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Medicaid-Covered Dental Visits during and after Pregnancy

Analysis of Medicaid Claims Data from 45 States

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Oral health is a vital component of overall health, including during and after pregnancy. The American College of Obstetricians and Gynecologists and the American Dental Association both recommend that pregnant and postpartum women receive routine dental care, since hormonal and behavioral changes during this time increase the risk of dental problems, including periodontal disease and cavities.[1] Over 40 percent of all births in the United States are covered by Medicaid and the Children's Health Insurance Program (CHIP), and nearly all states have recently extended pregnancy-related Medicaid coverage to last through one year after childbirth.[2] However, evidence is limited on how often Medicaid/CHIP enrollees receive dental care during and after pregnancy and how receipt of dental care during this time varies by age, state, and extent of Medicaid dental coverage. Understanding patterns of dental care receipt among Medicaid/CHIP enrollees can inform policies aimed at improving access to dental care and oral health during and after pregnancy.

The receipt of dental care during the perinatal period—which includes pregnancy through one year postpartum—likely differs among Medicaid/CHIP enrollees, both across and within states, for several reasons. First, while all state Medicaid programs must cover dental services for enrollees younger than 21 (regardless of eligibility pathway), the extent of Medicaid coverage for adult dental services is optional in Medicaid, varies across states, and can differ for pregnancy and nonpregnancy Medicaid eligibility within a state.[3] Second, even for enrollees in states with full dental coverage, access to dental

care is limited in many places because of an inadequate number of dentists accepting Medicaid (Fingar et al. 2015). Third, systemic barriers to accessing health care in general, such as lack of transportation or discrimination by medical providers, may put some enrollees at increased risk of forgoing dental care (Gonzalez et al. 2021; Smith et al. 2023). Without access to dental office visits, individuals may end up requiring costly emergency department (ED) visits to relieve dental-related emergencies and pain (Owens, Manski, and Weiss 2025).

Prior studies on receipt of dental care among Medicaid/CHIP enrollees have documented higher dental visit rates, lower dental ED visit rates, and better oral health among enrollees in states with extensive coverage of dental benefits compared with states with less extensive coverage (Abdus and Decker 2019; Decker and Lipton 2015; Elani, Kawachi, and Sommers 2020; Lipton et al. 2022; Singhal et al. 2015). For pregnant Medicaid/CHIP enrollees specifically, evidence from survey data suggests between 35 and 40 percent of enrollees visit the dentist during pregnancy and has shown a positive association between the extent of dental coverage and dental visits (Kranz and Estrada-Darley 2022; Lee, Marsteller, and Wenzel 2021; Naavaal and Harless 2022). Evidence on receipt of dental care during the postpartum year is more limited (Byrappagari et al. 2024; Herndon et al. 2024). Analysis of 2021–22 survey data from six states found that approximately 25 percent of Medicaid enrollees used dental care during the postpartum year (Daw et al. 2023). Few multi-state estimates on receipt of dental care during the perinatal period have been derived from administrative data (Byrappagari et al. 2024; Herndon et al. 2024). Considering overall health care use, a prior study that used Medicaid claims from 45 states found that outpatient visit rates during the postpartum year varied widely by state (Smith et al. 2025). However, this study did not examine dental care visits.

In this analysis, we provide new evidence on rates of Medicaid-covered dental office visits and dental-related ED visits during the perinatal period. We use 2018–19 Medicaid/CHIP claims and encounter data representing over 200,000 Medicaid/CHIP postpartum enrollees from 45 states and the District of Columbia (DC).[4] We document variation in receipt of dental care during the perinatal period according to enrollee age, state of residence, extent of Medicaid coverage of dental services, and state Medicaid expansion status.

We found that among enrollees with continuous Medicaid/CHIP coverage who gave birth in the last quarter of 2018:

- Approximately 38.5 percent had at least one Medicaid-covered dental office visit during the perinatal period, including 20.7 percent of enrollees during pregnancy, 8.4 percent during the first 60 days postpartum, and 25.2 percent between 61 and 365 days postpartum.
- Approximately 3.5 percent had at least one Medicaid-covered dental ED visit during the perinatal period.
- Enrollees younger than 21, for whom dental coverage is mandatory in all states, were significantly more likely to have a dental office visit during the perinatal period compared with

enrollees 21 or older. For example, 45.7 percent of enrollees younger than 21 had a dental visit during the perinatal period compared with 37.2 percent of enrollees age 21 or older.

- The share of enrollees with a dental office visit during the perinatal period varied significantly across states.
- Enrollees living in expansion states had significantly higher rates of dental office visits compared with enrollees living in nonexpansion states. For example, 39.4 percent of enrollees ages 21 or older in expansion states had at least one dental visit during the perinatal period compared with 28.7 percent in nonexpansion states.
- Rates of dental office visits during the perinatal period among enrollees age 21 or older were strongly associated with the extent of Medicaid adult dental coverage. For example, between 61 and 365 days postpartum, 27.5 percent of enrollees with full dental coverage had a dental visit compared with 12.5 percent of enrollees with emergency-only coverage and less than 0.4 percent of enrollees with no dental coverage. This pattern held when stratifying by expansion status and adjusting for state of residence, age, eligibility pathway, and rurality.

Methods

We used 2018–19 Medicaid claims and encounter data from the Centers for Medicare and Medicaid Services Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) data from 45 states and DC. We excluded Florida, Massachusetts, Minnesota, New Jersey, and Rhode Island because of concerns regarding the quality of their outpatient TAF data.[5]

The study population included 228,589 enrollees with a Medicaid/CHIP-covered live birth in September to December 2018 who were continuously enrolled in full-benefit Medicaid/CHIP (and not dually enrolled in Medicare) from six months before childbirth through one year following childbirth. We focus on women who are continuously enrolled during the perinatal period because we cannot observe service use outside of Medicaid. Approximately 59.1 percent of enrollees in expansion states and 24.7 percent of enrollees in nonexpansion states who gave birth from September to December 2018 had continuous, full-benefit, nondual coverage during the perinatal period (data not shown). See appendix table A.1 for details on the identification of the study population.

We constructed two measures of dental care use: dental office visits and dental-related ED visits. To identify dental office visits, we followed specifications from the Dental Quality Alliance's "utilization of dental services during pregnancy" measure (a measure which was also added to the 2025 Core Set of Adult Health Care Quality Measures for Medicaid).[6] To identify dental-related ED visits, we identified ED visits with a primary or secondary diagnosis code indicating a dental-related condition, following prior literature (Owens, Manski, and Weiss 2025). Additional details on the construction of these measures are available upon request. Although we primarily focus on the shares of enrollees with one or

more visits, we also construct an outcome counting the number of visits during the perinatal period and examine the share of enrollees with two or more visits during this time, since we are examining a 21-month period where enrollees could need multiple visits.

We examined the shares of enrollees with dental office visits and dental-related ED visits across the full perinatal period as well as separately during pregnancy, the first 60 days postpartum, and days 61 to 365 postpartum. We differentiate between the first 60 days and 61 to 365 days postpartum since pregnancy coverage in Medicaid has historically ended 60 days postpartum. However, recent postpartum coverage extensions have extended coverage to last through one year postpartum in most states.[7]

We defined state Medicaid expansion status as of January 2018 and enrollee age as of the date of delivery. We defined the extent of Medicaid coverage for dental services according to enrollee age and eligibility pathway, as state coverage of dental services varies by these characteristics.[8] We classified the extent of coverage into three categories: full, emergency-only, and none. Full dental coverage means that both preventive and emergency dental services are covered by Medicaid,[9] while emergency-only dental coverage includes coverage of "extractions and treatment necessary to relieve pain and eliminate infection" only.[10] All states must provide full coverage of dental services for Medicaid enrollees younger than 21, regardless of eligibility pathway.[11] However, adult (ages 21 and older) Medicaid coverage of dental services is optional, for both pregnancy and nonpregnancy Medicaid eligibility pathways.[12] For example, as of 2019, for enrollees ages 21 and older with pregnancy Medicaid eligibility, 37 states had full dental coverage, seven states had emergency-only coverage, and two states had no dental coverage.[13]

We assessed the shares of enrollees with dental office visits and dental-related ED visits by age, state Medicaid expansion status, and the extent of Medicaid dental coverage, using two-tailed t-tests to compare across groups. We also estimated a series of regression models to assess variation in visit receipt, adjusting for observable characteristics including state, age, eligibility pathway, and rurality. We defined rurality according to urban-rural commuting codes associated with the ZIP code of residence in 2018.[14]

Our study has several limitations. First, we did not observe dental visits that Medicaid did not cover. To address this, we limited our sample to those with continuous coverage. However, this sample may not represent the broader Medicaid population in the perinatal period. Additionally, enrollees may have other dental coverage that we cannot observe or may be paying for dental care out of pocket. Second, we used data from 2018 to 2019 because it is the most recent data not affected by the COVID-19 pandemic and the Medicaid continuous coverage requirement enacted during the public health emergency. However, this period may not be indicative of current patterns within Medicaid. Finally, we excluded five states because of data quality concerns (see appendix table A.1).

