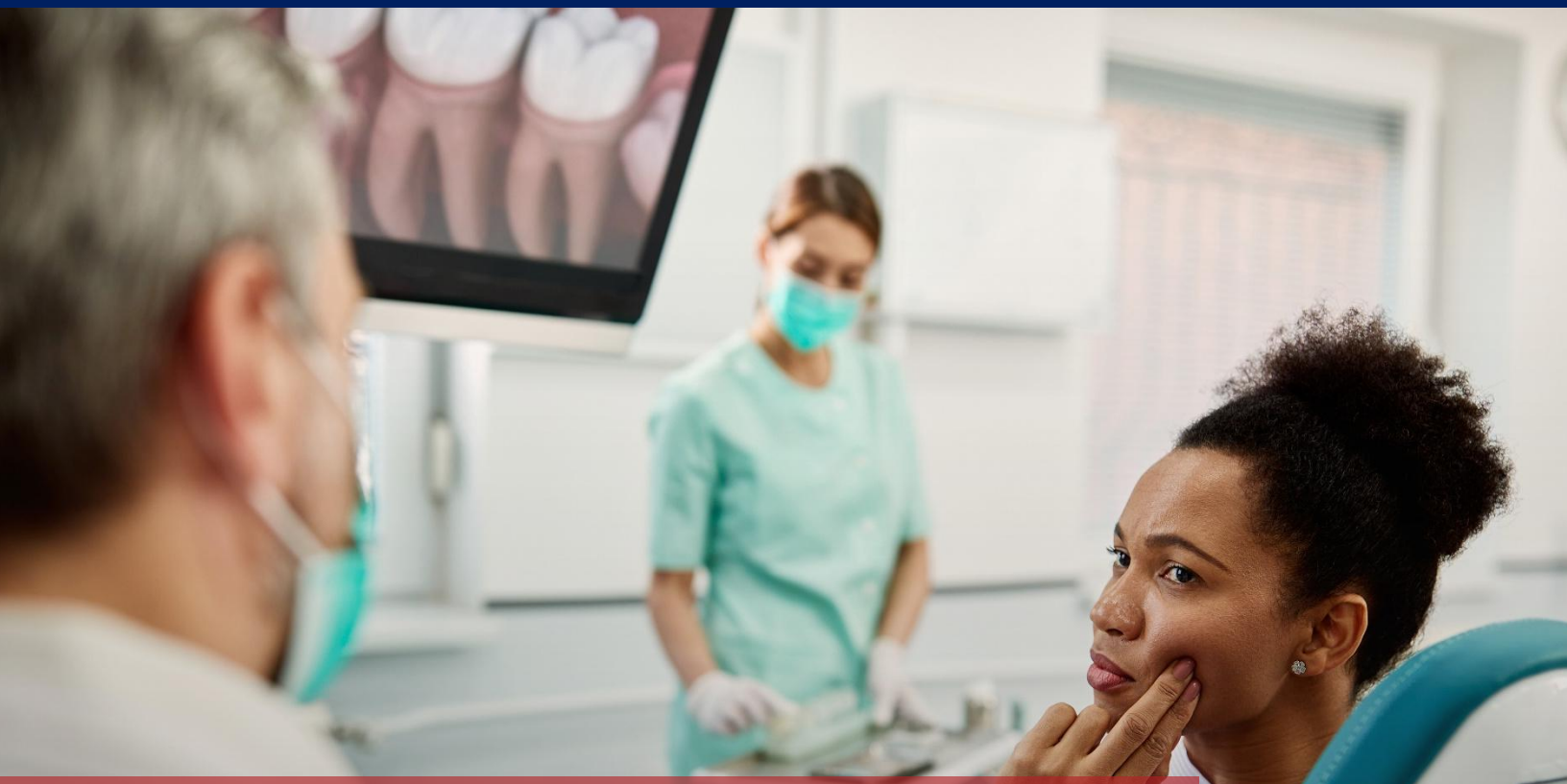


“You Do Without:”

Barriers to Oral Health Care & Consequences for Hoosiers

INDIANA COMMUNITY ACTION POVERTY INSTITUTE

Contents

Executive Summary

Oral health is a critical yet often overlooked part of overall well-being, with deep links to mental and physical health, including impacts on the cardiovascular system and brain.[i] An estimated one in seven adults in Indiana has unmet dental needs and more than one in four lack dental insurance.[ii] In Indiana, 63% of adults visit the dentist annually, while only an estimated 10% of Medicaid enrollees visit the dentist annually.[iii]

This report examines how Hoosiers experience oral health care in Indiana, combining both primary and secondary data analysis to present an overview of barriers to care and their effects on Hoosiers.

Key Findings

- In a January 2026 survey with 2,107 Hoosiers (primarily low-income) responding, nearly half (46%) answered “sometimes” or “no” to a question about their ability to obtain dental care.
- The top three barriers, according to those surveyed, were 1) dental care they need is too expensive, or they can’t afford it (59%), 2) they struggled to find providers that take their insurance (35%), and 3) they were worried about the medical debt from dental care (33%).
- Hoosiers interviewed about barriers to care reported delaying or compromising on care because of cost, and dealing with physical pain, stigma, and rippling impacts across their daily lives.
- Many of the additional barriers to care that Hoosiers faced intersected with other systemic issues, including lack of access to transportation and benefit cliffs.

In addition to centering the importance of oral health in our overall well-being, this report also foregrounds another important takeaway: that oral health is not just something we benefit from or struggle with as individuals; **it is shaped by the environments and policy circumstances in which we live and has far-reaching consequences.**

