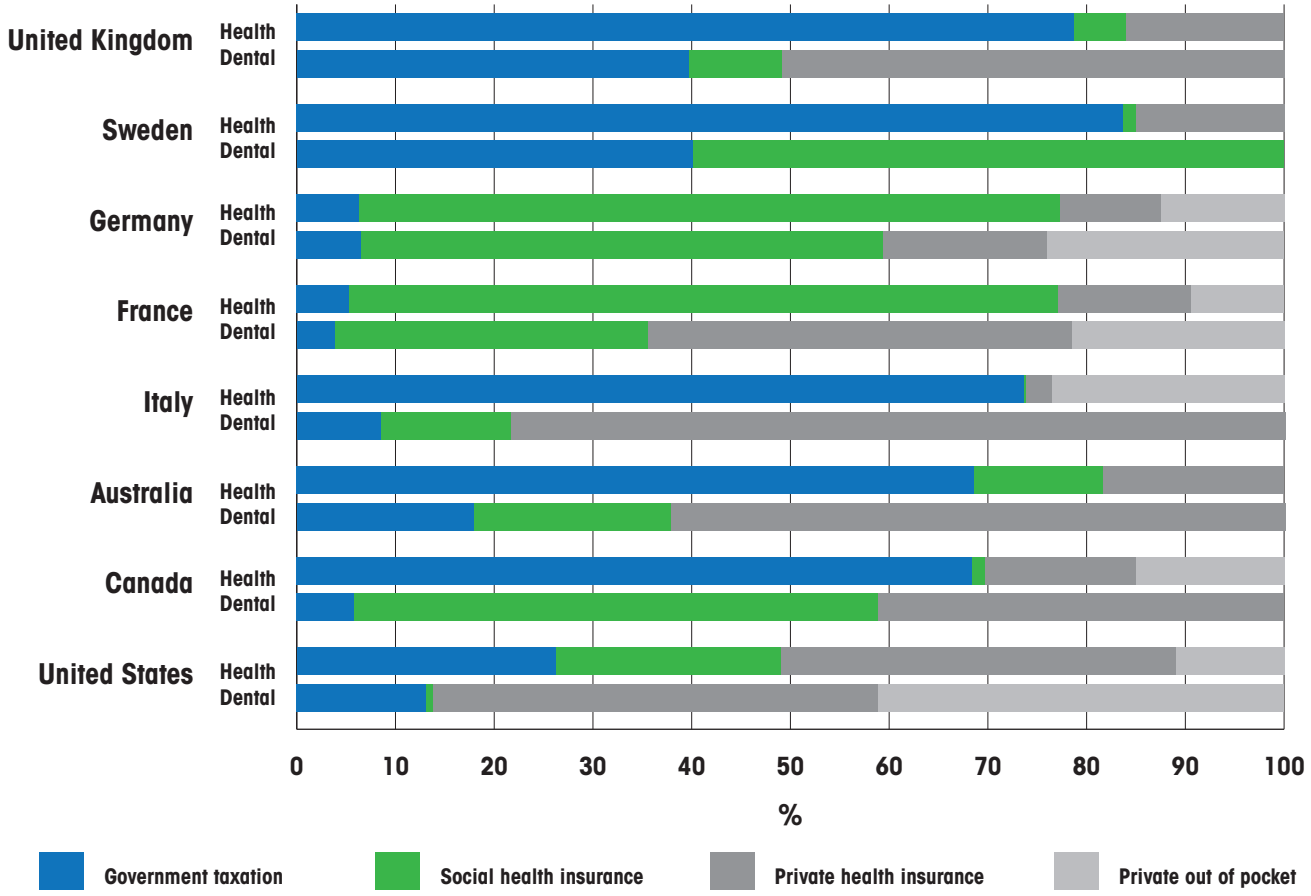
Not all data about Canadian oral health is as positive. Several studies have shown that oral health outcomes among Indigenous Peoples are significantly lower than the non-Indigenous population. Other studies show that low-income Canadians are less likely to visit a dentist.[24]

There are economic costs related to oral disease in Canada. The percentage of Canadians who have experienced time-lost from normal activities for oral health reasons is 39.1%, and over 2 million school days are lost annually due to dental visits or dental sick-days. It is estimated that over 4 million working-days for adults are lost annually due to dental visits or dental sick-days.[21] There are also other costs associated with emergency department visits for oral disease.

Canada in a Global Context

Alternative models of care or funding in other countries could provide some insight into how to alleviate inequities in access to care in Canada, although it is important to note that dental programs in other nations are not standalone and are embedded in each country's health care system. The organization of oral health care delivery systems and coverage of dental care varies across high-income countries; however, the one common element is access to care barriers. Many dental services require substantial cost-sharing in most countries, leading to high out-of-pocket spending. Socioeconomic status is a main determinant for access to dental care internationally, but other factors such as geography, age and comorbidities can also inhibit access and affect outcomes. Coverage in most oral health systems is targeted at treatment and less at preventative oral health care.

With a 75% annual population utilization rate, Canada is a leader amongst high-income countries in this metric, even compared to countries with higher levels of publicly funded dental care: Australia (48% annual utilization rate), the United States (66%), the United Kingdom (51%), and France (64%). Although Canada's annual utilization is relatively high, access to dental care by the most vulnerable groups is a major challenge. Outlined below are some features of the oral health care delivery systems of seven other countries, which are based on a wide range of financing models and strongly influenced by the organization of the health care system.[25–29]



Allin S, Farmer J, Quiñonez C, Peckham A, Marchildon G, Panteli D et al. Do health systems cover the mouth? Comparing dental care coverage for older adults in eight jurisdictions. Health Policy. 2020;124(9):998-1007.

In **Sweden,** there are both public and private oral health care providers. The public dental service (PDS) is operated by all 21 county councils/regions. Less than half of dentists work in private practices. Most dentists work in public dental clinics or municipal health centres that have a focus on dental care provision for children and adolescents. Approximately 60% of adult patients visit private dental care providers, while 40% visit the PDS. Dental care is free up to the age of 23 and all others receive an annual general dental care allowance to encourage dental check-ups and preventive care. People with certain illnesses or conditions receive a special dental care subsidy and, in addition, most dental care in Sweden is subject to a high-cost protection scheme, which aims to protect patients from very high dental care costs. Even though private out-of-pocket makes up over 60% of all sources of financing for dental care, only 2% of the population in the country reports unmet dental care needs. Nonetheless, dental care is not included in the basic benefits package, and it is subject to higher co-payments for adults above the age of 24. A recent government report recommended major reform to the dental care system in 2026 to tackle inequalities in access.[30–33]