Findings

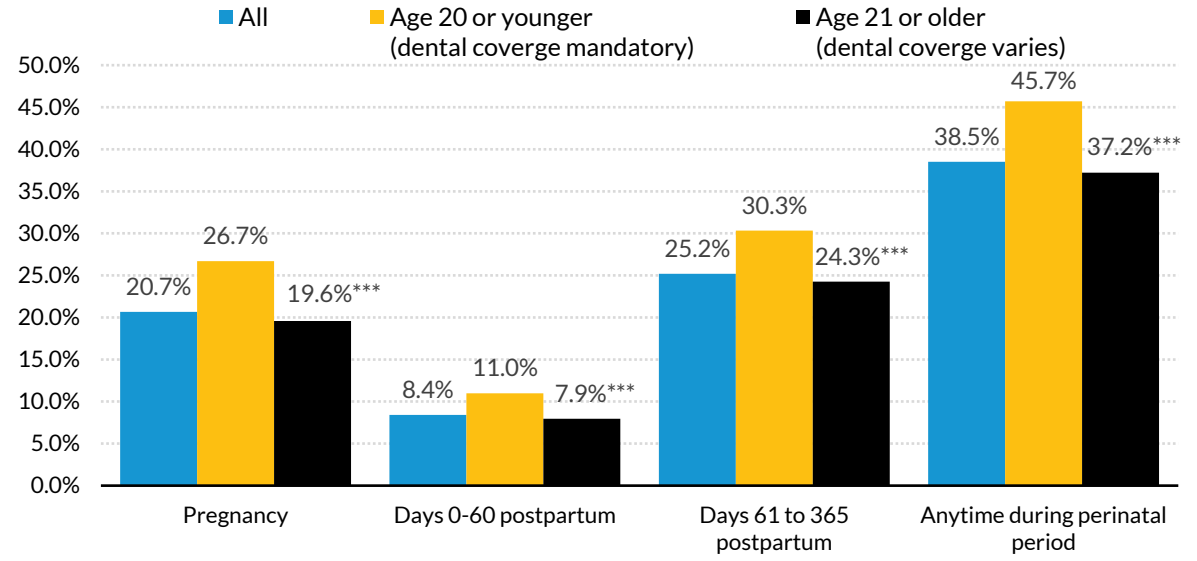
Figure 1 shows the shares of enrollees with a Medicaid/CHIP-covered dental office visit and dental-related ED visit during the perinatal period, overall and by age (here and for the remainder of the findings section, "enrollees" refers to enrollees who were continuously covered by Medicaid during the perinatal period, as described in the methods section above). Approximately 38.5 percent of enrollees had at least one dental office visit during the perinatal period (13.3 percent had just one visit, while 25.2 percent had two or more visits; data not shown). Approximately 20.7 percent of enrollees had a visit during pregnancy, 8.4 percent had one during the first 60 days postpartum, and 25.2 percent had one between 61 and 365 days postpartum. Approximately 3.5 percent of enrollees had a dental ED visit at any time during the perinatal period, including 1.5 percent during pregnancy, 0.4 percent during the first 60 days postpartum, and 1.9 percent between 61 and 365 days postpartum.

Enrollees younger than 21, for whom dental coverage is mandatory, have significantly higher rates of dental visits compared with enrollees ages 21 or older, for whom dental coverage depends on their state's policy. For example, 45.7 percent of enrollees younger than 21 had a dental visit during the perinatal period compared with 37.2 percent of enrollees ages 21 or older. Additionally, enrollees younger than 21 were significantly less likely to have a dental-related ED visit during the perinatal period. Approximately 2.1 percent of enrollees younger than 21 had a dental-related ED visit during the perinatal period compared with 3.7 percent of enrollees ages 21 or older.

FIGURE 1

Dental Office Visits and Dental-Related ED Visits during the Perinatal Period among Continuously Covered Medicaid/CHIP Enrollees, by Age, 2018–19

Panel A: Share with dental office visit



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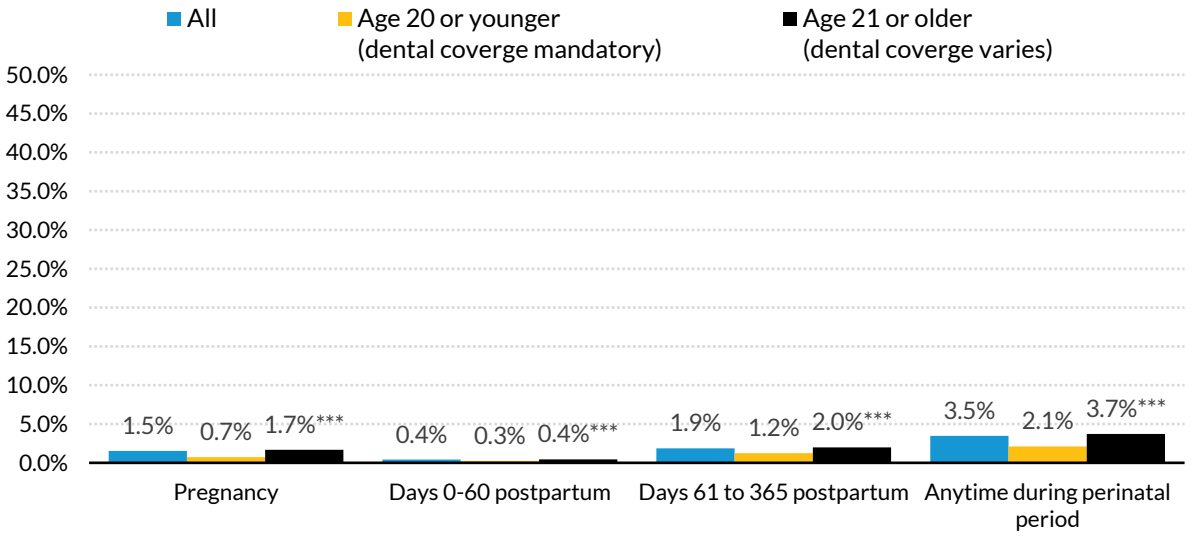
Panel B: Share with dental-related ED visit



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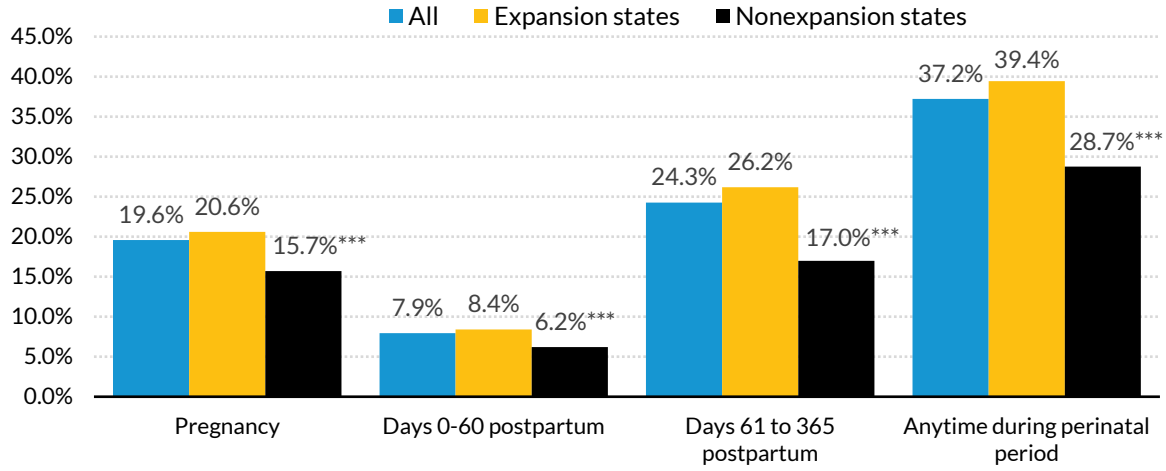
Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states plus DC.
Notes: ED = emergency department; CHIP = Children's Health Insurance Program. The perinatal period includes pregnancy through 365 days postpartum. Sample includes enrollees with Medicaid-covered live birth in September to December 2018 and continuous coverage during six months leading up to birth through 365 days postpartum (see methods and appendix for details). */**/*** Estimate differs significantly from enrollees age 20 or younger at the 0.10/0.05/0.01 level, using two-tailed tests.