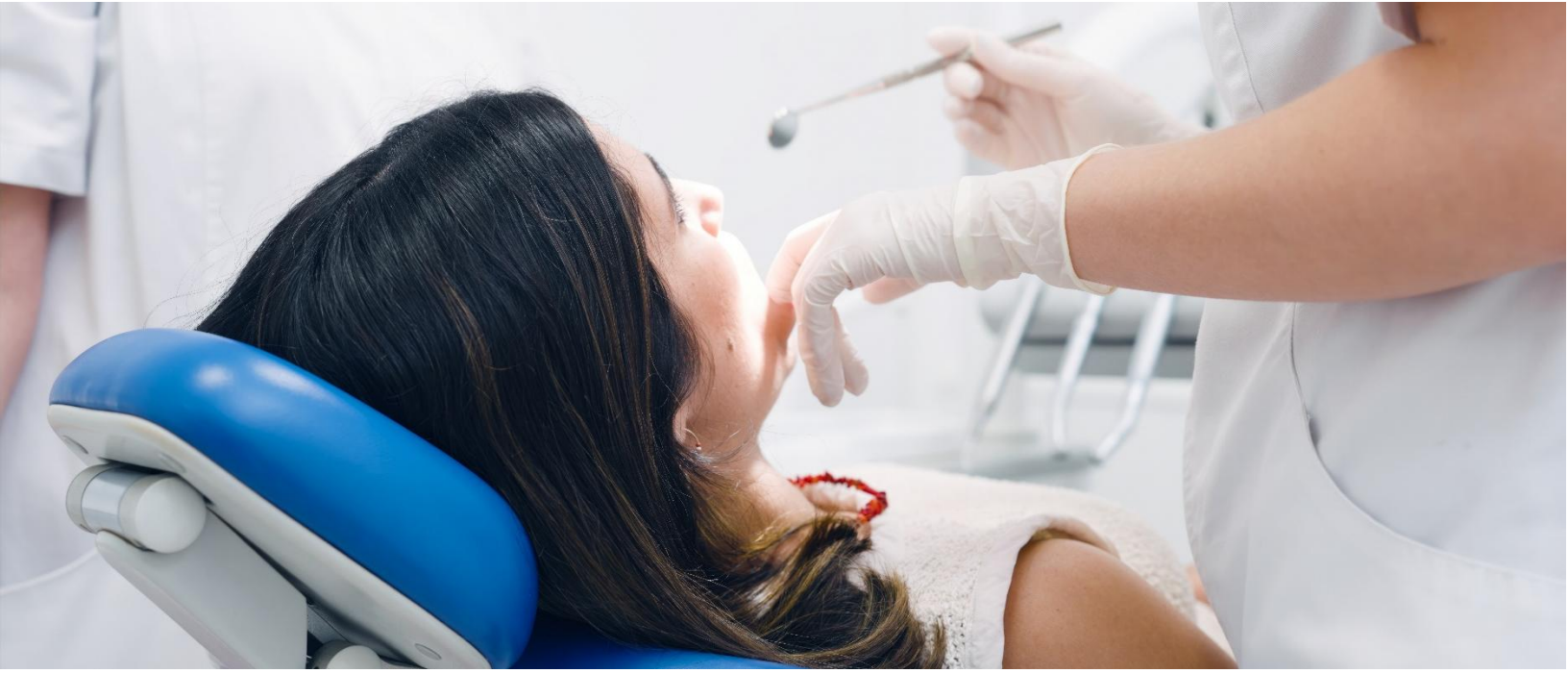
Policy Recommendations

- **Make care affordable:**
  - Require minimum spending by insurance
  - Increase Medicaid coverage
  - Expand the income cap for accessing state coverage
  - Provide reimbursement for life-saving oral health care procedures
  - Incentivize the use of sliding scales for care
  - Increase consumer protections around dental debt

- **Make care accessible:**
  - Encourage trauma-informed dental practices
  - Expand the scope of practice for dental hygienists
  - Support workforce development programs for dental assistants
  - Incentivize dental providers to work in rural communities
  - Verify that Medicaid providers are actively taking patients

- **Include those impacted:**
  - Require state Medicaid decision-makers to engage with those impacted by their programmatic choices
  - Conduct independent quality assessment calls on oral health care quality and access

By amplifying the voices of those who have experienced oral health challenges, this report highlights the deeply interconnected role of oral health with the overall well-being of our communities.



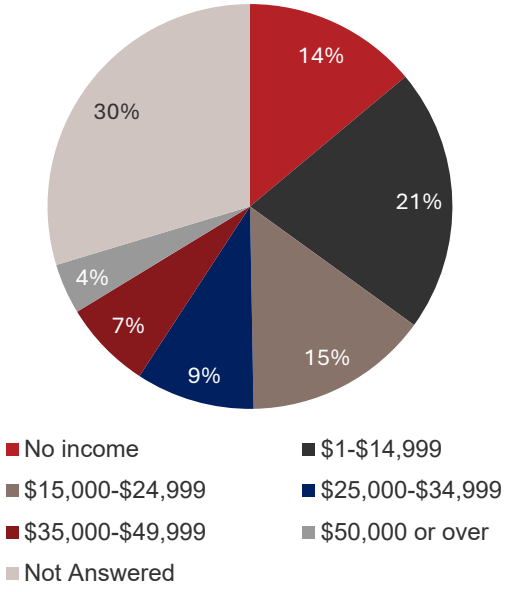
Introduction

Oral health plays a critical role in personal and community well-being.[iv] Functionally, oral health issues negatively affect speaking, chewing, swallowing, and sleeping (due to pain), all of which are significant activities of daily living.[v] Oral health is closely linked to other aspects of wellness, including cardiovascular health, cancer, blood circulation, and brain health.[vi] Having oral health issues can also contribute to loss of self-confidence, avoidance of social interactions, negative employment outcomes, and diminished emotional well-being.[vii] Yet, oral health is often treated as a separate facet of well-being – including different insurance coverage mechanisms and support programs – creating a unique set of challenges for individuals attempting to maintain their oral health.

Estimates indicate that one in seven Hoosier adults has unmet dental needs and more than one in four lack dental insurance.[viii] There are also disparities in who has their needs met: while 63% of adults in Indiana visit the dentist annually, only an estimated 10% of Medicaid enrollees visit the dentist annually.[ix] Oral health disparities are not just visible in adults: data from the 2023-2024 National Survey of Children's Health finds that in Indiana, children living in households below 100% of the Federal Poverty Level are nearly four times as likely to have teeth described as “Fair or Poor” (14%) as those in households earning over 400% of the Federal Poverty level (4%).[x] Fifteen percent of children in Indiana have one or more oral health problems, such as toothaches, bleeding gums, or decayed teeth or cavities.[xi] The result of inequalities among children is especially troubling, as there are significant implications for the future of oral health and well-being as they grow up, creating lasting harm. Given the relationship between oral health care and overall health and social well-being, unequal access to oral health care matters deeply to present and future generations.

Now is a critical time to pay attention to oral health outcomes. Hoosiers across income brackets have become increasingly concerned about the high costs of health care, with medical debt arising as a critical issue in recent legislative sessions. The Institute's previous work on health care costs revealed that Hoosiers report medical debt as a significant financial stressor, contributing to delays in care.[xii] Oral health care was among the sources of medical debt in the Institute's previous work, which is unsurprising, given that costs have increased significantly over the last five years.[xiii] This is further reflected in data from 211, a statewide hotline that connects callers to local social services.[xiv] Figure 1 demonstrates how Hoosiers are seeking support to address their dental needs across economic statuses.

Figure 1: Percentage of Callers to 211 Seeking Dental Assistance by Household Income, 2025



Source: Indiana 211 Data Report (2022-2025). Dental Care Referrals. [Unpublished data]. Indiana Family and Social Services Administration.

Over half of callers who provided their household income when calling 211 for assistance with dental-related matters (ranging from expense assistance to locating a clinic) earned less than $34,999 per year. Importantly, even though lower-income households are more prevalent among respondents who reported their annual household income, around 3% of respondents indicated a household income of $50,000 or above (for reference, the median household income in Indiana is $71,957).[xv] The need among these respondents highlights that even for moderate- and middle-income Hoosiers, accessing and affording dental care can still be out of reach.

Considering the known landscape related to oral health outcomes in Indiana, this report offers a new contribution to this discussion through a deeper investigation of the challenges Hoosiers experience with accessing and affording oral health care and the impacts of those challenges. By documenting these systemic barriers to oral health in Indiana, this research supports identifying policy gaps and developing approaches to improve oral health and well-being for current and future generations of Hoosiers.

Methodology

The Institute included a set of optional oral health care questions in its most recent community needs assessment (CNA) survey, which was sent via email, posters, and social media to Indiana's 21 Community Action Agency clients and community members (primarily low-income Hoosiers) in January and February of 2026. The questions are included in Appendix A.

Individuals who completed this survey or participated in other Institute projects were invited to sign up to receive research opportunities from the Institute. Those who opted in received an invitation to participate in interviews with Institute staff regarding oral health care access and debt. From the 101 individuals who signed up for interviews, 14 were selected based on distributed and varying geographies, out of recognition that oral health experiences vary greatly across urban and rural divides as well as different locations within the state. As a secondary selection measure, efforts were also made to select participants from different age groups to provide a more comprehensive picture of how oral health care needs and barriers manifest differently across an individual's life course.