Germany has a statutory health insurance system, predominantly based on social health insurance as a source of financing for over 80% of health care and half of dental care. Almost 90% of Germans belong to not-for-profit "sick funds," which must provide a legally prescribed package of health care. There is a requirement to get this social insurance, which is based on a cut-off income for employed people. Premiums for membership in these funds are shared between employees and employers. The sick funds are not-for-profit organizations, and membership in a sick fund entitles the member to a package of free basic dental care, with advanced treatment options sometimes requiring significant patient copayments. One of the challenges in Germany is that state funds are decreasing (they are also being amalgamated) so there has been a reduction of services to contain costs. There is also a sizable administrative burden built into the system and delays in treatment; people often wait a year to get care for some conditions. Taking everything into account, it has been reported that Germany's safety net has resulted in an excessively high cost for Germany's oral health system, and that the potential for improving both efficacy and efficiency in German dental care persists.[34–36]

Japan has a universal health and dental system, where all providers are a part of the system and charge on a fee-for-service basis. Patients generally pay a 30% copayment for dental care. There are exceptions for those who are not able to afford a copayment. There is also a variation across Japan of oral health indicators, although in general the nation has improved over the last decades. Japan also has a unique and well-designed system to deliver oral health care to its rapidly growing population of seniors, which is beneficial because it has an integrated medical/dental approach.[37–39]

The **United Kingdom** has a national public dental service that finances over 40% of dental care, however there is a private sector as well that accounts for about half of all financing for dental care. A recent government report found that there are marked inequalities in oral health in England across all stages of life and over different clinical indicators such as dental decay and related quality of life measures. The relative inequalities in the prevalence of cavities in 5-year-old children in England has increased. There are also inequalities in the availability and use of dental care across ages, gender, geographies, and different social groups. As well, a growing number of dentists do little or no publicly funded work, citing problems with the dental contract, and this has led to "dental deserts," areas with a considerably low level of publicly funded dentists, particularly in rural and coastal areas.[40,41]

Brazil is the only country in the world with a universal health care system with the aim of guaranteeing delivery of all levels of health care, free of charge, to a population of over 200 million inhabitants by means of a unified health system. As part of this initiative, Brazil implemented a country-wide National Oral Health Policy in 2004, which, in effect, made the delivery of oral health care universal. Recent findings demonstrate that although there was a reduction in the percentage of individuals who had never visited a dental professional, many people still do not have access to dental care. Decreasing cost barriers alone

has not resulted in adequate access to dental care and more comprehensive policies for addressing the wider determinants of inequality are needed.[42]

In the **United States**, a 2021 National Institutes of Health report reviewed the state of the US oral health care system, achievements made since 2000, and remaining challenges. The percentage of Americans who had an annual oral health care visit increased from 2000 through 2018, particularly among children younger than 18 years of age. Annual visit rates among older adults (over age 65) increased to 66% in 2018, but rates did not change among adults. Differences in access to oral health care exist across race and income for adults older than 18. Access to comprehensive oral health care continues to be one of the biggest challenges within the oral health care system and a key driver of oral health care inequity; many Americans cannot afford the high deductibles and copayments of private dental insurance programs. Public insurance coverage has increased since 2000 but remains limited for many low-income, minority, and older adult populations.[43,44]

In **Australia**, the government does not cover the costs of most dental care as it does with other health services. Less than 20% of dental care is financed through the government; 20% is covered through private insurance and more than 60% is paid out-of-pocket by patients. However, medicare does pay for some essential dental care for some children and adults who are eligible. The main aim is to provide dental coverage for children between the age of 2 and 17, and eligibility is income based. Eligible children are provided with up to $1,000 in benefits for basic and preventive dental care. Data shows that 10% of people who saw a dental professional in Australia received public dental care, and 33% who needed to see a dental professional delayed seeing or did not see one, and around 1 in 7 reported that cost was a reason.[45]

Appendix B—About CDA

About CDA

Founded in 1902 and representing the dental profession across Canada, the Canadian Dental Association (CDA) is a trusted brand and source of information for and about the dental profession, on national and international issues. CDA is a separately incorporated national association whose members are 10 corporate-member provincial and territorial dental associations (PDAs) representing nine provinces and three territories. Quebec-based dentists can also access CDA programs and benefits as CDA Affiliate Members.

Mission

CDA is the national voice for dentistry dedicated to the promotion of optimal oral health, an essential component of general health, and to the advancement and leadership of a unified profession.

Vision

- A Healthy Public
- A Strong Profession
- A United Community

Prioritizing Goals of Canadian Dentists

Provincial and territorial dental associations, faculties of dentistry, dental regulatory authorities, and specialty groups each have their own goals to achieve. CDA connects all stakeholders across the dental profession, prioritizing the goals of CDA's Corporate Members and through these organizations Canadian practising dentists.

Corporate Members, dentists and dental and health care stakeholder groups benefit from CDA every day. CDA works with Corporate Members and stakeholder groups to discuss professional issues at the national level and to identify potential solutions for a range of issues impacting dentistry, oral health, small business relations, and more.

CDA Primary Areas of Focus

CDA's three primary areas of focus include Advocacy, Knowledge and Practice Support Services. CDA also offers a range of programs, and services to support the dental profession in meaningful ways.

Advocacy

CDA lobbies the federal government on issues facing the dental profession in Canada as well as advocating for access to optimal oral health care for all Canadians. CDA's primary advocacy tools include government relations, media relations, and public education.

Knowledge

CDA captures, organizes and disseminates information about oral health and the dental profession to Corporate Members and their member dentists and to key stakeholders.

Practice Support Services

CDA provides a range of practice support services and programs, which help ensure that dentists are efficient, secure and compliant with applicable regulations when sending e-claims, e-referrals and patient records electronically.

About Dentistry in Canada

With over 25,000 licensed dentists working out of over 16,000 offices, most of them small businesses, dentistry represents a significant portion of Canada's healthcare sector. In 2019, $16.4 billion was spent on addressing Canadians' dental care needs.

CDA maintains strong relationships with all dental stakeholders in Canada and internationally by ensuring ongoing dialogue with the leadership of the various national dental groups, including the Canadian Dental Specialties Association (CDSA) and the national dental specialty organizations, the Canadian Dental Regulatory Authorities Federation

(CDRAF), the Association of Canadian Faculties of Dentistry (ACFD), the Canadian Association for Dental Research (CADR), the National Dental Examining Board of Canada (NDEB), the Royal College of Dentists of Canada, the Royal Canadian Dental Corps (RCDC), the Canadian Association of Hospital Dentists (CAHD), the Commission on Dental Accreditation of Canada (CDAC) and the Federation of the Canadian Dentistry Student Associations (FCDSA), the FDI World Dental Federation (FDI), the American Dental Association (ADA), and Canadian Dental Service Plans Inc. (CDSPI).