Figure 2 shows the shares of enrollees ages 21 or older who had a dental office or dental-related ED visit by state Medicaid expansion status. Across the perinatal period, enrollees living in expansion states had significantly higher rates of dental office visits compared with enrollees living in nonexpansion states (for example, 39.4 percent versus 28.7 percent, respectively, for a visit anytime during the perinatal period) and lower rates of dental-related ED visits compared with enrollees living in nonexpansion states (for example, 3.3 percent versus 5.4 percent, respectively, for a visit anytime during pregnancy to one year postpartum).

FIGURE 2

Dental Office Visits and Dental-Related ED Visits during the Perinatal Period among Continuously Covered Medicaid/CHIP Enrollees Ages 21 and Older, by State Medicaid Expansion Status, 2018–19

Panel A: Share with dental office visit



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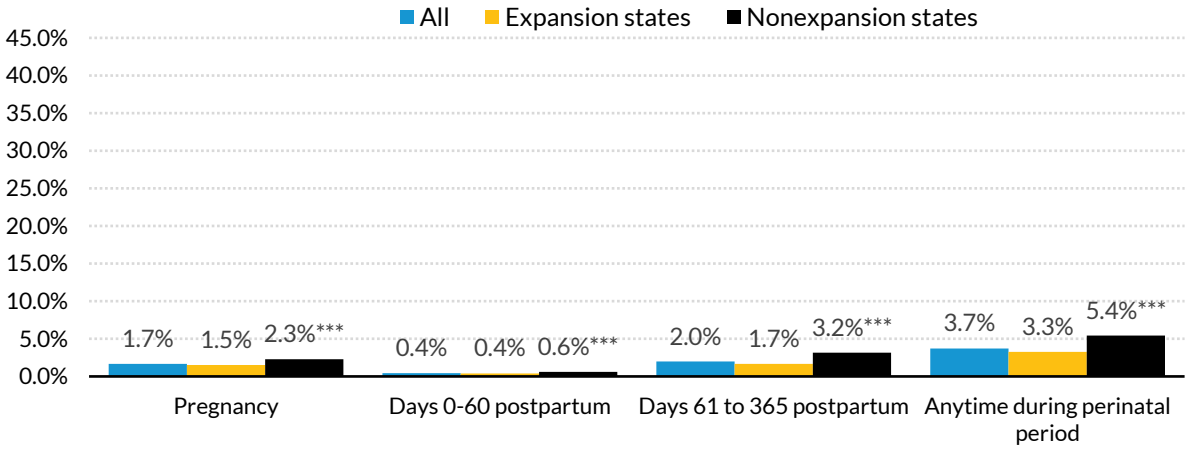
Panel B: Share with dental ED visit



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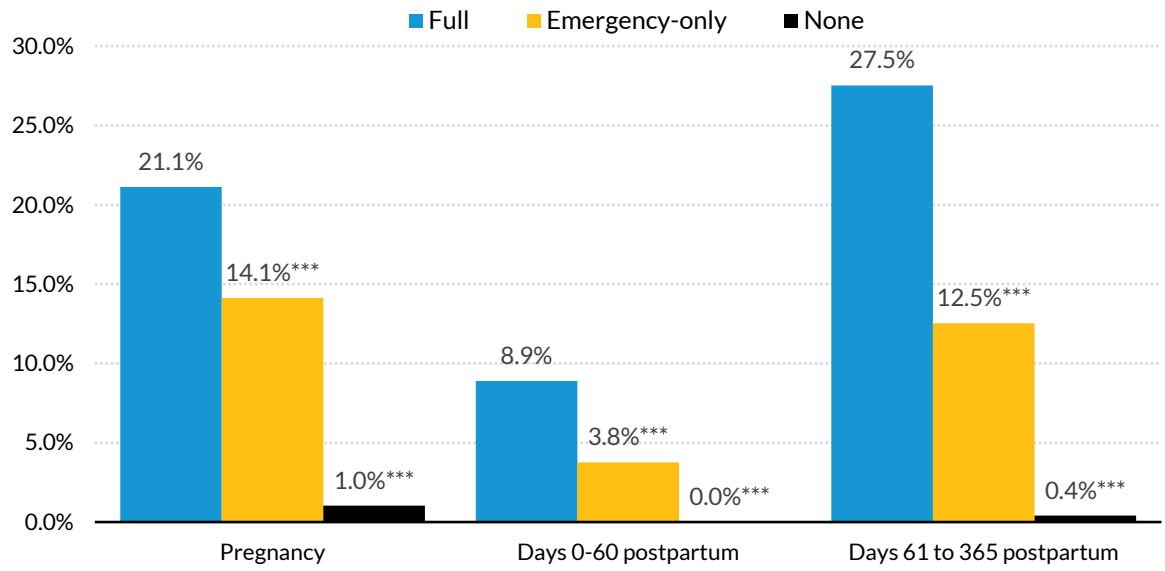
Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states plus DC.

Notes: ED = emergency department; CHIP = Children's Health Insurance Program. The perinatal period includes pregnancy through 365 days postpartum. Sample includes enrollees with Medicaid-covered live birth in September to December 2018 and continuous coverage during six months leading up to birth through 365 days postpartum (see methods and appendix for details). */**/*** Estimate differs significantly from expansion states at the 0.10/0.05/0.01 level, using two-tailed tests.

Figure 3 shows the share of enrollees ages 21 or older who had a dental office visit or dental-related ED visit by the extent of Medicaid dental coverage. The shares of enrollees with dental office visits during the perinatal period were significantly correlated with the extent of dental coverage. For example, during pregnancy, 21.1 percent of enrollees with full dental coverage had a dental visit compared with 14.1 percent of enrollees with emergency-only dental coverage. Between 61 and 365 days following childbirth, 27.5 percent of enrollees with full dental coverage had a dental visit compared with 12.5 percent of enrollees with emergency-only coverage and less than 0.4 percent with no dental coverage. These patterns were similar when stratified by expansion status (data not shown). Dental ED visit rates during all three periods were significantly higher among enrollees with no dental coverage compared with those with full coverage (appendix figure A.1).

FIGURE 3

Dental Office Visits and Dental-Related Emergency Department Visits during the Perinatal Period among Continuously Covered Medicaid/CHIP Enrollees Ages 21 and Older, by Extent of Medicaid Coverage of Dental Services, 2018–19



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Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states plus DC.
Notes: CHIP = Children's Health Insurance Program. The perinatal period includes pregnancy through 365 days postpartum. Sample includes enrollees with Medicaid-covered live birth in September to December 2018 and continuous coverage during six months leading up to birth through 365 days postpartum (see methods and appendix for details). The extent of Medicaid dental coverage is based on states' coverage of dental services by eligibility pathway (see methods for details). Emergency-only dental coverage refers to coverage of "extractions and treatment necessary to relieve pain and eliminate infection" only. Full dental

coverage covers preventive and emergency dental services. See "Coverage Brief: Improving Access to Oral Health Care in Pregnancy," Children's Dental Health Project, November 2019.
*/**/*** Estimate differs significantly from states with full dental coverage at the 0.10/0.05/0.01 level, using two-tailed tests.