The interview script was developed to better understand oral health barriers and facilitators (see Appendix B). This interview guide was then tested with Institute advisory council members and revised based on their feedback.

Interviews were transcribed and analyzed using NVIVO data analysis software, employing a thematic approach to examine emergent commonalities across interviews. As themes emerged, team members met to discuss relevant secondary datasets to deepen understanding of the themes and/or provide additional context.

Figure 2: Interviewees' Locations

Finally, staff analyzed Indiana's legislative history regarding oral health care and categorized participants' policy recommendations to provide a starting point for removing the barriers noted in this report and improving oral health outcomes in Indiana.

Throughout the project, a working group of oral health care professionals, direct service providers, health policy advocates, and those with lived experience was convened to provide their expertise on formulated project outputs. This group met monthly with Institute staff, providing feedback on materials and sharing information about concerns they observed in their professional and personal lives related to oral health care in Indiana.

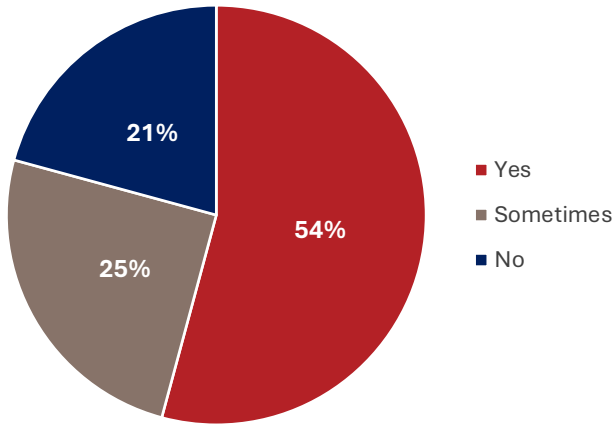
Survey Results:

Top Barriers to Oral Health Among Low-Income Hoosiers

A total of 2,107 low-income Hoosiers responded to the optional set of questions on oral health care access and barriers in the community needs assessment survey. Troublingly, nearly half (46%) responded “sometimes” or “no” to a question about their ability to obtain dental care.[xvi]

Those who chose “sometimes” or “no” were then asked, via a checklist question, to indicate any barriers they experienced in obtaining dental care. A total of 878 respondents completed this question. The top three barriers indicated were:

Figure 3: Responses to “Are you able to obtain needed dental care?”



Source: Indiana Community Action Poverty Institute. (2026). Community Needs Assessment [Unpublished data]. Indiana Community Action Association.

- “The dental care I need is too expensive, or I can’t afford it” (59%),
- “I struggled to find providers that take my insurance” (35%), and
- “I am worried about the medical debt from dental care” (33%).

These patterns and the consequences of struggling to access oral health care were then explored in greater detail with the 14 selected interviewees.

Digging Deeper:
Interviews with Hoosiers about Oral Health Care

One-on-one interviews allowed our team to dig deeper with Hoosiers, helping us understand their perceptions of the barriers to oral health care and the consequences of lack of access to affordable, quality care. Below, we summarize the major themes that emerged from these conversations, using participant quotes to humanize the discussion and provide a more comprehensive picture of the challenges Hoosiers face.

"[Oral health] **really affects *everything*** **you do."**

Please note that, because we include quotes from participants themselves, some of the content in this section contains graphic health details and may be distressing.

Oral Health is Valued

"I take care of my teeth."

Hoosiers interviewed (N=14) described a wide variety of oral and dental health needs and concerns for themselves, their families, and their communities. These included preventive care (regular check-ups, cleanings, x-rays), restorative work (fillings, root canals), and interventions (removals and specialist care). Even though it was not a focus of the interviews, interviewees reported valuing their oral health and seeing it as an important part of their well-being. More than half of interviewees (n=8) made an unprompted point about how they were actively involved in their oral health care, either by seeking care from professionals or through daily care routines. Even so, barriers to oral health quickly surfaced, and interviewees shared how their inability to access or afford high-quality care affected their lives.

Barriers to Oral Health

Our interviewers asked Hoosiers about obstacles they faced in accessing oral health care. In line with the survey results, costs generally surfaced as the primary barrier to oral health care. Questions about insurance coverage and ability to find or get to providers were also noted. Each barrier is discussed in more detail below.

"It's going to be a hurdle [to get oral health care]."

Unaffordable Costs

Almost all interviewees (n=12) mentioned that the cost of oral health care was a major barrier to access. Inability to afford oral health care was not restricted to low-income Hoosiers, but also affected those with greater resources and financial security. Charlotte, a mother in a two-income household with dental insurance, shared that she could not afford necessary dental care for her children, even though they were in pain:

> "I can't afford it; I can't afford it. I can't afford it at all, so I am like, oh geez, what do I do? ... For Christ's sake. I should be able to afford this, you know? And I can't."

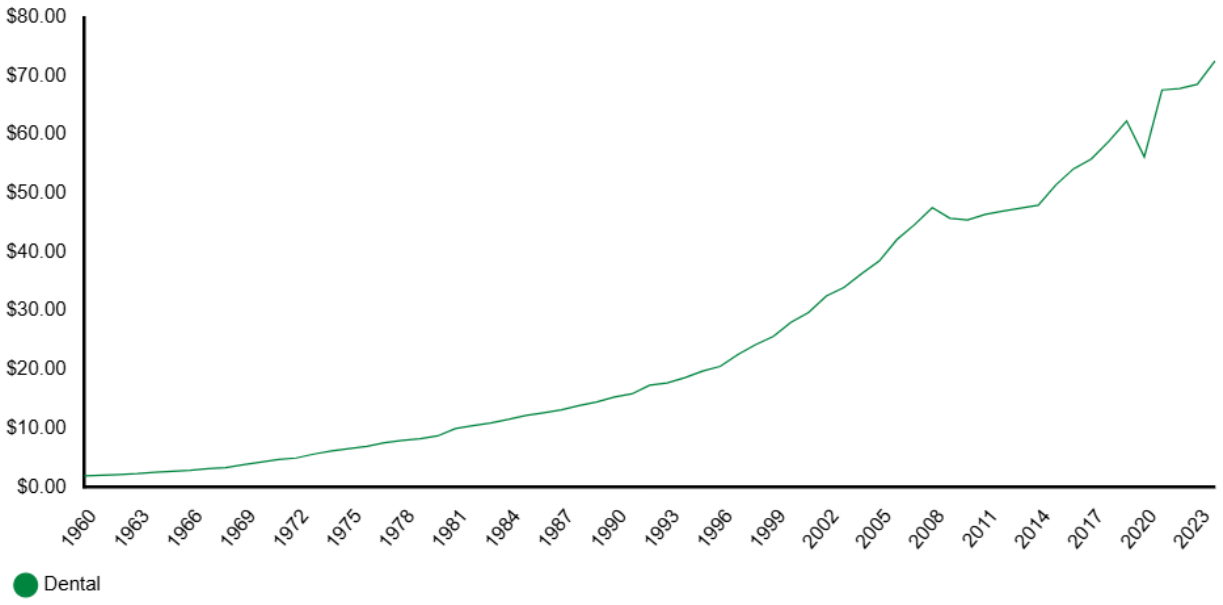
Another Hoosier, Naomi, recounted how she had to go to extreme lengths to get her teeth removed due to not being able to afford the costs, culminating in her having at-home extractions:

> "I've had people pull my teeth...pull out parts of my teeth... [because I] can't afford to go [to the dentist]."

