

Executive Summary



The Canadian Dental Care Plan (CDCP) marks a historic shift in Canadian health policy. For the first time, the federal government has extended dental coverage on a national scale to millions of people who lack private insurance, and for whom cost has long been the fundamental barrier to care. The program is large, ambitious, and already consequential: for the 2025–2026 benefit year (as of June 30, 2026) over 6.5 million patients have enrolled, close to four million have received care, and thousands of oral health providers are taking part. This is a generational achievement, and its gains for patients are worth protecting. The CDCP's purpose is straightforward and important: to help ensure that income and insurance status do not determine whether a person living in Canada can see an oral health professional when they need one.



6.5M+

Patients Enrolled



3.9M+

Have received care



28,600+

Providers taking part

**Stats are for the 2025–2026 benefit year.*

CDA has long advocated for enhanced access to oral health care for people living in Canada. Together with the provincial and territorial dental associations, we have engaged with the government throughout the program's design stages to provide advice and recommendations. CDA's aim is to help ensure the program delivers for the patients who depend on it and for the dental teams who provide care under it.

This paper is CDA's first comprehensive assessment of the CDCP as it operates today. It builds on CDA's 2023 policy paper, *Bridging the Financial Gap in Dental Care*, which set out how a federally funded program should work for patients. Now, we measure progress towards those recommendations, then examine, issue by issue, where it delivers and where barriers still exist for patients. From this assessment, the

paper puts forward a comprehensive set of recommendations to strengthen the program for patients. These are summarized at the end of this Executive Summary, and set out in full in the paper’s final section. The evidence base is broad, drawing together the experiences of patients, dentists, and dental organizations.

The Evidence Base at a Glance

 3,000 Canadians Source: National public survey, including CDCP patients (Abacus, for CDA, 2026)	 1,000 Employers Source: Employer survey (Abacus, 2026)	 1,081 Dentists Source: Dentist survey, nationwide (CDA, Apr-May 2026)
 2023 Policy Scorecard Source: Current program vs. CDA’s 2023 recommendations	 Stakeholder Consultations Source: Provincial and territorial dental associations	 Oral Health Data Source: Health Canada CDCP data, Statistics Canada

Main Findings

One of the central findings of this paper is that the CDCP is delivering value that extends well beyond coverage itself. Beyond expanding access to care, patients report a strongly positive experience, and the program enjoys broad public support. Most enrolled patients (88%) describe a positive experience and say their care is more affordable (75%). Many report better oral health since enrolling, and most Canadians (64%) support the program. The CDCP has also elevated oral health as a national priority and has avoided much of the delay and expense that building a separate public delivery system would have required, relying instead on Canada’s existing network of dental offices, an approach that supports patients’ choice of provider.

One of the program’s strongest foundations is provider participation. Early in implementation, dentist participation was uncertain. Today it is broad, and that change has been essential to turning coverage into care. The shift did not happen by chance. It followed important design changes informed by advocacy from the CDA and provincial and territorial dental associations. These changes included a claim-by-claim participation pathway for providers, simplified terms and conditions, fast claims processing and reimbursement, among others. They are part of what makes the program workable for dental offices and accessible for patients, and maintaining them is essential to preserving the access the program has achieved.

However, the program’s remaining challenges are significant, and each ultimately affects patients’ access to care. The paper’s central caution is that coverage has not consistently translated into affordable care and there is a gap between expectations and reality for patients. Even with the program’s help, 37% of enrolled patients still report financial barriers, and many who expected full coverage are surprised by

out-of-pocket costs, largely because CDCP fees were set below the true cost of delivering dental care. Confusion about coverage, exclusions, and out-of-pocket payments for patients exist, and dental offices have often been left to explain the program appointment by appointment.

Other barriers are more structural. Preauthorization remains one of the most significant sources of frustration for dentists and patients, with high denial rates, limited transparency, and unclear explanations when treatment is not approved. Limitations on covered procedures can leave patients without recommended care, particularly those with complex needs, those requiring specialized care, and those who would benefit from a stronger focus on prevention. Administrative burden, workforce constraints, non-financial barriers, gaps in oral health data, and the long-term risk of erosion in employer-sponsored dental benefits all pose challenges to the program's ability to deliver durable, equitable access in the long term.



88%

Of CDCP patients
report a positive
experience.



64%

Of Canadians
support the
program.



37%

Of CDCP patients still
report financial
barriers.



50%

Of complete
preauthorization
requests are denied.

This paper argues that the CDCP has built a strong foundation for increasing access to care we must now safeguard. Fortifying this base should be the focus of the next steps. The CDCP stands as a monumental investment in Canada's oral health system. The task now is to ensure that coverage seamlessly translates into accessible, equitable, timely, clinically suitable, and affordable care. The program's long-term viability for the patients, providers, and systems it supports must be maintained.

Areas of Progress

How the CDCP is Improving Access for Patients

A New National Focus On Oral Health

82%

Of Canadians are aware of the CDCP

Oral health now sits on the national health agenda, recognized as essential to overall health.

Improved Access to Oral Health Care

3.9M

Patients received care in 2025-26

The single largest investment in oral health in Canada’s history has expanded access to oral health care. Fewer lack dental insurance, and many say their oral health is now better.

Delivering Positive Patient Experiences

88%

Of patients report a positive experience

Patients rate the program effective and patient-friendly, and many say it exceeded their expectations.

Strong Public Support

64%

Of Canadians support the CDCP

Support spans the public and, increasingly, the dental profession.

Leveraging the Existing Delivery Model

16,000+

Private dental offices deliver CDCP care

Delivering care through Canada’s established network of dental offices preserves patient choice and continuity.

Strong and Growing Dentist Participation

90%+

Of dentists now participate in the CDCP

Increased support for the program achieved through design changes that dental associations advocated for.