Table 1 shows state variation in the share of enrollees with a dental office visit during the perinatal period. We present these shares separately for enrollees ages 21 and older and younger than 21 since coverage of dental care is optional for enrollees 21 and older. We also present shares separately for pregnancy and the first 60 days postpartum versus the later postpartum period since the extent of coverage can differ during these time periods. Dental office visit rates varied considerably across states for both age groups and time periods. For example, the share of enrollees ages 21 and older with a dental office visit between days 61 and 365 postpartum ranges from less than 1 percent in Alabama (which has no coverage for adults) to 44.4 percent in Vermont, and the share of enrollees younger than 21 with a dental office visit during this time ranges from 9.9 percent in Virginia to 45.2 percent in Montana. Among states with full coverage, the state's 21-and-older dental visit rate is correlated with its 20-and-younger visit rate.

TABLE 1

Dental Office Visits during the Perinatal Period among Continuously Covered Medicaid/CHIP Enrollees, by State, 2018–19

	Pregnancy to 60 Days Postpartum		61 to 365 Days Postpartum			
	Age 20 or younger (mandatory full coverage)	Age 21 or older (optional coverage)	Age 20 or younger (mandatory full coverage)	Age 21 or older (optional coverage)	Dental coverage for adults, pregnancy pathway	Dental coverage for adults, non-pregnancy pathway
All expansion states	**31.1%**	**25.2%**	**30.3%**	**26.2%**		
Alaska	39.6%	38.6%	38.6%	32.6%	Emergency	Full
Arizona	25.5%	5.3%	24.0%	5.6%	Emergency	Emergency
Arkansas	27.8%	21.3%	31.2%	21.3%	Full	Full
California	23.0%	16.9%	26.5%	21.7%	Full	Full
Colorado	36.5%	25.7%	41.6%	30.8%	Full	Full
Connecticut	54.0%	41.1%	43.5%	42.4%	Full	Full
Delaware	28.3%	2.5%	29.2%	2.2%	Full	None
District of Columbia	45.6%	39.5%	40.8%	41.1%	Full	Full
Hawaii	33.1%	9.6%	30.9%	9.8%	Full	Emergency
Illinois	26.8%	21.6%	25.2%	25.7%	Full	Full
Indiana	28.5%	30.2%	10.3%	8.4%	Full	Full
Iowa	44.6%	38.6%	30.6%	36.1%	Full	Full
Kentucky	29.5%	25.9%	30.2%	26.0%	Full	Full
Louisiana	30.0%	17.6%	28.8%	21.0%	Full	Full
Maryland	45.0%	37.0%	35.5%	18.7%	Full	Emergency
Michigan	32.0%	27.2%	29.9%	27.4%	Full	Full
Montana	52.1%	39.8%	45.2%	40.1%	Full	Full
Nevada	21.5%	17.3%	29.3%	19.8%	Full	Emergency
New Hampshire	^	8.7%	^	11.5%	Emergency	Emergency
New Mexico	35.3%	27.5%	35.7%	29.4%	Full	Full

	Pregnancy to 60 Days Postpartum		61 to 365 Days Postpartum			
	Age 20 or younger (mandatory full coverage)	Age 21 or older (optional coverage)	Age 20 or younger (mandatory full coverage)	Age 21 or older (optional coverage)	Dental coverage for adults, pregnancy pathway	Dental coverage for adults, non-pregnancy pathway
New York	31.7%	32.3%	33.9%	36.8%	Full	Full
North Dakota[a]	^	18.9%	^	14.4%	Full	Full/none
Ohio	29.8%	30.4%	33.4%	34.1%	Full	Full
Oregon	39.0%	41.2%	37.4%	38.6%	Full	Full
Pennsylvania	41.6%	32.1%	40.8%	32.9%	Full	Full
Vermont	^	52.8%	^	44.4%	Full	Full
Washington	44.1%	35.2%	37.4%	30.7%	Full	Full
West Virginia	30.7%	9.3%	22.8%	7.1%	Full	Emergency
All nonexpansion states	**32.5%**	**19.1%**	**30.5%**	**17.0%**		
Alabama	21.8%	0.3%	14.8%	0.1%	None	None
Georgia	26.1%	20.4%	24.0%	18.9%	Emergency	Emergency
Idaho	33.8%	26.6%	34.5%	28.4%	Full	Full
Kansas	31.3%	25.5%	33.6%	24.5%	Full	Full
Maine	^	14.3%	^	14.6%	Emergency	Emergency
Mississippi	46.5%	21.4%	36.6%	24.3%	Full	Full
Missouri	26.7%	27.9%	21.8%	18.1%	Full	Full
Nebraska	32.8%	38.3%	32.8%	35.4%	Full	Full
North Carolina	31.8%	27.6%	33.7%	30.6%	Full	Full
Oklahoma	34.4%	18.3%	34.2%	14.8%	Emergency	Emergency
South Carolina	30.8%	23.0%	29.0%	22.3%	Full	Full
South Dakota	^	30.6%	^	24.9%	Full	Full
Tennessee	30.7%	1.2%	30.9%	0.1%	None	None
Texas	46.7%	9.1%	41.2%	3.0%	Emergency	Emergency
Utah	^	43.8%	^	10.3%	Full	Emergency
Virginia	10.2%	11.8%	9.9%	6.4%	Full	Full
Wisconsin	30.1%	32.7%	31.6%	34.6%	Full	Full
Wyoming	^	33.6%	^	30.9%	Full	Full
All states in our sample	31.5%	23.9%	30.3%	24.3%		

Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states plus DC.
Notes: CHIP = Children's Health Insurance Program. The perinatal period includes pregnancy through 365 days postpartum. ^=estimate is redacted because it represents fewer than 100 enrollees. Sample includes enrollees with Medicaid-covered live birth in September to December 2018 and continuous coverage during six months leading up to birth and through 365 days postpartum (see methods and appendix for details). The extent of Medicaid dental coverage is based on age and states' coverage of dental services by eligibility pathway (see methods for details). Emergency-only dental coverage refers to coverage of "extractions and treatment necessary to relieve pain and eliminate infection" only. Full dental coverage covers preventive and emergency dental services. See "Coverage Brief: Improving Access to Oral Health Care in Pregnancy," Children's Dental Health Project, November 2019.
[a] North Dakota fully covers dental care for adults eligible through traditional pathways, including the pregnancy pathway, but has no dental coverage for expansion enrollees.

Large state differences in visit rates persist even when adjusting for age, eligibility pathway, and rurality, and the differences across states are similar in the adjusted and unadjusted analyses. For

example, the adjusted share of enrollees 21 or older with a visit during pregnancy through 60 days postpartum ranges 52.4 percentage points across states, which is very similar to the unadjusted range of 52.5 percentage points (appendix table A.2). In a sensitivity analysis where we additionally adjusted for race/ethnicity in a limited number of states with adequate data quality for this data element, we found that differences across states are not sensitive to including race/ethnicity in the regression.[15]

Given that the extent of dental coverage and state expansion status are correlated, for enrollees 21 or older, our models that control for the extent of dental coverage are stratified by expansion status. We find that enrollees living in states with less extensive dental coverage were far less likely to have a dental office visit during the perinatal period, even after adjusting for other observable characteristics. For example, in expansion states, enrollees with emergency-only dental coverage were 16.3 percentage points less likely to have a dental office visit between 61 and 365 days postpartum compared with enrollees with full dental coverage (appendix table A.3). A similar pattern was found when the outcome variable was the number of Medicaid-covered dental visits during the perinatal period (data not shown). Finally, for the model limited to enrollees younger than 21, enrollees ages 19 and 20 were significantly less likely to have a visit compared with enrollees under age 19. For example, compared with younger enrollees, enrollees ages 19 and 20 were 7.9 percentage points less likely to have an office visit during pregnancy through 60 days postpartum, adjusting for other observable characteristics (appendix table A.4).