Participants' struggles to afford oral health care come at a time of rising costs, with annual expenditures by federal and local governments, private companies, and individuals in 2024 topping $189.18 billion nationwide.[xvii] While these expenditures include both out-of-pocket payments and dental insurance payments to providers, the impact of these two forms of payment differs markedly for households. Paying out of pocket can mean missing out on insurance-negotiated discounts and having to cover all costs associated with care. Insurance can lessen some of that through negotiated rates,

with further variations among how much and what types of procedures are covered by different insurance policies. Figure 4 further demonstrates the rising out-of-pocket costs of dental care in the United States over the decades and the increased financial pressures experienced by those needing care.

Figure 4. U.S. Dental Out-of-Pocket Health Expenditures 1960-2024



Source: Peterson-KFF Health System Tracker (2026). National Health Spending Explorer.

Cost Uncertainty

Interviewees also expressed frustration about how to determine the cost of their oral health care needs, with a number mentioning the compilation of costs or separate additional fees. Cheryl noted feelings of shame due to being unsure if she had the financial means to cover the care she needed, *"We want to go to the next stage* [with our dental care needs]*, and we're like, can we even afford this?…You feel stupid because you don't want to show up and not have the money to pay the bill."*

Naomi also shared feelings of uncertainty due to the significant amount of care she needed, and additional costs required to meet her oral health care needs, *"With the dentists, I don't know where to start...I need this* [dental care] *but, I don't know, do I go in and say, okay, so I have $2,000* [in dental insurance benefits] *and this is what we are working with...You know what do, I do?"* This served as a distinct barrier to care because, while the costs may have been affordable for some Hoosiers, not knowing the costs in advance made them hesitant to seek care.

Insurance Coverage Gaps

Regarding costs and cost transparency, most interviewees (n=11) noted an overall lack of sufficient insurance coverage for dental/oral health care needs. This was either due to procedural limitations or caps on insurance coverage, although some reported not having insurance at all. Patricia found that a benefit cliff excluded her from dental health coverage: *"I am one of the individuals that falls...right by a hair over…*[so] *I don't get any assistance."*

For those on Medicaid state insurance, the need for restorative care (root canals, etc.) was noted as a particular point of struggle. Lily had Medicaid but struggled to access the care that she needed: *"I think* [state dental insurance has] *always been pretty restrictive...a root canal on any case was never, ever discussed with me because obviously my insurance doesn't pay for it."* Lily's challenge is a common one: Indiana has limited dental coverage, with variability in what types of care are covered depending on the population group.[xviii] This variation in coverage under state Medicaid dental plans has contributed to the confusing patchwork of benefits and further complicates access.

Hoosiers interviewed also expressed frustration when they struggled to maintain Medicaid coverage. One mother mentioned Medicaid redeterminations as causing delays in care for her child, and Jessica, another mother, experienced loss of coverage: *"*[It's hard]*, especially when those resources are ripped from you, you know?"* The abruptness of the financial transitions in this way exacerbated the financial pain associated with oral health care, ultimately leading to increased harm felt by participants.

Lack of Payment Plans or Financial Assistance

Hoosiers also noted a related challenge: obtaining reasonable payment plans for their oral health care needs. Jessica shared, *"A lot of them don't offer it…if you don't have insurance, they don't offer payment plans to be able to pay* [for the care]*."* Engagement with providers about payment plans raised points of tension.

> "Want[ing] all that money ***up front…"***

Charlotte shared that she experienced a shift in treatment once they asked for a payment plan for her daughter's oral health care needs. "*My oldest had to have her wisdom teeth removed...I was like 'hey is there a payment plan…' And as soon as they heard a 'payment plan,' it was all over from there...we were treated like crap."* This reaction to requesting a payment plan in advance of treatment appears counterintuitive to both patient retention and debt repayment.

A few interviewees were offered "payment plans" that were actually medical credit cards, leading to confusion about deferred interest, which has been studied nationwide as a cause of confusion and high costs for consumers.[xix] Due to these known issues, the presentation of medical credit cards as a substitute for in-house payment plans raises concerns about consumer protections in the oral health care field.

Limited Access to Providers

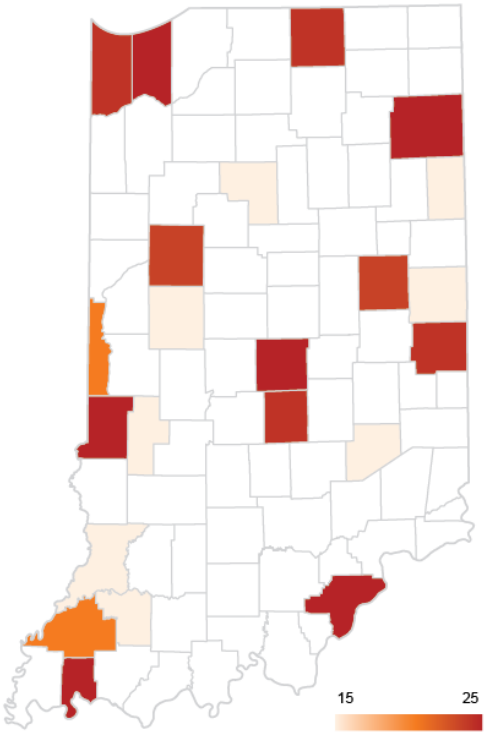
Many Hoosiers interviewed (n=9) also expressed struggling to access providers. Geographical location and insurance acceptance both affected access to oral health care in Indiana. Jessica noted, "*It's hard to find dentists in my area that ...would take my insurance here in town.*"

"We're somewhat in… ***a dental care desert.***"

This was especially true for individuals attempting to use Medicaid to cover dental services. Lynn shared that *"Nobody in town is taking new Medicaid patients."* Medicaid reimbursement for oral health care needs in most states is 50% of what typical dentists charge (for Indiana, it is 48.6% for adult care; 49% for child care), with reimbursements commonly below those of private insurance, likely contributing to the present limited number of dental providers accepting Medicaid.[xx]

Even as the lack of Medicaid providers created additional geographic barriers for the Hoosiers interviewed, it is also important to note that many lived in areas without sufficient safety-net dental clinics. Figure 5 below shows the counties in Indiana that are currently designated as dental shortage areas and that have a Federally Qualified Health Center (FQHC) and/or Rural Health Center (RHC) providing dental services. Both FQHCs and RHCs receive federal funding to meet the needs in locations that are determined to lack sufficient access to health services (in this case, exclusively dental services), based on calculations using the population-to-provider ratio, percentage of the population living below the federal poverty level, infant health index, and travel time to the nearest provider.