CDA has ongoing communications with other organizations that impact the delivery of oral health care, such as the Dental Industry Association of Canada (DIAC) and the Canadian Life and Health Insurance Association (CLHIA) and remains in regular contact with the Canadian Dental Hygienists Association (CDHA) and the Canadian Dental Assistants Association (CDAA).

Appendix C—What We Heard Report (Executive Summary)

In early 2022, the Canadian federal government announced that they were going to be investing over $5 billion into access to dental care for Canadians. Dentists were excited and wanted to know what this would mean for them and their offices.

In a series of online roundtable discussions, CDA reached out to dentists across Canada to get their thoughts on the new federal funding. Below is a high-level summary of their feedback.

- Ensure appropriate reimbursement of dental services and compensation of dentists in line with provincial/territorial fee guides.

We have heard that this is one of the most significant factors impacting dentists' participation in a publicly funded dental program, and hence improving access for Canadians to oral health care. Appropriate remuneration levels in relation to provincial fee guide levels will help ensure patients who need treatment continue to be seen, while also ensuring that dentists can afford to keep their practices going, based on regionality.

- Provincial/territorial public plans already exist and there is infrastructure in place.

Some dentists feel that keeping already established provincial programs in place will avoid conflict over jurisdiction and in many provinces would allow for efficient implementation of the under 12 children's program by the end of 2022. Keeping existing and well-known programs in place will ensure ease of administration and ensure that programs that are currently working well for patients will continue to provide the same or even enhanced services. Provincial/territorial programs can be amended and enhanced to include more eligibility and a better basket of services for the program. In provinces without adequately funded provincial programs, notably in Ontario and Québec, this sentiment may not be fully endorsed.

- Income eligibility criteria need to be administered efficiently by governments, either federal and/or provincial/territorial.

Dentists hope that determining income eligibility will be an easy process so that they can avoid making mistakes as well as avoid additional administrative burden. They also hope this process also includes the critical step of ensuring that in the case of private dental insurance availability, the government plan is the payer of last resort to ensure effective and efficient service provision in dental offices and help prevent employers from dropping existing coverage.

- Provincial/territorial fee guides and claims processing systems currently exist and should continue to exist.

Dentists know that the provincial fee guides are reviewed yearly by experts and incorporate the procedure, time required, materials used, manpower requirements, cost of living and other factors. Keeping the existing system would ensure that the fee guides remain up to date and would make administration easier on dental staff who have been using the fee guide and coding system for years.

- Ensure that the private employer-based insurance system, which has worked well for decades, remains intact.

Mechanisms should be in place prior to the roll out of the federal public dental program to avoid major decreases in private dental insurance coverage, which will result in significant impacts on the viability of dental practices. Private insurance must be the primary payer, and government plans should only be used as a last resort. Dentists feel that the ability to balance-bill should be an element of the plans. Dentists feel the private insurance model has been working well up until now and hope that public programs are used to fill in the gaps for patients who do not currently have access to private insurance.

Appendix D—Provincial and Territorial Public Dental Programs

An environmental scan of publicly financed dental care was undertaken in 2022 and the following key findings emerged:

- Public dental care programs and services are administered and managed through various health and social services departments across provinces and territories. Most provincial and territorial programs or initiatives target children (<18 years of age), but there has been increased focus on older adults (>65 years).

- Legislated public funding of dental care across each jurisdiction in Canada typically covers two categories: (1) non-routine medically required dental care and (2) some forms of needs-based dental care.

- All jurisdictions have some form of needs-based dental care, and the dental services available to populations needing financial or social assistance vary significantly by jurisdiction.

- Expenditures for public dental programs have gradually increased across jurisdictions, with the exception of notable declines during the COVID-19 pandemic (2020-2021). The public per capita share of dental care expenditure is approximately $15.50 over the past three years.

The full report can be accessed online :
https://caphd.ca/wp-content/uploads/2022/10/Canada-Dental-environmentscan-UofT-20221017.pdf

Highlighted in the chart below are excerpts from this report that provide an overview of the main programs, eligibility and services covered, by province and territory that were in effect as of 2021.

Please note that this is not a comprehensive list of all provincial and territorial public dental programs in Canada, but it does provide an outline of the majority of programs available.

This except from "Environmental scan of publicly financed dental care in Canada: 2022 update" by Farmer J, Singhal S, Ghoneim A, Proaño D, Moharrami M, Kaura K, McIntyre J, Quiñonez C. has been reprinted by permission. The report was commissioned by the Office of the Chief Dental Officer of Canada.

British Columbia. BC has seven publicly funded dental programs run through three ministries: the Ministry of Social Development and Poverty Reduction runs the British Columbia Employment and Assistance (BCEA) program and Healthy Kids program; the Ministry of Health runs the Medical Services Plan (MSP) and Preventive Dental Health Services program; and the Ministry of Children and Family Development runs the At Home Program, Dental Benefits for Children in Care and Youth Agreements, and Agreements with Young Adults (AYA) program. In addition, the Ministry of Social Development and Poverty Reduction also covers dental care for eligible low-income seniors who have left provincial income assistance for federal income support.

Program or Service	Eligibility	Services Covered
BC Employment and Assistance (BCEA) Program The BCEA program assists British Columbians in need and helps people move from income assistance to sustainable employment. Disability assistance is also available to Persons with Disabilities who may be unable to gain independence through employment. (Employment and Assistance Regulations and Employment and Assistance for Persons with Disabilities Regulation define a basic dental services, crown and bridgework supplement, denture supplements, emergency dental and denture supplements, and orthodontic supplement)	Dental Supplements: Different levels of coverage are provided depending on the person's client category and age. SDPR clients entitled to basic dental services: • Persons with Disabilities (PWD) in receipt of disability assistance (DA) $1000/2yrs • Persons with Persistent Multiple Barriers (PPMB) in receipt of income assistance (IA) $1000/2yrs • Spouses of PWD and PPMB recipients $1000/2yrs • Persons in above categories who have left IA or DA and meet specific criteria to retain eligibility for health supplements $1000/2yrs • Children <19yrs who are in a family receiving income, disability or hardship assistance and recipients of Children in the Home of a Relative (CIHR) assistance $2000/2yrs SDPR clients entitled to coverage for emergency dental services: • Adult income or hardship assistance recipients who are not otherwise eligible for basic dental services as noted above; and • SDPR recipients who are eligible for but exhausted their basic dental services 2 year limit and require emergency treatment for the relief of pain.	• Emergency: diagnostic, restorative, endodontic, periodontal, oral surgery, prosthodontic • Basic: diagnostic, preventive, restorative, endodontic, periodontal, prosthodontic, oral surgery • Orthodontic services, limited to children <19yrs and adults with PWD designation who meet specific criteria. • Crown and Bridge, limited to adults with PWD or PPMB designation who meet specific eligibility criteria. • Denture Supplement: provides access to complete dentures (initial placement) to recipients who are limited to Emergency Dental Coverage only. Specific eligibility criteria apply.
Healthy Kids The Healthy Kids Program provides coverage for basic dental treatment, optical care and hearing assistance to children in low-income families, who are not in receipt of income assistance, disability assistance or hardship assistance.	Children under 19 years of age, in families approved for supplementary benefits by the Medical Services Plan (MSP) through the Ministry of Health, are automatically registered with the Healthy Kids Program. Children are eligible for $2000 of basic dental services every two years and access to emergency coverage for the relief of pain should they exhaust their two year limit.	Emergency: diagnostic, restorative, endodontic, periodontal, oral surgery, prosthodontic Basic: diagnostic, preventive, restorative, endodontic, periodontal, prosthodontic, oral surgery.