Discussion

This analysis provides new evidence on Medicaid/CHIP-covered dental care during the perinatal period (pregnancy through one year postpartum). We find that just over 1 in 3 Medicaid/CHIP enrollees who were continuously enrolled had at least one Medicaid-covered dental office visit during the perinatal period; approximately 1 in 5 had a visit during pregnancy, and approximately 1 in 4 had one within one year postpartum. These shares varied considerably across states and were higher in expansion versus nonexpansion states and in states with more extensive Medicaid coverage of dental services. Dental-related ED visits were relatively rare during the perinatal period; however, they were significantly higher in states with no Medicaid dental coverage compared with states with full dental coverage.

These findings raise questions about what drives the observed differences in dental care receipt across states. Differences by Medicaid expansion status could reflect more generous dental coverage in expansion states, but could also be driven by differences in the composition of the population with continuous Medicaid coverage, dental coverage access and use before pregnancy, and the availability of dental providers accepting Medicaid. It will be important for future research to disentangle these factors and identify other potential mechanisms driving state variation. Future research should also prioritize understanding the health consequences of the observed state variation in Medicaid dental care provision during the perinatal period.

Although our estimates of dental office visit rates during pregnancy are lower than estimates from survey data (Kranz and Estrada-Darley 2022; Lee, Marsteller, and Wenzel 2021; Naavaal and Harless

2022), they are consistent with prior estimates from administrative claims data from a limited number of states (Byrappagari et al. 2024; Herndon et al. 2024). While prior evidence on dental visits during the postpartum year is more limited, our finding that one-quarter of enrollees had a visit during this time is very similar to recent survey data from six states (Daw et al. 2023). Estimates from survey and administrative data may differ for at least two reasons. First, using the TAF, we can only observe dental visits covered and paid by Medicaid/CHIP and, therefore, may undercount visits for enrollees who paid out of pocket (Bellerose, Daw, and Steenland 2023). Second, survey data estimates are subject to recall and other forms of measurement error. More research would be needed to explore what drives the difference in administrative versus self-report-derived estimates of dental care use during pregnancy. Future work should also examine the extent to which women with a Medicaid-covered birth are paying out of pocket for dental care.

Our finding that more than one-quarter (and significantly more in some states) of women who are continuously enrolled in Medicaid/CHIP visit the dentist between 61 and 365 days postpartum is particularly salient given that almost all states have recently extended pregnancy-related Medicaid coverage through one year postpartum. Our findings suggest that the recent postpartum extensions will likely increase the receipt of routine dental care and potentially prevent costly dental emergencies down the line.

Finally, our analysis highlights that receipt of dental care varies by the extent of dental coverage across state Medicaid programs. The federal funding cuts that will be implemented in Medicaid under the One Big Beautiful Bill Act may further impact coverage of, access to, and use of dental services among Medicaid enrollees.[16] If federal funding for Medicaid decreases, states that cannot offset the loss of federal funds may cut optional benefits, which include dental coverage for adults. It will be critical to assess such changes, including their effect on dental care receipt in the perinatal period and the potential spillover effects of untreated dental problems on the health and health care use of mothers and their newborn children.

Appendix

TABLE A.1

Identifying Study Population of Medicaid/CHIP Enrollees with Live Births, 2018

	Number of enrollees remaining	Number of enrollees excluded from last step	Share of enrollees excluded from last step	Share of the starting population
All enrollees with a Medicaid/CHIP-covered live-birth delivery occurring in September to December 2018 in the 45 study states and DC+	507,359	0	0%	100%
Exclude enrollees with less than 360 days of Medicaid/CHIP enrollment during the 12-month postpartum period	283,448	223,911	44.1%	55.9%
Exclude enrollees with less than six months of continuous Medicaid/CHIP enrollment prior to delivery	257,259	26,189	9.2%	50.7%
Exclude enrollees dually eligible for Medicare during the six months prior to delivery and the 12-month postpartum period	257,016	243	0.1%	50.7%
Exclude enrollees with restricted Medicaid benefits during the six months prior to delivery and the 12-month postpartum period	228,589	28,427	11.1%	45.1%

Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states and DC.

Notes: CHIP = Children's Health Insurance Program. State-specific sample creation tables are available on request.

+ Florida, Massachusetts, Minnesota, New Jersey, and Rhode Island were excluded because of "high concern" about the volume of their outpatient claims in the 2018 and/or 2019 TAF, according to "DQ Assessments," Medicaid.gov, accessed June 30, 2025, https://www.medicaid.gov/dq-atlas/landing/topics/single/map?topic=g15m47&tafVersionId=18.

TABLE A.2

Regression Results for Enrollee and State Characteristics Associated with the Likelihood of Having a Dental Office Visit during Pregnancy through 60 Days Postpartum among Enrollees 21 or Older, 2018–19

	Had a Dental Office Visit during Pregnancy through 60 Days Postpartum		
	All states	Expansion states	Nonexpansion states
Age in years			
21–25	REF	REF	REF
26–29	0.9*** (0.5, 1.4)	1.1*** (0.5, 1.6)	1.0** (0.1, 1.9)
30–34	1.4*** (0.9, 1.9)	1.9*** (1.3, 2.5)	0.9* (-0.1, 1.9)
35 or older	1.4*** (0.8, 2.0)	1.9*** (1.2, 2.6)	0.8 (-0.5, 2.1)
Urban/rural residence			
Urban	REF	REF	REF
Rural	-1.1*** (-1.6, -0.6)	-0.7** (-1.2, -0.1)	1.7*** (0.8, 2.5)
Eligibility pathway the month of birth			
Parent	REF	REF	REF
Adult expansion	-0.6* (-1.2, 0.1)	0.2 (-0.4, 0.8)	omitted

	Had a Dental Office Visit during Pregnancy through 60 Days Postpartum		
	All states	**Expansion states**	**Nonexpansion states**
Pregnancy	-0.9*** (-1.4, -0.3)	-0.5* (-1.0, 0.0)	-2.2*** (-3.0, -1.4)
Transitional medical assistance	-1.5** (-2.8, -0.1)	1.1 (-0.4, 2.6)	-9.8*** (-13.0, -6.5)
SSI	0.5 (-0.8, 1.8)	2.9*** (1.3, 4.5)	-3.2*** (-5.2, -1.2)
Other eligibility status	0.1 (-1.5, 1.7)	-1.9** (-3.6, -0.2)	-3.6*** (-5.9, -1.2)
Missing or multiple eligibility status	-0.6 (-2.3, 1.0)	-6.4*** (-8.5, -4.2)	-1.7 (-3.7, 0.3)
State dental coverage of general adults[a]			
Full		REF	REF
Emergency-only		-9.3*** (-10.1, -8.5)	-8.4*** (-9.3, -7.5)
None		-22.2*** (-35.3, -9.1)	-24.1*** (-25.4, -22.9)
State			
Alabama	REF		
Alaska	39.0*** (34.9, 43.2)		
Arizona	5.3*** (2.4, 8.3)		
Arkansas	21.1*** (17.4, 24.8)		
California	16.2*** (13.4, 19.0)		
Colorado	25.9*** (22.8, 28.9)		
Connecticut	40.8*** (37.6, 43.9)		
District of Columbia	38.7*** (34.8, 42.6)		
Delaware	2.6 (-1.4, 6.6)		
Georgia	20.1*** (17.1, 23.0)		
Hawaii	9.7*** (5.9, 13.6)		
Iowa	38.8*** (35.6, 42.0)		
Idaho	26.4*** (21.6, 31.2)		
Illinois	21.5*** (18.6, 24.4)		
Indiana	30.5*** (27.4, 33.5)		
Kansas	25.4*** (21.6, 29.1)		
Kentucky	26.2*** (23.3, 29.2)		
Louisiana	17.6*** (14.7, 20.5)		
Maryland	36.4*** (33.4, 39.4)		
Maine	14.7*** (10.4, 18.9)		
Michigan	26.9*** (24.0, 29.7)		
Missouri	28.3*** (25.1, 31.5)		
Mississippi	21.4*** (17.7, 25.1)		
Montana	40.1*** (36.3, 44.0)		
North Carolina	27.3*** (24.3, 30.2)		
North Dakota	19.4*** (14.0, 24.8)		
Nebraska	38.1*** (34.0, 42.2)		
New Hampshire	8.9*** (3.6, 14.3)		
New Mexico	27.5*** (24.3, 30.6)		
Nevada	17.3*** (14.1, 20.5)		
New York	31.8*** (29.0, 34.6)		
Ohio	30.1*** (27.2, 32.9)		
Oklahoma	18.6*** (14.9, 22.3)		
Oregon	41.2*** (38.0, 44.3)		
Pennsylvania	31.8*** (28.9, 34.7)		
South Carolina	22.6*** (19.6, 25.7)		
South Dakota	30.7*** (24.4, 37.0)		
Tennessee	1.3 (-1.7, 4.3)		
Texas	9.2*** (6.1, 12.3)		
Utah	44.0*** (39.5, 48.5)		
Virginia	11.9*** (8.8, 14.9)		
Vermont	52.4*** (47.6, 57.2)		