Figure 5: Average Dental HSPA County Shortage Score by FQHC & RHC with Dental Services



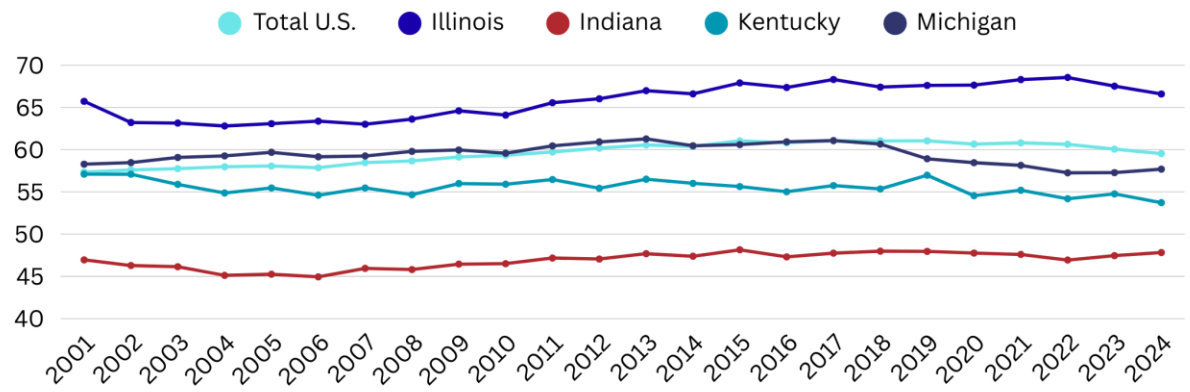
Source: Health Resources and Services Administration. (2026). Health professional shortage areas (HPSA): Dental health [Data set]. U.S. Department of Health and Human Services.

Areas with FQHCs and/or RHCs are assigned scores from 0 (least severe, indicated above in yellow) to 26 (most severe, indicated in red in the figure), which shows the level of community need for the field of practice. Vanderburgh County, for example, has a score of 25, reflected in the deep red color assigned to the county on the map, which indicates a high need for dental services even with an FQHC and/or RHC that provides dental services.[xxi] Counties without a color (white) are those for which no data were available in the subset of dental HPSA data analyzed for this heat map (HSPA county shortage score by FQHC/RHC with dental services). This doesn't mean there is no shortage in the area, but rather that the area lacks an FQHC or RHC that provides dental services for the county.

Figure 5 shows the shortage areas of dental providers in counties with an FQHC and/or RHC that provide dental services, along with the average shortage severity score the counties received from 2024 to 2025 (data observation window).[xxii] This average was used in recognition that some counties have multiple FQHCs and/or RHCs for dental care, and different parts of the same county might receive different scores based on the localized needs of that community.

Such a gap in access to care is reflected in broader quantitative data. According to data from the 2024 Indiana Behavioral Risk Factor Surveillance System questionnaire, 65% of adult respondents from urban areas had visited a dentist, dental hygienist, or dental clinic within the past year. In contrast, 60% of rural respondents had visited only one of these dental providers, representing a 5-percentage-point gap between the two groups.[xxiii] Part of the difficulty in accessing dental care in rural areas stems from a shortage of dentists in Indiana. Figure 6 shows Indiana's dentist workforce per 100,000 people compared with the adjusted workforce of other Midwest states and the national average.[xxiv]

Figure 6: Comparative Trendlines of Dentists per 100,000 in Population for Midwest States and National Average



Source: American Dental Association (2025). The U.S. Dentist Workforce - 2025 update. The Health Policy Institute.

This shortfall in the number of dentists has remained consistent over time. The result is that (as of 2025) four Indiana counties had no practicing dentists at all, and that many rural counties struggle to keep dentists practicing locally.[xxv]

The need for specialist care exacerbated geographical barriers to dental access, as several interviewees highlighted. Sophia shared, *"In my town, we don't have an oral surgeon…so I have to go either* [to] *Bloomington or Avon."* The distance of travel to access oral health care among interviewees ranged from 30 minutes to three hours to access the specific care they needed. Patricia needed a surgical procedure, and noted, "*I'd have to either travel like, three hours away or pay completely out of pocket, for something completely necessary.*"

Several interviewees (n=6) mentioned that travel was towards urban areas, where more providers were accessible for preventive care as well as specialists due to the lack of local providers. Due to rising fuel and travel costs and other inflation-related increases (food, housing), having to travel long distances to access oral health care was extremely burdensome. As Charlotte pointed out, it threw her *"whole budget off."* These costs then had to be absorbed elsewhere in their budgets and, in turn, had real, lived, material consequences for well-being and financial stability.

Lack of Up-to-Date Provider Information

While Indiana Family and Social Services Administration (FSSA) has a tool to find Medicaid dental providers across the state for traditional Medicaid[xxvi] and the managed care entities (e.g., CareSource, Anthem) for expansion populations, Mia noted that information on the state website is, "*Either completely outdated or the provider decided that the numbers he was getting weren't cute* [slang for not enough/not acceptable], *and just told the people at the front desk to say that they don't take* [Medicaid] *anymore."* There is even an additional disclaimer on the FSSA website indicating that members will need to call and check, leading to the additional labor required for those low-income Hoosiers needing oral health care:

> "This search finds providers of medical services enrolled with Indiana Medicaid. However, these providers may not be accepting new patients or patients in every Medicaid program. After using this search tool to find a provider, be sure to contact the provider directly to see if they are accepting new patients with Medicaid coverage." [xxvii]

Maria also noted the challenges locating providers, suggesting "*A random audit, at the very least checking for the in-network providers and doing like secret shopper and calling practices like knowing if you're internal in Medicaid and…this doctor has an active contract to accept patients…see if whoever answers."* Clearly, interviewees desired up-to-date, reliable information in the FSSA directory to make it easier to meet oral health care needs.

Consequences of Barriers to Oral Health

Hoosiers also shared with us what it looked like for them – physically, financially, socially, and emotionally – to contend with barriers to oral health care. This included delaying care, negative financial consequences, having to deal with a complex two-tier system of care, suffering from negative physical, financial, and social outcomes, experiencing relationship strain, as well as challenges meeting nutritional needs. These consequences are highlighted below to show the various struggles Hoosiers face due to barriers in Indiana.

Delaying or Forgoing Care

Due to the burden of dental care costs, Hoosiers forgo needed dental/oral health care. Naomi shared:

> "What do you do? You do without, you do without medicine, you do without your dental care." As Lynn stated, "You have to sit down and have that existential...discussion with yourself…'is my tooth really worth me being homeless or not eating for the next month'…You're kind of damned if you do, damned if you don't, because they are out, your tooth [it's] gone…like mine…they're gone."

Losing one's teeth instead of having them restored is not to be understated, as the loss of teeth contributes to lower quality of life, low self-esteem, and poorer overall health outcomes.[xxviii] Hoosiers reported having to delay their oral health care needs due to financial costs, echoing other work by the Indiana Community Action Poverty Institute on the impact of medical debt on care-seeking behavior.[xxix] Sophia said this explicitly: "[It] *makes me not want to seek care for anything because am I going to be billed for this…so I always put myself on the backburner."* The anxiety around costs also emerged in relation to keeping appointments. Charlotte said, *"I cancel my appointment because they start talking about prices and I can't get my own* [care] *because I couldn't afford it…still to this day, I have a busted tooth in my mouth…we're talking five years."*

Exacerbating Conditions and Ballooning Costs

Delayed care also led to increased costs as oral health issues worsened over time. Patricia shared, *"I had to put off this root canal for some time...so much so that it…completely ate away at the root…so now I had to pay $600."* This also affected the care of children in some instances, when parents needed time to save money for oral healthcare. Marie noted, *"It doesn't feel good as a parent to ask her to wait…six weeks …*[to] *put away enough to get the filling…by then the tooth could need a root canal or post."* Parents also reported feeling forced to triage care for children. As shared by Marie, *"I'm having to…mitigate the financial impact of not having a provider within my zip code…having to have my eldest because she's in pain [get into care]…I'm still putting [my second child's] first visit off, and it doesn't feel good either."*

Others mentioned that they had to piecemeal oral health care needs due to not having all the funds immediately, which led to additional costs. Marie, for example, needed to "*Get the same quadrant numbed like four times, four different visits.*" This also occurred to Mia, who had complications requiring repeat visits that were unaffordable to attend: "*I had a tooth that…I ended up needing pulled...when they pulled it, they had to break it into three pieces…some of the tooth is actually still in like my gum. They want me to come back, but I can't because I can't afford it,"* she said.