Table continued ▶

Alberta. In Alberta, children, adults and seniors who are vulnerable are the priority targets for publicly funded dental care. The programs offered through Alberta Health Services are tailored around the provincial Oral Health Action Plan (OHAP).

Program or Service	Eligibility	Services Covered
Alberta Health—Provincial Oral Health Action Plan. A provincially standardized plan that provides dental prevention and treatment services to low income and underserved populations. The 5 Regional Health Zones within the province staff, manage and conduct the services. Also provides ongoing support to promote oral health and prevent oral diseases caused by poor oral hygiene for seniors in Continuing Care.	Preschool fluoride varnish treatment service: • Free service for lower income families. Does not use means testing, rather parental self-selection based on income criteria or belonging to identified community groups. School fluoride varnish treatment service: • Children attending school in low income neighborhoods as determined using deprivation mapping. School dental sealant service: • Children attending school in low income neighborhoods as determined using deprivation mapping. Oral health in Continuing Care: • Residents in Continuing Care • Dental Treatment Service for low income Albertans: Low-income Albertans who are residents of Alberta and are without dental insurance: • Clients may self-refer, or be referred through shelters, community services or acute care. Dental Outreach Program (DOP) Satellite Clinics: • Services are for all residents in geographically isolated underserved communities in northern Alberta.	• Children ages 12 months to 35 months in lower income families are eligible to receive 2 fluoride varnish applications per year. • Children in kindergarten, grades 1 and 2 receive 2 fluoride varnish applications per year. Services are provided free of charge. • Children in grades 1 and 2 are screened and may receive sealants of select permanent teeth. Services are provided free of charge. • Level of assistance required to help residents have oral hygiene twice a day. Services are provided free of charge. • Reduced-fee basic comprehensive oral health services for vulnerable Albertans. Patients with urgent dental needs who are unable to pay are not charged for their emergency treatment. • Reduced fee basic comprehensive oral health services. Patients with urgent dental needs who are unable to pay or have no dental insurance are not charged for their emergency treatment.
Alberta Health—Oral and Maxillofacial Devices and Services Program Funding for select dental and oral surgical health service deemed medically necessary. The OMDS Program is the payer of last resort; all private dental insurance benefits must be utilized prior to funding being requested.	Dental services are in relation to severe oral/facial conditions caused by birth defects, jaw abnormalities (tumors), major facial trauma or temporomandibular joint (TMJ) disorder.	Services may include: • Orthodontics, prosthodontics, dental implants and presurgical work-up fees. • Services do not include routine dental services such as cleaning, fillings and extraction of wisdom teeth.

Table continued ▶

Community and Social Services—Income and Employment Supports. Supports for individuals and families to pay for basic expenses. Applicants who request health benefits must meet all eligibility conditions, including asset and income rules of the IS program, or the income rules of the ACHB or AAHB program as applicable.	Income Support: **1)** Expected to work (ETW) **2)** Barriers to full time employment (BFE) **3)** Learners	On a month-to-month basis and list eligible household members. Basic dental services follow those outlined under Alberta Adult Health Benefit. Benefits are for the duration of the training program via a Health Benefits Card for learner and partner/spouse, if applicable. Basic dental services follow those outlined under Alberta Adult Health Benefit. Eligible children are enrolled in the Alberta Child Heath Benefit Program.
Alberta Adult Health Benefit (AAHB) Health benefits including dental benefits available to low income Albertans. The program covers health benefits for Albertans in lowincome households who are pregnant or have high ongoing prescription drug needs. This health plan includes children who are 18 or 19 years old if they are living at home and attending high school.	Eligible clients must live in Alberta, be a Canadian citizen or have permanent resident status, meet income guidelines and not be in receipt of other provincial or federal government health benefits. If recipient/household members have coverage through another health benefits plan, that plan must be used first.	Benefits are for the year and are obtained via a Health Benefits Card. Covers basic services including examinations, x-rays, teeth cleaning, extractions, fillings and dentures.
Alberta Child Health Benefit (ACHB) Health benefits including dental benefits available to low income Albertans to provide care for children. This health plan is for children up to 18 years of age. Children age 18 or 19 years old and living at home while attending high school also qualify.	Eligible clients must live in Alberta, be a Canadian citizen or have permanent resident status, meet income guidelines and not be in receipt of other provincial or federal government health benefits. If recipient/household members have coverage through another health benefits plan, that plan must be used first.	Benefits are for the year and are obtained via a Health Benefits Card. Covers basic services including examinations, x-rays, teeth cleaning, extractions, and fillings.
Assured Income for the Severely Handicapped (AISH) Financial and health benefits including dental benefits for eligible Albertans with a permanent medical condition that prevents them from earning a living.	Eligible clients must be at least 18 years old, must live in Alberta, be a Canadian citizen or have permanent resident status, meet income guidelines and not reside in a correctional or mental health facility. A partner or spouse and dependent children may also be eligible.	Benefits are obtained via a Health Benefit Card. Services include check-ups, cleaning teeth, x-rays, fillings, extractions, dentures, other dental services.
Family Support for Children with Disabilities Funding for dental care based on each child's needs related to their disability.	Parents are responsible for typical dental care costs. A dentist must provide information verifying which dental treatments or procedures are directly attributable to the child's disability.	Dental or orthodontic costs and procedures deemed necessary and attributable to their child's disability. This includes: • General anesthetic to complete routine dental care for children with severe behavior or sensory issues. • Children requiring multiple fillings and extractions related to congenital anomalies and malformations.