	Had a Dental Office Visit during Pregnancy through 60 Days Postpartum		
	All states	Expansion states	Nonexpansion states
Washington	35.2*** (32.2, 38.2)		
Wisconsin	32.9*** (29.8, 36.0)		
West Virginia	9.5*** (5.9, 13.1)		
Wyoming	34.3*** (26.1, 42.6)		
Constant	0.1 (-2.7, 2.8)	25.2*** (24.8, 25.7)	25.6*** (24.7, 26.4)

Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states plus DC.
Notes: [a] Extent of Medicaid dental coverage is based on states' coverage of dental services by eligibility pathway (see Methods for details). Emergency-only dental coverage refers to coverage of "extractions and treatment necessary to relieve pain and eliminate infection" only. Full dental coverage covers preventive and emergency dental services. See "Coverage Brief: Improving Access to Oral Health Care in Pregnancy," Children's Dental Health Project, November 2019. REFs are the comparison group (omitted categories) in the regression. Values come from coefficient estimates from linear regression models that represent the estimated percentage point change in the probability of having at least one dental visit, adjusting for other characteristics. Age is defined at the time of delivery. Eligibility pathway is defined at the month of childbirth. Rurality is defined according to urban-rural commuting codes associated with the ZIP code of residence. Sample includes enrollees with Medicaid-covered live birth in September to December 2018 and continuous coverage during six months leading up to birth through 365 days postpartum. see Methods and appendix for details). Results are similar when clustering standard errors at the zip code level.
*/**/*** Estimate differs significantly from states with full dental coverage at the 0.10/0.05/0.01 level, using two-tailed tests.

TABLE A.3

Regression Results for Enrollee and State Characteristics Associated with the Likelihood of Having a Dental Office Visit during 61 to 365 Days Postpartum among Enrollees 21 or Older, 2018–19

	Had a Dental Office Visit during 61 to 365 Days Postpartum		
	All states	Expansion states	Nonexpansion states
Age in years			
21–25	REF	REF	REF
26–29	0.5** (0.0, 0.9)	0.9*** (0.4, 1.5)	-0.3 (-1.2, 0.5)
30–34	0.1 (-0.5, 0.6)	0.7** (0.1, 1.3)	0.0 (-1.0, 0.9)
35 or older	0.0 (-0.7, 0.6)	0.9** (0.2, 1.6)	-0.6 (-1.8, 0.7)
Urban/rural residence			
Urban	REF	REF	REF
Rural	-0.9*** (-1.4, -0.4)	-1.4*** (-2.0, -0.9)	1.7*** (0.9, 2.5)
Eligibility pathway 12 months after giving birth			
Parent	REF	REF	REF
Adult expansion	-0.8*** (-1.4, -0.3)	-2.0*** (-2.5, -1.5)	-7.2** (-13.0, -1.3)
Pregnancy	-2.7*** (-3.6, -1.8)	-3.3*** (-4.5, -2.2)	-5.8*** (-7.2, -4.5)
Transitional medical assistance	0.1 (-0.7, 0.9)	1.1** (0.1, 2.0)	-6.4*** (-7.8, -5.0)
SSI	0.7 (-0.6, 1.9)	0.5 (-1.1, 2.1)	-0.5 (-2.4, 1.3)
Other eligibility status	0.3 (-1.0, 1.6)	-2.4** (-4.3, -0.5)	-6.6*** (-8.0, -5.3)
Missing or multiple eligibility status	-4.3*** (-5.3, -3.2)	-4.5*** (-5.9, -3.1)	-2.4*** (-4.0, -0.9)
State dental coverage of general adults[a]			
Full		REF	REF
Emergency-only		-16.3*** (-16.9, -15.6)	-9.3*** (-10.2, -8.5)
None		-26.1*** (-29.0, -23.1)	-23.3*** (-24.5, -22.2)

	Had a Dental Office Visit during 61 to 365 Days Postpartum		
	All states	Expansion states	Nonexpansion states
State			
Alabama	REF		
Alaska	32.6*** (28.4, 36.8)		
Arizona	5.1*** (2.2, 8.1)		
Arkansas	20.9*** (17.2, 24.5)		
California	21.1*** (18.3, 23.9)		
Colorado	30.6*** (27.6, 33.7)		
Connecticut	41.8*** (38.7, 45.0)		
District of Columbia	40.3*** (36.4, 44.2)		
Delaware	1.8 (-2.3, 5.8)		
Georgia	18.4*** (15.4, 21.4)		
Hawaii	10.9*** (7.0, 14.7)		
Iowa	35.9*** (32.7, 39.1)		
Idaho	27.9*** (23.1, 32.7)		
Illinois	25.7*** (22.8, 28.6)		
Indiana	8.8*** (5.8, 11.8)		
Kansas	24.1*** (20.4, 27.8)		
Kentucky	26.1*** (23.2, 29.1)		
Louisiana	21.0*** (18.0, 23.9)		
Maryland	18.0*** (15.0, 21.0)		
Maine	14.6*** (10.4, 18.9)		
Michigan	26.9*** (24.0, 29.7)		
Missouri	17.9*** (14.7, 21.1)		
Mississippi	24.1*** (20.4, 27.8)		
Montana	40.5*** (36.6, 44.3)		
North Carolina	30.1*** (27.1, 33.1)		
North Dakota	14.6*** (9.2, 20.0)		
Nebraska	35.1*** (30.9, 39.2)		
New Hampshire	11.5*** (6.1, 16.8)		
New Mexico	29.2*** (26.0, 32.3)		
Nevada	19.6*** (16.4, 22.8)		
New York	36.6*** (33.8, 39.5)		
Ohio	33.7*** (30.8, 36.5)		
Oklahoma	14.7*** (11.0, 18.4)		
Oregon	38.5*** (35.4, 41.7)		
Pennsylvania	32.3*** (29.4, 35.2)		
South Carolina	22.0*** (18.9, 25.0)		
South Dakota	24.7*** (18.4, 31.0)		
Tennessee	1.3 (-1.7, 4.3)		
Texas	2.7* (-0.4, 5.8)		
Utah	10.1*** (5.6, 14.5)		
Virginia	5.6*** (2.5, 8.7)		
Vermont	44.4*** (39.5, 49.2)		
Washington	30.7*** (27.7, 33.7)		
Wisconsin	34.1*** (31.0, 37.3)		
West Virginia	8.1*** (4.6, 11.5)		
Wyoming	30.7*** (22.5, 39.0)		
Constant	0.8 (-2.0, 3.5)	28.7*** (28.2, 29.1)	24.7*** (23.9, 25.4)

Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states plus DC.

Notes: [a] Extent of Medicaid dental coverage is based on states' coverage of dental services by eligibility pathway (see Methods for details). Emergency-only dental coverage refers to coverage of "extractions and treatment necessary to relieve pain and eliminate infection" only. Full dental coverage covers preventive and emergency dental services. See "Coverage Brief: Improving Access to Oral Health Care in Pregnancy," Children's Dental Health Project, November 2019. REFs are the comparison group (omitted

categories) in the regression. Values come from coefficient estimates from linear regression models that represent the estimated percentage point change in the probability of having at least one dental visit, adjusting for other characteristics. Age is defined at the time of delivery. Eligibility pathway is defined at 365 days postpartum. Rurality is defined according to urban-rural commuting codes associated with the ZIP code of residence. Sample includes enrollees with Medicaid-covered live birth in September to December 2018 and continuous coverage during six months leading up to birth through 365 days postpartum (see methods and appendix for details). Results are similar when clustering standard errors at the zip code level.
*/**/*** Estimate differs significantly from states with full dental coverage at the 0.10/0.05/0.01 level, using two-tailed tests.