Finally, costs and requirements to make an advanced payment for care led to people *"Having to deal with everything...on an emergent basis as opposed to preventatively*," as Marie noted. In other words, Hoosiers reported waiting until something became an emergency because preventive care was inaccessible.

Doing What's Affordable Instead of What's Best

Several Hoosiers mentioned that, due to costs, they chose the least expensive option rather than what was suggested or considered the recommended care for their oral health needs. Those on Medicaid reported benefit limitations that prevented them from accessing the care they needed, leading to the extraction of natural teeth instead of restoration.

"It was a **financial** choice."

Lynn noted that *"A root canal…was like $500, or* [it was] *$50 to pull a tooth…so get rid of the* [expletive] *tooth because, I mean, that's what I had to do…so that's where most of my teeth went out the window."* She explained her reasoning to a dentist:

> "Because I'm going to a real dentist, [the dentist stated], 'Well, we need to try and save it.' I'm like, 'You don't understand. I can't get my bottom [teeth]…unless I'm missing that tooth.' So…I don't know what the exact number is, but you have to have X number of teeth missing to get a partial and then when you get that partial, if you don't get them both at the same time, then they count those teeth they put on the partial, those fake teeth, whatever, they count those towards the total number of teeth you have."

Lily shared that she was, *"Disappointed that* [state insurance] *will not pay for root canals… your only remedy is to get the tooth pulled..."* These experiences show that the Hoosiers interviewed had to make choices not based on their actual oral health care needs but on their financial circumstances.

Contending with a Two-Tiered System of Care

The impersonal care received by low-income patients upset a number of those interviewed. Marie, who had personal experience working with dental offices in her career, noted that Medicaid patients would often be overbooked into appointment slots due to "high no-show rates," which in turn worsened patient-provider interactions. These rapid or rushed interactions, created by this functionally two-tier system of oral health care, can have significant negative impacts on patients' well-being. Crystal experienced this firsthand, as she had a dental provider attempt to direct them to take pain medications they could not take with their current physical health condition: *"They* [the dental provider] *wanted me for pain relief to…stagger Tylenol and Ibuprofen* [I was like] *hold on I can't do that…I said I told you, I can't take Ibuprofen because of the kidney cancer."*

"When we get in there…people treat you like crap because you ask for a clinic program. That's not okay. You can't treat people that way and expect them to be all right with it."

Crystal then struggled with further complications from the dental procedure from the provider not being detailed in their review of her broader medical condition, leading to her having a "Horrifying experience, literally putting my life in danger, with the dental infection; *it can become very serious, very quick."* A two-tier system of oral health care is not just painful for Hoosiers; it is life-threatening.

Enduring Physical, Financial, and Psychological Pain

It was not unusual for interviewees to express that they or those they cared for had to endure physical pain due to the lack of financial means to access oral health care. Experiences included teeth actively deteriorating, as when Naomi's *"teeth just started to hollow out...they're broken off so far* [down]*."* Charlotte's teeth "s*plit in half"* and Cheryl's *"shorter and smaller* [teeth were]*…breaking off."* Raymond described throbbing, enduring pain from wisdom tooth eruption, noting *"They're growing the wrong way…toward my teeth."* Financial pain and difficulty paying dental care debts also emerged as consequences. Some interviewees reported a couple of hundred dollars in debt; Sophia had up to $18,000. Financial burdens from oral health care, as Lynn stated, "*make emergencies hard*" and make it hard to get ahead, and, in some cases, damage credit scores and result in collections. These went beyond impacts on immediate financial well-being, damaging their ability to get better housing. Lynn described her debt being sent to collections and then resold by debt collectors repeatedly:

> "So, my teeth were getting shorter and smaller and… ***just breaking off."***

> "There is a collection agency in the town where I live and every three years they sell their debt to themselves and change their name so they can keep it fresh on your record…like the clinic had already written that debt off as a loss and taking the tax break for it…I accumulated dental debt, and that was what was pulling my credit rating down…thousands of dollars in collections…[it] prevented me from doing anything and even like getting into better housing..."

Going hand in hand with physical and financial pain, psychological distress due to unmet oral health care needs (n=8) also surfaced. Jessica said simply, "[Just like] *regular debt does…you get stressed out*."' Stress was also mentioned by Marie, who had been working to reduce her stress levels due to previous heart attacks and heart surgery but found oral health care burdens were just, *"One more stress that I could really do without…after the heart attack, I've been trying to stay less stressed, but I haven't really accomplished that*."

Limiting Nutrition Options

In addition to dealing with the sociocultural impacts of having dental/oral health issues, there were also functional issues experienced by Hoosiers in simply being able to obtain the nutrition they needed due to dental pain and discomfort impacting eating. The relationship goes both ways, as poor oral health limits food choices and limited access to nutritious foods further increases risk of dental cavities and chronic dental diseases.[xxx]

Sophia had trouble with biting down: *"It's hard to eat a lot of things…I can't bite down on stuff."* Lynn shared, "*Medicaid paid for partials, but I don't wear them because they make my mouth feel weird and I can't eat with them on because then I get food up under them."* These oral health issues led to an additional mental load for interviewees, especially in social contexts. Cheryl experienced stress trying to plan ahead when attending social gatherings that pertained to food, *"Then you kind of have to think, 'Well, where can I go to eat dinner…what would they* have [to eat] *that would work for me?'"*

While having issues eating or pain from dental/oral health issues was more common, there were also a few participants who indicated a lack of access to nutritious foods contributed to their present oral health issues. Lynn, for example, thought "*Poor health and lack of nutrition…contributed to my tooth loss more than anything else.*" Not having access to healthy foods, funds, or time to prepare and create nutritious meals is common among low-income populations, further increasing the likelihood of negative oral health outcomes.[xxxi]

Experiencing Relationship Strain and Isolation

Several interviewees mentioned shame and social isolation as a result of unmet oral health care needs. Cheryl discussed a time when her son's friend referred to her in conversation as the mom with "the missing teeth on the side," which made her feel embarrassed. Naomi felt her teeth were *"so jagged, I don't even want to go out anymore," and Charlotte described feeling "like Quasimodo,"* a fictional character known for hiding in a church because of his appearance and for being treated as a social outcast.

Unmet dental care needs were also noted as a barrier to obtaining a job or better career prospects. Lynn shared,

> “Part of a barrier to care too...if you look like you're impoverished or you don't have all your teeth. People judge you [like]…you're less than...Like, how do I get a job? In customer service or even maybe working [at] a front desk. But I don't have all my teeth. So then, how does that look on the company?”