Table continued ▶

Children's Services—Child guardianship, foster care and kinship care To provide dental care to children in foster care, guardianship or kinship care.	Dental services are covered under the child's PHN or under the child's Treatment Service Card (TSC), or for a First Nations child, through their treaty number	Dental services are covered under the Treatment Services Card (TSC). Caregivers need to check with the dental office to ensure that services are covered prior to the appointment.
Child, Youth and Family Enhancement Act (CYFEA) Supplementary dental coverage to children in the custody and/or under the guardianship of a director under the Child, Youth and Family Enhancement ACT.	Children in custody or under guardianship of the act up to age 20.	Services include check-ups, cleaning teeth, x-rays, fillings, extractions, dentures, other dental services.
Senior and Housing—Dental and Optical Assistance for Seniors Help to cover cost of basic dental and optical services for eligible seniors.	Clients must be age 65 years or older, reside in Alberta for at least 3 months, be a Canadian citizen or permanent resident and meet financial guidelines. Services are either partially or fully funded for allowable procedures based on qualifying income.	

Saskatchewan. Saskatchewan offers a variety of public dental care programs through the Ministry of Health and the Saskatchewan Health Authority. The programs provided through the Ministry of Health are the Supplementary Health and Family Health Benefits, the Medical Services Plan, and the Enhanced Preventive Dental Services program.

Program or Service	Eligibility	Services Covered
Ministry of Health—Supplementary Health (SH) and Family Health Benefits (FH).	Provides coverage for dental services for persons nominated by the Ministry of Social Services and Justice. Includes children <18 of low income working families who meet the standards of an income test or are receiving the Saskatchewan Employment Supplement.	Coverage includes a range of basic dental services (preventive, restorative, exodontia and prosthetic) required to maintain good dental health.

Table continued ▶

Medical Services Plan	Insured surgical dental services are those that are medically necessary and must be carried out in a hospital or office-based setting.	In Saskatchewan, routine dental services are not covered.The Ministry of Health does cover the following: • Dental services listed in the 'Saskatchewan Payment Schedule for Insured Services Provided by A Dentist or a Dentist Holding a Specialist License'. • Limited oral surgery procedures required to treat certain conditions that may be caused by accidents, infection, or congenital problems. • Limited orthodontic or nasoalveolar molding services for cleft palate in children and infants when referred by a physician or dentist. • Extractions of teeth in limited circumstances, such as when medically required before undertaking certain surgical procedures related to the heart, chronic renal disease, head or neck cancer, total joint replacement by prosthesis, stem cell transplants and within 15 years of specific cancer radiation treatment where recommendations from the radiation oncologist and dentist have been followed. • Adjunct services, such as consultations, when medically required. • Dental implants are covered in exceptional situations where no other method of treatment is appropriate. Coverage is limited to circumstances related to tumours and congenital defects (cleft palate and metabolic disorders). Coverage will require a specialist in oral maxillofacial surgery to submit a written request for prior-approval from the Ministry of Health.The specialist must include detailed information and rationale to support the request. Coverage is limited to the initial cost to provide dental implants and does not extend to ongoing maintenance costs. Dental implants for trauma, postsurgical temporomandibular joint disorder (TMJ) or cosmetic purposes will not be covered.
Enhanced Preventive Dental Services (EPDS)	0–5 years of age Grades 1,2,7 & 8 children identified as high risk.	An upstream intervention intended to supplement existing efforts to help improve children's oral health by increasing access to care, preventive services and early education for children at risk. These services focus on oral health assessments, referrals and follow-up services, fluoride varnish, and dental sealants in grades 1, 2, 7 and 8 students in high risk schools

Table continued ▶

Regional Health Authorities—SHA additional programming	Children 0–16; prenatal women; vulnerable adults, long term care residents. Eligibility criteria varies across service networks.	The SHA dental programs and dental public health clinic's deliver dental health education, diagnostic, preventive, restorative dental services and referral services to eligible people in SHA.These services also include the use of silver diamine fluoride (SDF) and atraumatic restorative treatment (ART).The SHA has implemented Better Oral Health in Long Term Care programs in areas throughout the province.This includes assessments, referrals, preventive services, daily care, and staff education; in some areas private practice dentists provide dental treatment in SHA homes. *services vary across service networks SHA conducts dental public health surveillance via a dental screening of grade 1 and 7 students every 5 years.This is to monitor oral health status with the Canadian Oral Health Framework; it also supports program planning based on community oral health status/needs (across all SHA).
Athabasca Health Authority Community Dental Program/COHI	Children ages 0–7 First Nation children living on reserve, pregnant women, parents and caregivers. School age children ages 4–16 (grades Pre K to 7)	To improve the oral health of all children of the basin by promoting prevention and health promotion for all ages. Enhanced Dental services offered to all school aged children brushing program, fluoride varnish program, one on one oral health education, provide basic dental treatment, offer dental health education to all grades.

Manitoba. Manitoba provides its dental programs through the Department of Families and Manitoba Health.The Health Services Dental Program, Medical Program, Healthy Smile Happy Child (HSHC), Winnipeg Regional Health Authority (WRHA)—S.M.I.L.E. plus, Mount Carmel Dental Clinic, and Public Health—Oral Health.

Program or Service	Eligibility	Services Covered
Health Services—Dental Program	Those receiving Employment Income Assistance (EIA) • adults and families up to age 65 • Single Parents General Assistance • Persons with Disabilities • Children in Care	Basic diagnostic, preventive, restorative, endodontic, periodontal, prosthodontic, oral surgery services.
Manitoba Health—Medical Program	Services performed by oral and maxillofacial surgeons or licensed dentists when hospitalization is required; provides orthodontic benefits in cases of cleft lip and palate for persons registered by 18yrs, when provided by an orthodontist.	Various oral surgical, oral medicine and pathology, dental technical, and orthodontic procedures.
Healthy Smile Happy Child (HSHC)	At risk children, families, caregivers in rural and urban populations.	Educational resources, prevention.