TABLE A.4

Regression Results for Enrollee Characteristics and State Associated with the Likelihood of Having a Dental Office Visit during the Perinatal Period among Enrollees Younger than 21, 2018–19

	Had a Dental Office Visit during Pregnancy to 60 days Postpartum	Had a Dental Office Visit during 61 to 365 days Postpartum
Age in years		
Less than 19	REF	REF
19–20	-7.9*** (-9.1, -6.7)	-4.8*** (-6.0, -3.7)
Urban/rural residence		
Urban	REF	REF
Rural	-2.4*** (-3.6, -1.2)	-1.1* (-2.3, 0.0)
Eligibility pathway the month of birth		
Parent	REF	
Adult expansion	1.6 (-0.5, 3.6)	
Pregnancy	-1.3* (-2.9, 0.3)	
Child	1.6* (-0.1, 3.2)	
Transitional medical assistance	0.7 (-3.7, 5.0)	
SSI	0.3 (-2.9, 3.5)	
Other eligibility status	-3.3 (-9.7, 3.1)	
Missing or multiple eligibility status	-2.8* (-6.0, 0.4)	
Eligibility pathway 12 months after giving birth		
Parent		REF
Adult expansion		0.8 (-0.8, 2.4)
Pregnancy		-6.4*** (-8.6, -4.2)
Child		5.8*** (4.3, 7.3)
Transitional medical assistance		1.5 (-0.9, 4.0)
SSI		0.3 (-2.9, 3.5)
Other eligibility status		-2.1 (-6.6, 2.5)
Missing or multiple eligibility status		-2.3** (-4.4, -0.2)
State		
Alabama	REF	REF
Alaska	21.3*** (10.6, 31.9)	25.4*** (14.9, 35.9)
Arizona	5.2 (-1.2, 11.5)	9.4*** (3.2, 15.7)
Arkansas	6.3* (-1.0, 13.7)	13.6*** (6.2, 20.9)
California	1.7 (-4.2, 7.6)	11.8*** (5.9, 17.7)
Colorado	15.8*** (9.0, 22.6)	27.2*** (20.5, 33.9)
Connecticut	33.7*** (26.0, 41.3)	29.5*** (22.0, 37.1)
District of Columbia	23.4*** (13.5, 33.2)	25.0*** (15.2, 34.8)
Delaware	8.6* (-1.4, 18.6)	14.9*** (5.0, 24.8)
Georgia	4.5 (-1.8, 10.8)	9.2*** (2.9, 15.5)
Hawaii	12.4** (2.8, 22.0)	18.5*** (9.0, 28.1)
Iowa	25.3*** (18.2, 32.3)	17.4*** (10.4, 24.4)

	Had a Dental Office Visit during Pregnancy to 60 days Postpartum	Had a Dental Office Visit during 61 to 365 days Postpartum
Idaho	11.9** (2.5, 21.3)	18.8*** (9.5, 28.1)
Illinois	5.4* (-0.8, 11.6)	10.5*** (4.3, 16.6)
Indiana	8.6*** (2.2, 15.0)	-3.3 (-9.7, 3.1)
Kansas	10.9*** (3.0, 18.8)	19.4*** (11.5, 27.2)
Kentucky	9.4*** (3.1, 15.6)	16.8*** (10.6, 23.0)
Louisiana	9.0*** (2.8, 15.2)	14.2*** (8.0, 20.4)
Maryland	23.0*** (16.4, 29.6)	19.6*** (13.0, 26.2)
Maine	9.9* (-0.8, 20.6)	9.1* (-1.4, 19.7)
Michigan	11.1*** (4.9, 17.4)	15.5*** (9.4, 21.7)
Missouri	6.5* (-0.2, 13.1)	7.5** (1.0, 14.1)
Mississippi	23.9*** (16.0, 31.7)	19.9*** (12.1, 27.6)
Montana	31.4*** (22.0, 40.8)	30.9*** (21.6, 40.2)
North Carolina	11.5*** (5.3, 17.8)	20.3*** (14.1, 26.4)
North Dakota	4.7 (-9.3, 18.7)	18.8*** (4.9, 32.7)
Nebraska	11.9** (2.3, 21.4)	18.0*** (8.5, 27.5)
New Hampshire	11.9 (-2.6, 26.4)	10.6 (-3.8, 25.0)
New Mexico	14.7*** (7.8, 21.5)	21.0*** (14.2, 27.8)
Nevada	0.5 (-6.8, 7.7)	14.6*** (7.4, 21.8)
New York	10.6*** (4.5, 16.7)	19.3*** (13.3, 25.4)
Ohio	9.2*** (3.2, 15.3)	19.1*** (13.1, 25.1)
Oklahoma	13.8*** (6.3, 21.2)	19.2*** (11.9, 26.6)
Oregon	19.5*** (12.4, 26.7)	23.6*** (16.5, 30.7)
Pennsylvania	20.4*** (14.1, 26.8)	25.2*** (18.9, 31.5)
South Carolina	8.9*** (2.4, 15.4)	13.3*** (6.9, 19.8)
South Dakota	8.8 (-3.5, 21.1)	15.9** (3.7, 28.0)
Tennessee	11.1*** (4.8, 17.4)	16.9*** (10.6, 23.1)
Texas	23.9*** (17.8, 30.1)	25.3*** (19.3, 31.3)
Utah	13.0** (2.2, 23.9)	10.4* (-0.3, 21.1)
Virginia	-10.4*** (-17.2, -3.6)	-4.5 (-11.3, 2.3)
Vermont	41.4*** (27.7, 55.2)	30.3*** (16.6, 44.0)
Washington	23.0*** (16.4, 29.7)	22.1*** (15.5, 28.7)
Wisconsin	10.7*** (3.5, 17.9)	17.6*** (10.5, 24.7)
West Virginia	12.6*** (5.0, 20.2)	9.7*** (2.3, 17.1)
Wyoming	11.3 (-6.3, 28.9)	16.0 (-1.4, 33.5)
Constant	26.3 (20.4, 32.2)	17.0 (11.2, 22.8)

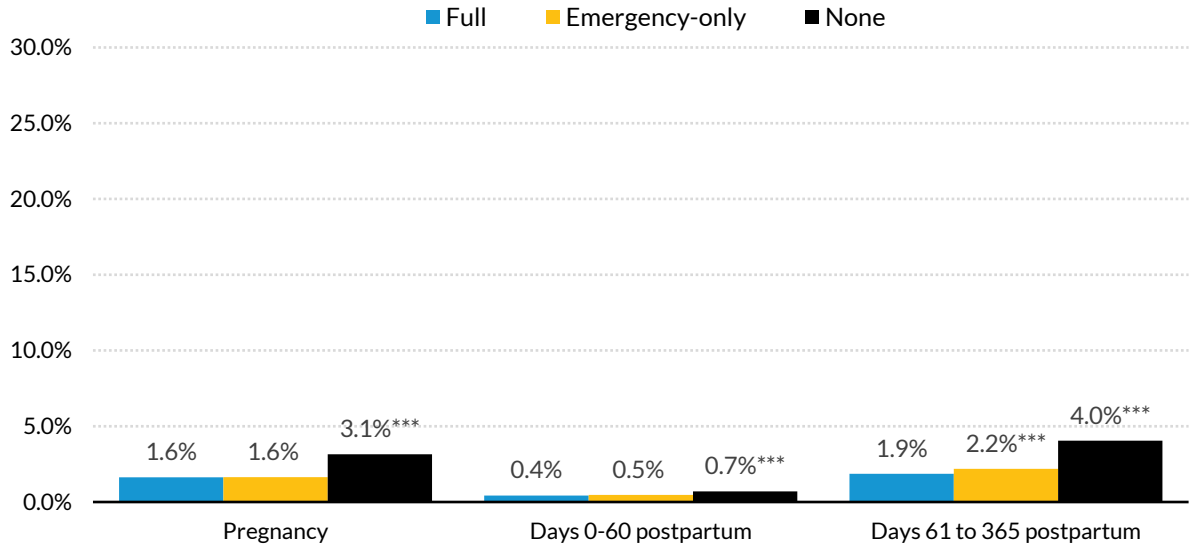
Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states plus DC.