Financial stressors related to the cost of dental care also affected the broader relationships of those we interviewed. Patricia experienced tension in her relationship with her fiancé because the costs of her care meant that *“All of this debt is falling on him, and...he’s not getting anything [dental care he needs] done*.” Parents experienced heartbreak seeing children in pain due to not being able to afford necessary dental treatments. Charlotte shared, “*Our kid is in pain clearly, and you recognize that obviously…because it's your child. You know he's up…and down all night because they are in pain…He's complaining he has a tooth coming through and he is screaming in pain*.” In one case, Patricia even suggested that the costs of oral care affected her decision-making about having more children. *“I’ve got two kids and…I'd like to have another child, but it's terrifying because then...there's more dental work,”* she said.

Barriers to oral health care lead to a range of real-life negative consequences that extend beyond physical oral health outcomes, often in ways that are not considered. These findings make it clear that issues with accessing and affording oral health care must be addressed to ensure Hoosiers' health and well-being. Statewide policy change is one approach that can help improve Indiana's oral health landscape and ease the challenges residents face.

Policy Solutions

Policy sets out the framework within which people navigate their lives, including their oral health. Legislation has the potential to clear financial hurdles, promote an adequate supply of care providers, and erase harmful consequences of lack of affordable, quality oral health care. Illuminating these barriers and consequences is a first step toward policy change; understanding our legislative history and the steps Hoosiers want to see to address the challenges they face is another.

Recent Oral Health Policy Proposals in Indiana

A legislative review was conducted of all dental and dental Medicaid bills proposed in the Indiana General Assembly (IGA) during the past three legislative sessions: 2024, 2025, & 2026.[1] A relatively small number of bills, just nine, were filed over this time that impacted dental care, coverage, and professional regulation; out of those nine, only four passed into law.[xxxii] While two of these nine bills did touch on Medicaid dental matters, neither survived the legislative process.

[1] Note: Indiana has a biennial budget that is determined in odd-numbered years, so both the 2024 and 2026 legislative sessions were "short" sessions, while 2025 was the only budget-building session included in this review.

Two bills passed in the 2026 session that amended the educational requirements for dental hygienists, amended the requirements for administration of nitrous oxide by a dental hygienist, and allowed the state board of dentistry to establish additional requirements for an applicant who has failed the licensure examination at least three times.[xxxiii] One bill passed in the 2025 session addressed professional regulations for dentists and dental workers, including easing some regulations on dentists and allowing dental hygienists to take X-rays under dentist supervision in certain circumstances.[xxxiv] Another bill passed in 2024 addressed dental services and regulations governing how third-party administrators can and cannot charge and participate in those plans.[xxxv]

Regarding Medicaid, there have been few recent changes in Indiana law related to dental services and coverage for Medicaid recipients. Most of the recently enacted legislative changes have primarily addressed dentist and dental worker professional regulations, with most substantive changes to the code (on Medicaid) occurring more than 10 years ago. With the passage of the One Big Beautiful Bill (OBBB, H.R.1) at the federal level and Senate Enrolled Act (SEA) 1, which passed in the most recent Indiana legislative session (2026), the health and well-being of Hoosiers who depend on Medicaid coverage to access care may decline due to unstable access to insurance. These changes will negatively affect care-seeking behaviors, as more people will pay out of pocket for dental visits, with many likely to skip such appointments to avoid the cost. With existing research indicating that dental harms can persist for years after policy reversals, future policies should be targeted to address the most significant issues alongside cuts to state insurance access.[xxxvi]

Hoosiers' Policy Suggestions to Address Oral Health

All Hoosiers interviewed for this report shared a few suggestions they would propose to decision-makers to address the barriers and challenges they experienced.

Increase Affordability

Those interviewed expressed that oral health care costs needed to be reduced and that payment plans needed to be offered as an option for Hoosiers to spread out costs. In addition, it was noted that protections around the sale of debts are needed to ensure dental debt does not linger due to the resale of debt. The coverage provided by insurance (state- and employer-sponsored plans) was deemed insufficient and lacking in real usefulness for Hoosiers. Interviewees also added

> **"Make it affordable for everyone…** teeth are important."

that additional assistance should be considered for certain groups and situations, such as those with incomes below a certain threshold or in life-and-death situations. Therefore, those interviewed suggested expanding oral health care coverage to invest in the health of Indiana residents.

Policy Considerations

- Require a minimum spend out for oral health care insurance companies, similar to what is required by general health insurance companies
- Increase coverage provided to all Medicaid populations to include:
    - Comprehensive preventative oral health care such as fluoride and sealants
    - Restorative oral health care procedures, such as root canals, and provide additional flexibility in determinations of needed care for items such as bridges and partials to prevent unnecessary extractions of teeth
- Expand the present income level cap for accessing state dental insurance plans to support families experiencing benefit cliffs
- Ensure lifesaving oral health care procedures and needs are covered by insurance providers and provide incentives to dental professionals that engage in supporting these procedures to expand access for these critical cases
- Incentivize sliding scale costs and in-house, low-cost payment plans to ensure patients can afford care
- Restrict reselling of debts by collections companies to prevent debts from haunting Hoosiers years beyond when care was received
- Include dental/oral health care debts as part of medical debt and create stronger consumer protections on this topic to support the financial stability of Hoosiers

Improve Access to Providers

Hoosiers engaged in this project expressed difficulty accessing providers in their areas. Therefore, increasing the number of dental professionals was expressed as a critical need, especially for those on state insurance.

> "[We] need more providers that can **still take Medicaid."**

Policy Considerations

- Support time for dental professionals to conduct trauma-informed practices and follow-up engagements with clients struggling to afford care
- Expand the scope of practice allowances for dental hygienists to increase the potential workforce for preventative care cases
- Support the expansion of workforce development programs that provide training for dental assistants, who contribute functionally to the ability for offices to increase caseloads
    - An example of an effective model that is tied to a Federally Qualified Health Center (FQHC) in Indiana is HealthLinc's Dental Assistant Training Program [xxxvii]
- Provide incentives for dental providers to take Medicaid patients in rural areas by creating a rural incentive for reimbursements
- Verify the registered dental/oral health care providers for Indiana Medicaid that are currently taking patients
- Require managed care entities (MCEs) that facilitate the expansion plans to audit their lists on a bi-annual basis

Require Decisionmaker Engagement with Impacted Individuals

> "I would...kind of give a little glimpse into my life…being a single, working, but not having the best coverage…sharing my opinions on the common problems, like where **there is either no coverage, any insurance gaps, just being too expensive**... having debt from the necessary treatment...the consequences for not being able to maintain dental care. The financial and emotional stress as well…"

Hoosiers want to engage directly with oral health care decision-makers. This included the ability to talk with those who made choices about state insurance, as well as a desire to provide decision-makers with insights into the complex life contexts that can make someone have issues accessing their oral health care needs.

Policy Considerations

- Require representation from those on current benefit programs with voting decision power in the room
- Conduct engagement directly with those on Medicaid through independent quality assessment calls to assess feedback on care, access to providers, and out-of-pocket costs that are being passed onto Medicaid recipients

Conclusion

Hoosiers care about oral health and recognize that it is critical to their everyday well-being. The barriers they encountered and the consequences of lacking affordable, high-quality care options underscore the need for policy intervention. Lilly said it clearly: *"The state needs to invest more"* in oral health care to reduce financial barriers.

As this report highlighted, while many systems intersect with oral health care, accessibility and affordability have been key barriers for many Hoosiers across the state. With greater support, all Hoosiers can access the care they need to live healthier lives.