Table continued ▶

Mount Carmel Dental Clinic	Individuals and Families with or without insurance that fall under the LICO (Low Income cut off before taxes) for Canada.	Routine dentistry—extractions (basic, single, no impacted wisdom teeth); New patient examination, emergency specific exam Dental hygiene—cleanings, scaling, oral health instructions, fluoride, SDF; Spacers for children and night guards for adults Referrals to other services not covered.
Winnipeg Regional Health Authority (WRHA)—S.M.I.L.E. plus	Children under 18 years from low-income families without private dental insurance.	Preventive and basic treatment services, referrals for more complex care.
Manitoba Health and Seniors Care-Public Health—Oral Health	Province wide	Education, prevention, policy, community water fluoridation.
Ontario. There are five publicly funded dental care programs. The Healthy Smiles Ontario (HSO) program, Ontario Seniors Dental Care Program, Ontario Health Insurance Plan which are funded by the Ministry of Health. The Ontario Disability Support Program, and Ontario Works program which are funded by the Ministry of Children, Community, and Social Services.		
Program or Service	**Eligibility**	**Services Covered**
Ministry of Health—Healthy Smiles Ontario	Dental program that provides free preventive, routine, and emergency dental services for children and youth 17 years old and under from low-income households.	Check-ups, Cleaning, Fillings (for a cavity), Xrays, Scaling, Tooth extraction, urgent or emergency dental care (including treatment of a child's toothache or tooth pain).
Ontario Seniors Dental Care Program (OSDCP)	The Ontario Seniors Dental Care Program is a government funded dental care program. It provides free, routine dental services for low-income seniors who are 65 years of age or older, residents of Ontario, meet the income requirements: an annual net income of $22,200 or less for a single senior or a combined annual net income of $37,100 or less for a couple, and have no other form of dental benefits, including private insurance or dental coverage under another government program such as Ontario Works, Ontario Disability Support Program or Non-Insured Health Benefits.	Coverage includes: Checkups, including scaling, fluoride and polishing, repairing broken teeth and cavities, x-rays, removing teeth or abnormal tissue (oral surgery), anesthesia, treating infection and pain (endodontic services), treating gum conditions and diseases (periodontal services).
Ministry of Children, Community and Social Services—Ontario Works	Program eligibility is based on an assessment of financial need; determined according to family size, income, assets, and shelter costs.	Dental benefits for dependent children aged 17 and under are provided by the Ministry of Health's Healthy Smiles Ontario Program. Dependent children whose Ontario Works is being provided by a designated First Nations Ontario Works delivery partner have access to mandatory dental benefits under Ontario Works (the MCCSS dental schedule is often used). Ontario Works recipients 18 years of age and older may apply for funding to cover the cost of dental services as a health-related discretionary benefit through Ontario Works.

Table continued ▶

Ontario Disability Support Program	Basic coverage for ODSP recipients and spouses 18 years of age and older. Some additional services are available under the Dental Special Care Plan (DSCP) if a person's disability, prescribed medications or medical treatment affect their oral health.	Basic diagnostic, preventive, restorative, endodontic, periodontal, prosthodontic and oral surgery services. DSCP services can include additional recall exams, teeth cleaning, fluoride treatments, custom fluoride appliances, bruxism appliances, crowns and some periodontal surgery.
Assistance for Children with Severe Disabilities (ACSD) Program	Dental benefits for children receiving ACSD are provided by the Ministry of Health's Healthy Smiles Ontario (HSO) Program.	Basic diagnostic, preventive, restorative, endodontic, periodontal, prosthodontic, oral surgery services HSO's dental schedule includes a Dental Special Care Plan (DSCP) which provides coverage for additional services and/or limitations for Ontario Disability Support Program (ODSP) and Assistance for Children with Severe Disabilities (ACSD) clients whose medical and/or psychosocial condition, or prescribed medication or medical treatment impacts their oral health and/or dental treatment. Or whose oral health impacts their medical and/or psychosocial condition and/or their medical treatment. The DSCP provides more frequent services such as recall exams, scaling/root planning and additional services such as bruxism appliances and grafts.

Québec. Québec has several publicly funded dental programs and initiatives that are directly managed by the Ministère de la Santé et des Services sociaux (MSSS) and/or the Régie de l'assurance maladie du Québec (RAMQ). The MSSS's public health department also funds several programs: supervised toothbrushing programs with fluoridated toothpaste for children in daycare centers and elementary schools, oral health care and daily care program for residents of publicly funded long-term care facilities, elementary and secondary school based dental sealant and cavity prevention programs and a water fluoridation program.

Program or Service	Eligibility	Services Covered
Oral Surgery Services in Hospitals	Everyone	• Exams • Local or general anesthesia • X-rays • Removal of cyst or tumor • Drainage of abscess • Reduction of fracture • Repair of a soft tissue tear • Treatment of inflammation of bone tissue • Treatment of the temporomandibular joint • Treatment of salivary glands • Extractions not covered

Table continued ▶

Dental Services for Children	<10yrs	• Annual and emergency exams • Local anesthesia • X-rays • Dental restoration (amalgam posterior and composite anterior) • Endodontic (root canal treatment, apexification, pulpotomy (primary teeth / permanent teeth if general anesthesia) • Pulpectomy (primary teeth only) • Oral surgery services • Prefabricated crowns
Dental Services for Social Assistance for Children Recipients and Dependants	>10 yrs	Idem: Dental services.
	>12 yrs	Addition of oral hygiene instruction, dental prophylaxis.
	<13 yrs	Addition of root canal treatment on a permanent tooth.
	12–15 yrs	Addition of topical fluoride application.
	>16 yrs	Addition of scaling.
	During the waiting period (12 months)	Emergency services only
	After 24 months of waiting period	Addition of acrylic removable prosthodontics (complete and partial) (each 8 years), relining (each 5 years), denture repairs.
Québec Elementary and Secondary School Dental Sealant and Cavity Prevention Program	Students identified at high risk of dental caries in elementary school (kindergarten, 1st and 2nd year) and high school (2nd grade).	Dental sealants and fluoride varnishes, oral hygiene education
Québec Oral Health Care and Daily Care Program for Residents of Public Long-Term Care Facilities	People living in public or agreement private Long term care centres	• Annual and emergency exams • Prevention • X-rays • Dental restoration • Endodontic treatments • Oral surgery services • Acrylic and metalacrylic removable prosthodontics

Table continued ▶

New Brunswick. New Brunswick currently has five public dental care programs that receive funding from the provincial government (Table 26). Programs that fall within the jurisdiction of the Department of Social Development include The Healthy Smiles, Clear Vision Program, and the Health Services Dental Program. Programs that fall under the responsibility of the Department of Health include the Insured Surgical-Dental Services, Cancer Related Osseo-integrated Implants and Oral Prosthetics Program (COIOPP) and the Fluoride Mouth Rinse Program.

Program or Service	Eligibility	Services Covered
Department of Social Development—Healthy Smiles, Clear Vision	Children of families in receipt of Social Assistance and children of low income families are eligible to receive dental services even if the parent(s) do not receive Social Assistance.	The dental program covers basic items, such as regular exams, Xrays, restorations, extractions, preventative treatments such as sealants and fluoride treatments. There is a yearly maximum of $1,000 for dental coverage.
Health Services Dental Program	This program assists clients of this department who are over the age of 19 with coverage for specific dental benefits that are not covered by other agencies or private health insurance plans. Benefits are negotiated with the New Brunswick Dental Society and the New Brunswick Denturists Society. This program is available to: • Clients of this department and their dependents 19 years of age and older. • Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations	Benefits covered under this program are: • Exam, x-rays Dentures and repairs, Specific types of fillings This program does not cover: • Orthodontic services and appliances • Fluoride treatment • Sealants • Root canals on posterior teeth • Oral surgeries not specified in the contract with the NB Dental Society Clients are eligible for a maximum of $1,000 per year, excluding emergency and prosthetic services. Clients will be charged up to a 30 per cent participation fee for dental services and 10 per cent participation fee for dentures and denture repairs. Once a treatment plan has been determined the dental professional will advise of the amount payable. The participation fee is paid directly to the dental professional and may be required before dental services are provided.
Department of Health—Insured Surgical-Dental Services	Insured surgical-dental services are prescribed under the Medical Services Payment Act.	Various oral and maxillofacial procedures
Cancer Related Osseointegrated Implants and Oral Prosthetics Program (COIOPP)	Dental work related to head or neck cancer—by prior approval only	Dental extractions, dental implants, obturators, various prostheses

