

CDHA Response to the Canadian Dental Association 2026 CDCP Policy Paper

Turning Coverage into Prevention, Access, and Better Oral Health Outcomes

The Canadian Dental Hygienists Association (CDHA) welcomes the Canadian Dental Association's assessment of the Canadian Dental Care Plan (CDCP) and agrees that the program represents a historic investment in improving access to oral health care for Canadians. The evidence presented by CDA, together with CDHA's own national survey of 1,543 practising dental hygienists and independent public opinion research, both held earlier in the year, confirms that the CDCP is expanding access to care and improving oral health outcomes for many Canadians who previously faced significant financial barriers.

CDHA believes the next phase of the CDCP must focus on ensuring that coverage consistently translates into timely, affordable, prevention-focused care. This will require continuing to improve program administration, enhancing preventive services, fully utilizing the dental hygiene workforce through workplace retention initiatives, workforce modelling based on population needs, and strengthening data collection to guide future policy decisions.

The CDCP Is Delivering Meaningful Results

CDHA's findings strongly support the conclusion that the CDCP is improving access to oral health care.

The evidence demonstrates that preventive services are producing meaningful outcomes for Canadians. According to CDHA's national public opinion research conducted by Abacus Data, 92% of CDCP users report that the program has improved their access to oral health care, 73% report accessing services they could not previously obtain, and 84% indicate that their coverage fully or mostly meets their oral health needs.

Importantly, CDHA's national survey demonstrates that the program is reaching individuals who have historically struggled to access care. Dental hygienists reported that 46% of CDCP patients had not received dental hygiene care for more than 5 years, had never received care before

joining the program, or had not received care at all. Only 43% were regular patients of record receiving routine care within two years.

Dental hygienists also reported significant growth in access to care as a result of the program, with 79% indicating that CDCP participation increased their patient base.

These findings demonstrate that the CDCP is not merely expanding insurance coverage. It is successfully connecting previously underserved Canadians with oral health care services.

Prevention Must Be the Next Priority

While expanded access is a major achievement, CDHA believes the CDCP's long-term success will depend on maintaining a strong focus on prevention.

Frontline dental hygienists consistently identified insufficient preventive coverage as one of the most significant barriers to optimal oral health outcomes. Open-ended responses repeatedly called for an increase in the number of scaling units and expanded preventive benefits.

The most common recommendation from CDHA's national survey was to increase the number of scaling units and expand preventive coverage. Dental hygienists also reported that requests for additional scaling units were frequently unsuccessful, with 45.5% indicating these requests were denied.

CDHA recommends that the CDCP explicitly support and adequately fund:

- Dental hygiene examinations and reassessments, as distinct from the annual examination limits applied to CDCP patients (same policy for dental specialists and denturists). The examinations are instrumental in identifying oral disease, assessing risk factors, establishing dental hygiene care plans, and facilitating timely referral to other healthcare professionals, when required;
- Personalized oral health education and behaviour-change counselling to help patients understand the relationship between oral health and overall health and empower them to make informed decisions about their care. This includes tobacco cessation, nutrition, xerostomia, diabetes-related oral health counselling, and other chronic disease-related interventions, all of which are key to supporting healthy oral and overall health outcomes.

- Periodontal disease prevention, treatment, and maintenance services based on patients' needs and findings, which help reduce disease progression and preserve oral function throughout life; and
- Prevention as a central component of program evolution.

Investments in prevention support better oral health outcomes, reduce treatment costs and complexity, reduce future treatment needs, and improve overall health and quality of life.

Administrative Burden Continues to Affect Care Delivery

CDHA's findings strongly support CDA's concerns regarding administrative complexity.

Sixty-five percent of dental hygienists surveyed rated administrative preauthorization requirements as "very demanding or somewhat demanding," while claims and preauthorization requirements were consistently cited as major operational challenges.

Among respondents:

- 45.2% reported that claims submission requirements were somewhat or very demanding.
- 46.8% reported that preauthorization processes were very demanding.
- Administrative burden was the most frequently cited challenge in open-ended responses.

Dental hygienists overwhelmingly reported that reducing documentation requirements and streamlining preauthorization would improve the program and allow providers to devote more time to delivering patient care.

CDHA recommends continued collaboration among Health Canada, Sun Life, and oral health organizations to reduce administrative complexity and improve efficiency for both providers and patients.

Improve Communication and Patient Understanding

Patient confusion continues to be a significant challenge.

According to CDHA's survey, patients most frequently raised concerns about:

- Limited coverage (82.6%).

- The belief that dental care would be completely free (76.0%).
- Out-of-pocket costs (66.9%).
- Confusion regarding eligibility (55%).
- Confusion regarding annual renewal requirements (54.9%).

Similarly, CDA's analysis found that patient expectations regarding cost and coverage often do not align with how the program operates in practice.

CDHA recommends enhanced public education and clearer communications regarding:

- Covered services.
- Patient co-payments.
- Allowance for balance billing by oral health professionals.
- Annual renewal requirements.
- Preauthorization requirements for additional services.
- Coverage limitations and exclusions.

Improved communication would reduce confusion at the point of care and strengthen patient confidence in the program.

Maximizing the Contribution of Dental Hygienists

CDHA believes that improving access to oral health care requires full utilization of Canada's dental hygiene workforce.

Dental hygienists deliver care in traditional dental offices, independent dental hygiene practices (including mobile services), community clinics, public health centres, hospitals, educational settings, long-term care environments, and other underserved settings. CDHA's survey found that providers across these settings are successfully serving CDCP patients and helping meet increasing demand.

Importantly, only 6.4% of respondents reported declining CDCP patients due to workforce capacity constraints. The overwhelming majority reported being able to accommodate patients seeking care through the program.

While workforce challenges do exist in some regions and practice environments, CDHA believes future workforce planning should consider:

- Provider distribution.

- Retention and workplace conditions.
- Maximizing scope-of-practice.
- Educational capacity.
- Regional differences in demand and needs.
- Evidence-based workforce forecasting.
- Transparent and comprehensive CDCP utilization data.

Solutions should focus on optimizing the contribution of all oral health professionals while ensuring high standards of care and public protection.

Measuring Success Through Outcomes

CDHA agrees with CDA that future evaluation of the CDCP should focus on outcomes rather than enrolment alone.

The program should be assessed based on:

- Improvements in oral health outcomes.
- Access to preventive services.
- Reduction in unmet oral health needs.
- Equity of access across populations and regions.
- Affordability of care.
- Patient experience and satisfaction.

CDHA supports enhanced oral health data collection, ongoing public reporting, and the development of a comprehensive pan-Canadian oral health workforce planning framework.

Conclusion

CDHA supports the continued evolution of the Canadian Dental Care Plan as an essential component of Canada's oral health system.

The evidence is clear: the CDCP is improving access to care, particularly for Canadians who previously faced financial barriers. Frontline dental hygienists report meaningful improvements in patient access, oral health outcomes, and affordability, while also identifying opportunities to strengthen the program by enhancing prevention, improving communication, simplifying administration, and implementing evidence-based workforce planning.

As the program enters its next phase, CDHA is committed to working collaboratively with governments, oral health stakeholders, and patients to ensure the CDCP remains focused on what matters most: improving oral health, supporting prevention, and helping all Canadians access the care they need to achieve optimal health and well-being.