Notes: REFs are the comparison group (omitted categories) in the regression. Perinatal period includes pregnancy through 365 days postpartum. Values come from coefficient estimates from linear regression models that represent the estimated percentage point change in the probability of having at least one dental visit, adjusting for other characteristics. Age is defined at the time of delivery. Eligibility pathway is defined at the month of birth and 365 days following childbirth. Rurality is defined according to urban-rural commuting codes associated with the ZIP code of residence. Sample includes enrollees with Medicaid-covered live birth in September to December 2018 and continuous coverage during six months leading up to birth through 365 days postpartum (see Methods and appendix for details). Results are similar when clustering standard errors at the zip code level.

*/**/*** Estimate differs significantly from states with full dental coverage at the 0.10/0.05/0.01 level, using two-tailed tests.

FIGURE A.1

Dental-Related Emergency Department Visits during the Perinatal Period among Continuously Covered Medicaid/CHIP Enrollees Ages 21 and Older, by Extent of Medicaid Coverage of Dental Services, 2018–19



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Source: 2018–19 Transformed Medicaid Statistical Information System Analytic Files from 45 states plus DC.
Notes: CHIP = Children's Health Insurance Program. Perinatal period includes pregnancy through 365 days postpartum. Sample includes enrollees with Medicaid-covered live birth in September to December 2018 and continuous coverage during six months leading up to birth through 365 days postpartum (see Methods and appendix for details). Extent of Medicaid dental coverage is based on states' coverage of dental services by eligibility pathway (see methods for details). Emergency-only dental coverage refers to coverage of "extractions and treatment necessary to relieve pain and eliminate infection" only. Full dental coverage covers preventive and emergency dental services. See "Coverage Brief: Improving Access to Oral Health Care in Pregnancy," Children's Dental Health Project, November 2019.
*/**/*** Estimate differs significantly from states with full dental coverage at the 0.10/0.05/0.01 level, using two-tailed tests.

Notes

[1] "Talking to Pregnant Women about Oral Health," CDC, May 15, 2024, https://www.cdc.gov/oral-health/hcp/conversation-tips/talking-to-pregnant-women-about-oral-health.html; "Pregnancy," American Dental Association, accessed March 4, 2025, https://www.ada.org/resources/ada-library/oral-health-topics/pregnancy; "Oral Health Care During Pregnancy: A National Consensus Statement," National Maternal and Child Oral Health Resource Center, accessed June 24, 2025; and "Oral Health Care During Pregnancy and Through the Lifespan," ACOG, accessed March 4, 2025, https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan

[2] "Medicaid Postpartum Coverage Extension Tracker," KFF, January 17, 2025, https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/.

[3] "Medicaid Adult Dental Benefits: An Overview," Center for Health Care Strategies, accessed April 8, 2025, https://www.chcs.org/resource/medicaid-adult-dental-benefits-overview/; "Coverage Brief: Improving Access to Oral Health Care in Pregnancy," Children's Dental Health Project, accessed July 2, 2025, and "Early and Periodic Screening, Diagnostic, and Treatment," Medicaid, accessed April 8, 2025, https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment.

[4] "Transformed Medicaid Statistical Information System (T-MSIS)," Medicaid.gov, accessed July 2, 2025, https://www.medicaid.gov/medicaid/data-systems/macbis/transformed-medicaid-statistical-information-system-t-msis.

[5] These states had "high concern" about the volume of their outpatient claims in the 2018 and/or 2019 TAF, according to the DQ Atlas, see "DQ Assessments," DQ Atlas, accessed July 2, 2025, https://www.medicaid.gov/dq-atlas/landing/topics/single/map?topic=g15m47&tafVersionId=18.

Additionally, we conducted sensitivity analyses excluding nine additional states for which the number of Medicaid-covered births we identified varied by more than 20 percent from estimates published by states or the Centers for Disease Control and Prevention, and found that the results were similar to our main results.

"Natality Information," CDC, accessed March 4, 2024, https://wonder.cdc.gov/natality.html.

[6] "2025 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)," Medicaid, accessed April 10, 2025; and "Dental Quality Measures," American Dental Association, accessed March 4, 2025, https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures.

[7] "Medicaid Postpartum Coverage Extension Tracker," KFF.

[8] Since pregnancy Medicaid eligibility expired after 60 days postpartum as of 2019, we classified state coverage of dental services for the 61 to 365 days postpartum period according to state coverage of general adult dental services. As of 2019, for general adult dental services, 31 states had full dental coverage, 11 had emergency-only coverage, and three had none. In the analysis, for enrollees ages 21 and older, if the enrollee had pregnancy as their eligibility pathway in the month they gave birth, we classified Medicaid dental coverage for pregnancy and days 0 to 60 postpartum based on state coverage of dental care for enrollees eligible through the pregnancy pathway as of 2019. If the enrollee had another pathway during the month they gave birth, dental coverage for pregnancy and the first 60 days following childbirth is based on the state's coverage of general adult dental coverage as of 2019.

"Medicaid Adult Dental Benefits: An Overview," Center for Health Care Strategies; and "Coverage Brief: Improving Access to Oral Health Care in Pregnancy," Children's Dental Health Project.

[9] States have full dental coverage if they are labeled as having extensive or limited coverage in the following: "Medicaid Adult Dental Benefits," Center for Health Care Strategies; and "Coverage Brief," Children's Dental Health Project.

[10] "Coverage Brief," Children's Dental Health Project.

[11] States are not required to cover dental services for CHIP enrollees. CHIP enrollees make up a small portion of our sample overall (0.3 percent in the CHIP pathway 12 months after giving birth) and among enrollees younger than 21 (1.0 percent in the CHIP pathway 12 months after giving birth).

[12] "Medicaid Adult Dental Benefits," Center for Health Care Strategies; and "Coverage Brief," Children's Dental Health Project.

[13] North Dakota fully covers dental care for adults eligible through traditional pathways, including the pregnancy pathway, but has no dental coverage for enrollees eligible through the expansion pathway. Enrollees in North Dakota 21 or older with eligibility through the expansion pathway at the month of birth are classified as having no dental coverage for pregnancy through 60 days postpartum. Similarly, enrollees in North Dakota, ages 21 or older, with eligibility through the expansion pathway 12 months after birth, are classified as having no dental coverage for 61 to 365 days postpartum. Otherwise, enrollees in North Dakota are considered to have full coverage.

[14] "Rural-Urban Commuting Area Codes," USDA, August 5, 2025, https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.

[15] We do not include race/ethnicity in our main analysis because many states have poor race/ethnicity data quality (Smith, O'Brien, and Kenney 2023). We run a regression that only includes the 20 states where the share of non-Hispanic Black, Hispanic, and non-Hispanic white deliveries from the TAF were within 10 percentage points of the comparable CDC estimates and where less than 20 percent of enrollees had a missing value in the TAF. Non-Hispanic Black enrollees, Hispanic enrollees, and enrollees who are not Hispanic, Black, or white have

significantly lower rates of dental office visits during 61 to 365 days postpartum compared to non-Hispanic white enrollees, adjusting for other observable characteristics (2.1 percentage points lower for non-Hispanic Black enrollees, 1.2 percentage points lower for Hispanic enrollees, and 2.5 percentage points lower for enrollees who are not Hispanic, Black, or white (data not shown)). Future research should further examine differences in dental care service use by race and ethnicity among Medicaid/CHIP enrollees.

"Natality Information," CDC.

[16] One Big Beautiful Bill Act, Pub. L. No. 119–21, 139 Stat. 72 (2025).

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