Table continued ▶

Nova Scotia. Nova Scotia currently has seven public dental care programs that receive funding from the provincial government. Five of these programs fall within the jurisdiction of the Department of Health and Wellbeing including the COHP, Nova Scotia Cleft Palate/ Craniofacial Program, Maxillofacial Prosthodontics Program, Individuals with Special Needs and Dental Surgical (In-Hospital) Program. The Employment Support and Income Assistance Dental Program, Disability Support Program and the Child and Family Youth Services Program falls within the area of responsibility of the Department of Community Services.

Program or Service	Eligibility	Services Covered
Department of Community Services—Employment Support and Income Assistance	Available to all eligible ESIA recipients, spouses, and dependents not covered by MSI. If there is private health coverage, that is billed first and program will cover any remaining unpaid balance as long as it is an approved service.	ESIA recipients, spouses, and dependents not covered by MSI. If there is private health coverage, that is billed first and program will cover any remaining unpaid balance as long as it is an approved service. Coverage may be provided in accordance with the approved contracted service under the following circumstances: 1. for the relief of pain; 2. for control of prolonged bleeding; 3. for treatment of swollen tissue; 4. for provision or repair of broken dentures; and/or 5. for dental problems identified as barriers to employment. Emergency dental care, some diagnostic, restorative, prosthodontic, endodontic, and oral surgical services Assistance pays 80% of 2014 Dental and Denturists Rate Schedules, 20% patient, can be means tested.
Disability Support Program	All participants of DSP can apply for a Dental coverage as per the Special Needs Policy.	Emergency dental care, some diagnostic, preventive, restorative, prosthodontic, endodontic, and oral surgical services DSP policy allows for coverage of dental procedures up to 100% of the 2014 fee guides for the Nova Scotia Dental Association and the Denturist Society of Nova Scotia.
Child and Family Youth Services—includes Children in Care, Youth supported via Youth Services, and Subsidized Adoption.	In care of the Minister of Community Services the cost of all required dental work required for children in care up to age 19 or 21, when not covered by MSI.	Diagnostic, preventive, treatment services. Orthodontic work requires additional consideration by the Director of Children in Care (braces, etc.).
Department of Health and Wellness—Children's Oral Health Program (COHP)	Birth to end of the month of the 14th birthday; children are required to access private coverage first, program pays balance.	Diagnostic, preventive, and treatment services Community-based prevention.
Cleft Palate/Craniofacial Program	Cleft Palate/Craniofacial Team registered, but does not guarantee eligibility Those craniofacial anomalies that directly influence growth and development of dentoalveolar and craniofacial structures.	Various oral surgical and dental procedures beyond the eligibility under COHP.
Maxillofacial Prosthodontics Program	Those whose maxillofacial prosthodontic needs result from congenital facial disorders, cancer, trauma, and neurological deficit.	Various oral surgical and prosthodontic services.
Individuals with Special Needs	Anyone deemed mentally challenged by a medical authority, and whose dental needs may necessitate hospitalization.	Various oral surgical and dental procedures beyond he eligibility under COHP Subject to a 10% premium when delivered in private practice, and 30% premium when in-hospital.

Table continued ▶

Oral and Maxillofacial Surgery	Anyone whose dental needs may necessitate hospitalization.	Various oral surgical and dental procedures.

Prince Edward Island. In Prince Edward Island (PEI), in-hospital "medically necessary dental care" covered by the Health Services Act is funded from the public purse. In addition, there are dental services that are available to children, low-income adults and seniors, as well as seniors in long-term care facilities. As of January 2021, PEI consolidated its previously existing dental programs and services targeting children, low-income adults and seniors into four main programs: Provincial Dental Care Program; Cleft Palate Orthodontic Funding Program; School Oral Health Preventative Program; and Long-Term/Community Care Preventative Dental Program.

Program or Service	Eligibility	Services Covered
In-Hospital Surgical Dental Services	All P.E.I. residents.	Medically necessary dental care as defined by the Canada Health Act R.S.C., 1985, c. C-6 and provided under the Health Services Payment Act, R.S.P.E.I. 1988, c. H-2 (Amend 33).
Provincial Dental Care Program	A payer-of-last resort program available to all families receiving financial assistance as well as those families that meet the income threshold. Potentially eligible population is 26,400 Financial Assistance recipients—100% 100% Market Based Measure—100% coverage 110% Market Based Measure—80% coverage 120% Market Based Measure—60% coverage 130% Market Based Measure—40% coverage 140% Market Based Measure—20% coverage.	Annual and emergency dental exam, Cleaning, Sealants, Fluoride application (limited to children and those over 55 years of age), Root Canal Treatment – limited to special circumstances Extraction, Dentures (new dentures limited to one in 10 years and individuals may be required to pay lab fees) In-hospital dental care services limited to children and Access-Ability Support Clients
School Oral Health Preventative Dental Program	All children aged 3–17 years.	• Preventative Services • Assessment of risk toward developing oral diseases • Oral health education • Topical fluoride • Dental sealants • Cleaning of teeth
	Children aged 3–17 years (coverage limited to children who are not covered by any private dental insurance plan).	Dental Treatment Services Basic dental services including: • Annual dental check-up and x-rays • Restorative dental services, fillings, and root canal treatment on front teeth • Extraction
In-hospital Dental Specialist Services Program	Children without a private dental insurance plan who have medical and/or behavioural problems, which require that a paediatric dental specialist treated them.	In-hospital provision of CDCP covered services.
Cleft Palate Orthodontic Treatment Funding Program	Children who require orthodontic treatment because of a cleft palate.	Orthodontic treatment (must commence before age 18 years)