Co-Ordination With Public Dental Programs

43% **Of dentists see patients co-ordinating benefits**

CDCP is first payer in most jurisdictions, and co-ordination allows provincial dental programs to cover eligible costs not covered by the CDCP, helping reduce out-of-pocket expenses for vulnerable patients.

Areas of Concern

Barriers and Risks for Patient Access

Financial Barriers Persist for Patients

37%

Still face financial barriers, even with CDCP

Reimbursement rates set below the cost of delivering care leave part of the bill with patients. Closing that gap leads to more accessible and affordable care for patients.

Is the CDCP Reaching Those It Was Designed To Serve?

50%

Of eligible individuals regularly visited a dentist before the CDCP

Most eligible individuals were already receiving care, and reliance on tax filing excludes some of the most vulnerable by design.

Administrative Burden Affecting Patient Care

57%

Of dentists rate CDCP administration as burdensome

Every hour spent on program administration is an hour not spent on care. Sustained friction puts provider participation, and patient access, at risk.

Preauthorization as a Barrier to Care

50%

Of complete preauthorization requests are denied

Denials act as a barrier to recommended treatment, and the CDCP often does not give sufficient explanation to justify a denial.

Coverage Limitations and Gaps

Only 17%

Of dentists say most recommended care is covered

Preventative and specialized care are lacking for patients with higher needs, leaving some to pay out of pocket or go without recommended treatment.

Updates to CDCP Fees Lag Behind the Cost of Delivering Care

2x

Practice costs are rising at nearly double the rate of general inflation

Fee updates are more closely tied to general inflation while the costs of delivering care climb faster. This widening gap shifts more of the bill to patients each year.

Long-Term Risks to Employer and Private Plans

35%

Of employers say they may reduce coverage because of the CDCP

If workplace plans erode, Canadians could lose coverage they already have and shift to the public program, straining its capacity to serve those it was designed for.

Non-Financial Barriers Left Unaddressed

\$250M

Oral Health Access Fund reduced

The fund built to tackle geographic, mobility, outreach and awareness barriers was pulled back, leaving the hardest-to-reach patients without targeted support.

Oral Health Data Gaps

0

Dedicated oral health surveys still in operation.

Two surveys built to measure the CDCP's impact were discontinued after only one cycle. Without recurring data, changes in the oral health landscape cannot be tracked.

Program Evaluation Gaps

\$13B

In federal investment over five years, with no public framework to evaluate it

Neither program data nor a formal program evaluation plan has been made public. Without publicly available information, it is challenging to measure the program’s impact.

Workforce Challenges and Capacity Constraints

7,200

Vacancies among dental hygienists and dental assistants

Staffing challenges restrict how many new patients dental offices can take, especially in rural and remote communities.

Patient Confusion and Program Complexity

59%

Of patients expected their care to be completely free

Expectation gaps surface at the dental chair, where offices are left explaining the program. Confusion also deters some patients from using the coverage they have.

Impact on Dental Education and Training

At risk The clinical training that future dentists need

As patients shift to private clinics, teaching clinics lose the case volume students need to graduate ready to practice.

Recommendations at a Glance

The CDCP is a monumental investment in Canada's oral health system and in improving access to care for patients. Building on this progress, CDA makes over 30 recommendations in this paper to help ensure the program remains sustainable and continues to improve access to care and oral health outcomes for patients. The recommendations on this page have been shortened and grouped for readability. The full recommendations are presented throughout the paper and compiled in the final section.

01 Patient Care



Align coverage with oral health needs. Adapt the basket of covered services, address coverage limitations, improve preventative and specialized care, and provide sustainable funding to protect long-term patient access.



Communicate clearly with patients. Improve communications, such as letters and government ads, and direct outreach to set clear expectations about coverage. Give patients and dentists advance notice of program policy changes.

02 Program Design



Cover cost of care for patients. Align CDCP fees with the real cost of delivering care to reduce costs for patients, tie annual CDCP fee increases to provincial and territorial fee guide updates and actual cost drivers (staffing, supplies, rent), and assess if the co-payment requirement is deterring care.



Reduce preauthorization barriers. Provide clear explanations for denied requests, share information on clinical criteria, streamline preauthorization systems, and invest in provider education.



Reduce administrative burden. Strengthen the administrator's contact centre with consistent training, continue providing dental offices with ready-to-use patient resources, simplify eligibility renewal and protect continuity of coverage for patients, improve the CDCP claims and verification process, and align CDCP treatment codes with the annual Uniform System of Coding and List of Services (USC&LS) cycle.



Keep coverage complementary. Work with provinces and territories to ensure the CDCP neither displaces nor delays modernization of other public dental programs while monitoring employer dental benefits, and using education and incentives to encourage employers not to drop coverage.

03 Oral Health Strategy



Reach who the program is missing. Commission an independent evaluation of CDCP targeting effectiveness, review eligibility and co-payment design for equity gaps, and reestablish the Oral Health Access Fund alongside a federal oral health equity strategy to tackle non-financial barriers and social determinants of oral health.



Address oral health workforce challenges. Fund a pan-Canadian workforce data modelling tool, work with provinces and territories on workforce planning, and make dental assisting eligible for key federal programs (loan forgiveness, the PGWP, Canada Student Grant).



Protect dental student training. Convene federal, provincial and territorial ministers on a sustainable funding and workforce models for teaching clinics, so future dentists train on the cases patients will rely on.



Evaluate and report on the program. Publish regular, disaggregated CDCP data, implement a periodic public review focused on oral health outcomes and long-term sustainability.



Rebuild oral health data. Restore national oral health surveys (COHS and SOHCP), include oral health in the Canadian Health Measures Survey every five years, and improve access to data with privacy safeguards.