Table continued ▶

Long Term Care Facilities Dental Program	Residents of long term care facilities (private and public) in P.E.I.	Annual screening and referral of residents Preventative services such as scaling fluoride varnish Denture cleaning and labelling In-service education for resident care workers..
Newfoundland and Labrador. Newfoundland and Labrador has a universal children's dental health plan for children under 13, income support, low income youth program, adult dental program.		
Program or Service	**Eligibility**	**Services Covered**
Department of Health and Community Services- Dental Health Plan- Children's Dental Health Plan	Children <13 yrs; universal	• Diagnostic (exam once per 6 months); preventive (prophy: once per 12 months; fluoride: once per 12 months over age 6 yrs; sealants); basic restorative; oral surgery (extractions) • Some services require prior approval • Fees are paid based on 90% of NLDA Fee Schedule (2014)
Income Support	13–17 yrs; for families in receipt of Income Support.	• Two year cycle for examination and x-rays (bitewings) • Some diagnostic (Emerg. exams and Periapical x-rays); basic restorative; oral surgery (extractions) • Some additional services require Prior Approval • Fees are paid based on 90% of NLDA Fee Schedule (2014) • No preventive component • Some diagnostic, restorative, oral surgical services • Emergency examination and extractions only for recipients >17 yrs *Low Income Youth Program has the parameters as for Income Support but no adult component.
Low Income Youth Program	13–17 yrs for families whose are enrolled in the Newfoundland and Labrador Prescription Drug Program (NLPDP) (low income).	
Adult Dental Program	Beneficiaries must be enrolled in the Foundation, Access and 65+ programs of NLPDP. These are all needs based and are deemed our most financially vulnerable.	• Three year cycle for all basic services (to include routine exam and diagnostic bitewings) and a eight year cycle for denture services • Fillings to an annual maximum of $300, extractions and dentures • Some restrictions apply • Fees are paid based on 90% of NLDA Fee Schedule (2014) except for dentures which have set fees for standard services and are not part of the negotiated Dental Program agreement.
Insured Surgical Dental Services	Valid MCP card Services listed in the Surgical Dental Payment Schedule Provided in a publicly funded facility (hospital).	Various oral surgical and dental procedures as listed in the Surgical Dental Payment Schedule.

Table continued ▶

Yukon. The Yukon Territory's public dental care programs cover children, seniors, social assistance recipients, and those requiring medically necessary surgical-dental services delivered in-hospital. The territory's programs are administered centrally and have a strong legislative base.

Program or Service	Eligibility	Services Covered
Department of Health and Social Services—Social Assistance Aid for Health Care Services	Persons receiving social assistance and their household members.	Basic and major services $1,500 per fiscal year
Extended Health Care Benefits	Seniors 65 and older and their spouses who are 60 and older.	Basic and major services $1,400 every two years per beneficiary
Children's Dental Program—Children's School-Based Dental Program	Children in kindergarten to grade 8 in Whitehorse and children in kindergarten to grade 12 in rural areas where no resident dentist is present.	Basic and major services
Preschool Dental Program	Newborn children to 5 years of age.	
Health Care Insurance Plan	All residents.	In-hospital surgical-dental services

Northwest Territories. In the Northwest Territories, publicly funded dental care programs are managed by the Department of Health and Social Services. In 2015 there were six programs running, which were the Non Insured Health Benefits program, Métis Health Benefits, Extended Health Benefits Seniors Dental Plan, Indigent Health Benefits, and Extended Health Benefits for Cleft Lip and Palate. In 2021, the four new programs added were the Oral Health Professional Program, Community Fluoride Varnish Program, Oral Health Toolkits in Long Term Care, and Oral Health Supplies for all Northwest Territories Residents. These programs generally target prenatal populations, children, adults, Indigenous populations, and residents of long-term care facilities.

Program or Service	Eligibility	Services Covered
Department of Health and Social Services- Non Insured Health Benefits	Registered First Nations and Recognized Inuit.	Emergency, diagnostic, restorative, endodontic, periodontal, prosthodontics, oral surgery, orthodontic services
Métis Health Benefits (MHB)		
Extended Health Benefits (EHB) Seniors Dental Plan	Individuals who are >60yrs and non-Native or Métis.	Emergency, diagnostic, restorative, endodontic, periodontal, prosthodontics, oral surgery services
Indigent Health Benefits (IHB)	Individuals receiving income assistant payments from Education, Culture, and Employment and are not covered under the NIHB program.	Short-term clients are eligible for emergency benefits only Long-term clients are eligible for NIHB coverage
EHB for Cleft Lip and Palate	Individuals who require a hospital stay to receive service.	Various oral surgical and dental procedures.
Oral Health Professional Program	Children, the prenatal population, residents of long term care facilities, and emergencies in adults.	Emergency, preventive, restorative, periodontal, and community health interventions
Community Fluoride Varnish Program	Children.	Fluoride varnish
Oral Health Toolkits in Long Term Care	Resident of an NWT long term care facility.	Long term care: individualized oral health toolkit and individualized oral health care plan determined by an oral health professional.
Oral Health Supplies for all NWT Residents	Resident of the NWT.	4 toothbrushes/year + toothpaste and dental floss freely available to all NWT residents
Oral Health Community Events	Open to the general public in seven communities hosting events.	Oral health promotion and education, oral health supplies, activities and resources, oral health community facilitator training and capacity building.

Table continued ▶

Early Childhood and School Daily Brushing Programs	Program available to all licensed daycares, day homes, and schools in the NWT; participation on a voluntary basis.	Guided daily toothbrushing activity for children, oral health supplies and storage, program guidelines booklet for staff.

Nunavut. Nunavut has six dental public programs running through the Department of Health and consist of the Contracted Dental Services, Dental Therapy Program, Prevention Programs, Seniors Extended Health Benefits, In-Hospital Surgical Dental Services, and Children's Oral Health Project The programs and services include contracted dental services, dental therapy program, the Children's Oral Health Project, and the Seniors Extended Health Benefits Program.

Program or Service	Eligibility	Services Covered
Department of Health and Social Services — Contracted Dental Services	Registered First Nations and Inuit.	Emergency, diagnostic, restorative, endodontic, periodontal, prosthodontic, oral surgery, orthodontic services
Dental Therapy Program	Children and emergencies in adults.	Emergency, preventive, restorative, periodontal, and oral surgery services; community health interventions
Prevention Programs	Everyone.	Oral health education, screening and preventive services provided through Children's Oral Health Project.
Seniors Extended Health Benefits	> 60yrs and not eligible other private or public coverage; $1000 annual max.	Emergency, diagnostic, restorative, endodontic, periodontal, prosthodontic, oral surgery services
In-Hospital Surgical Dental Services	Services requiring the unique capabilities of a hospital for their performance.	Various oral surgical and dental procedures; oral surgeons are brought to Nunavut on a regular basis, but for medically complicated situations, patients are flown south GA services for children up to and including age 12. Services are provided both in Nunavut, and in southern locations.
Children's Oral Health Project	Ages 0–12 years.	Screening, Fluoride Varnish, SDF, sealants, Glass ionomer restorations, extractions, OHI, referrals. In community oral health coordinators provide ongoing surveillance and preventive services, OHI

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