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Team members Lauren Murfree, Policy Analyst, and Zia Saylor, Researcher and Communications Coordinator, led data collection, analysis, and development of this report. Olivia Smith, Policy Analyst, reviewed recent Indiana oral health policy proposals, and Erin Macey, Director, provided support with revisions.

Questions can be directed to institute@incap.org.

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Appendix A:
Community Needs Assessment Survey Questions

Q 67: Are you able to obtain needed dental care?

- Yes
  - [skip Q 68 if selected]
- Sometimes
  - [branch to Q 68 if selected]
- No
  - [branch to Q 68 if selected]

Q 68: Are any of the following barriers to obtaining dental care? Check all that apply

- Dental care I need is too expensive/I can't afford it
- I struggle finding providers that accept my insurance
- I am worried about medical debt from dental care
- Don't have specific insurance cover needed care (e.g., dental care)
- I am fearful of getting dental care
- It takes too long to get an appointment for my dental needs/appointment wasn't available
- I struggle finding/getting transportation to my dental appointments
- I can't get to the dental office or clinic when they are open
- Other (please specify)

Appendix B:
Interview Protocol

My name is **[Your name]** from Indiana Community Action Poverty Institute.

Thank you so much for agreeing to this interview.

The Indiana Community Action Poverty Institute conducts research and promotes public policies so that all Hoosiers can achieve and maintain financial well-being. One of the reasons we are especially passionate about this project is that many of us have experienced difficulties in accessing necessary dental care and struggling with dental debt.

We are eager to work on solutions to challenges in accessing dental care and coping with dental debt.

This interview should take 30 to 60 minutes.

All research has risks, and the main risks in this study are that you might feel uncomfortable answering some of the questions and that information you share could be seen by someone outside the research team. We will do our best to make sure your interview is kept separate from your name and identifying information.

Participation is voluntary, and you can skip questions you don't feel comfortable answering. We can also take a break for a few minutes if at any point you feel emotionally overwhelmed.

Do you have any questions?

May I start recording?

Before we get too far, can you please share with me your Indiana mailing address so I can send you a gift card as a thank you for taking time out of your day to speak with us?

1. Can you tell us about your experience with dental issues and dental debt? Feel free to tell me the whole story—I would really like to understand your circumstances and what you have experienced.
    a. Probe: Did you need dental care for a certain dental issue? What happened when you tried to get that care?
2. Did your relationships with coworkers or friends or family change at all because of your dental issues or dental debt?
3. Did you face any challenges in getting the dental care that you needed?
    a. Probe: Did anything prevent you from physically getting to a place that offered the dental care you needed? Was the cost of care at all an issue? Was it difficult to get time off of work?
4. Did the dental debt impact other parts of your life such as budgeting, accessing care, or seeking out dental care?
5. Was there anything that helped you access the dental care that you needed?
    a. IF YES: What helped you access the dental care that you needed?
    b. IF NO: What support do you wish that you had?
6. If you could speak with legislators on this topic of dental debt and care, what is a policy change you would propose to them to address the issues you faced with dental care access, affordability, and dental debt
7. Would you be interested in engaging with us further on the topic of dental debt, such as joining an advocacy group working on this issue or sharing your story directly with reporters and policymakers?

Closing: Those are all the questions that I have for you, but I am wondering if there is anything else you would like to share with me that I haven't asked about?

References

[i] Chung, M., York, B., & Michaud, D. (2019). Oral health and cancer. *Current Oral Health Reports*, *6*(2), 130–137. https://doi.org/10.1007/s40496-019-0213-7; Fagundes, N., Almeida, A., Vilhena, K., Magno, M., Maia, L., & Lima, R. (2019). Periodontitis as a risk factor for stroke: A systematic review and meta-analysis. *Vascular Health and Risk Management*, *15*, 519–532. https://doi.org/10.2147/VHRM.S204097; Van Dyke, T., Kholy, K., Ishai, A., Takx, R, Mezue, K., Abohashem, S., Ali, A., Yuan, N., Hsue, P., Osborne, M. & Tawakol, A. (2021). Inflammation of the periodontium associates with risk of future cardiovascular events. *Journal of Periodontology*, *92*(3), 348–358. https://doi.org/10.1002/JPER.19-0441; Wu, D., Cho, Y., Spalti, M., Bishara, M., & Nguyen, T. (2023). The link between periodontitis and Alzheimer's disease emerging clinical evidence. *Dentistry Review*, *3*(1). https://doi.org/10.1016/j.dentre.2022.100062

[ii] Edwards, D. (2025, May 12). State oral health dashboard. *CareQuest Institute for Oral Health*. https://carequest.org/resource/state-oral-health-dashboard/

[iii] Ibid.

[iv] Sischo, L., & Broder, H. (2011). Oral health-related quality of life: What, why, how, and future implications. *Journal of Dental Research*, *90*(11), 1264-1270.https://pubmed.ncbi.nlm.nih.gov/21422477/

[v] Cosmina Ardelean, L., & Rusu, L. (Eds). (2023). *Human teeth - from function to esthetics.* IntechOpen. https://doi.org/10.5772/intechopen.104146

[vi] Chung, M., York, B., & Michaud, D. (2019). Oral health and cancer. *Current Oral Health Reports*, *6*(2), 130–137. https://doi.org/10.1007/s40496-019-0213-7; Fagundes, N., Almeida, A., Vilhena, K., Magno, M., Maia, L., & Lima, R. (2019). Periodontitis as a risk factor for stroke: A systematic review and meta-analysis. *Vascular Health and Risk Management*, *15*, 519–532. https://doi.org/10.2147/VHRM.S204097; Van Dyke, T., Kholy, K., Ishai, A., Takx, R, Mezue, K., Abohashem, S., Ali, A., Yuan, N., Hsue, P., Osborne, M. & Tawakol, A. (2021). Inflammation of the periodontium associates with risk of future cardiovascular events. *Journal of Periodontology*, *92*(3), 348–358. https://doi.org/10.1002/JPER.19-0441; Wu, D., Cho, Y., Spalti, M., Bishara, M., & Nguyen, T. (2023). The link between periodontitis and Alzheimer's disease emerging clinical evidence. *Dentistry Review*, *3*(1). https://doi.org/10.1016/j.dentre.2022.100062

[vii] Hajek, A., Kretzler, B., & König, H-H. (2022). Oral health, loneliness and social isolation. A systematic review and meta-analysis. *The Journal of Nutrition, Health and Aging*, *26*(7), 675-680.https://doi.org/10.1007/s12603-022-1806-8 ; Kisely, S. (2016). No mental health without oral health. *The Canadian Journal of Psychiatry*, *61*(5), 277-282. https://doi.org/10.1177/0706743716632523; Rouxel, P., Tsakos, G., Chandola, T., & Watt, R.G. (2018). Oral health—a neglected aspect of subjective well-being in later life. *The Journals of Gerontology: Series B*, *73*(3), 382-386. https://doi.org/10.1093/geronb/gbw024; Sischo, L., & Broder, H. (2011). Oral health-related quality of life: What, why, how, and future implications. *Journal of Dental Research*, *90*(11), 1264-1270.https://pubmed.ncbi.nlm.nih.gov/21422477/

[viii] Edwards, D. (2025, May 12). State oral health dashboard. *CareQuest Institute for Oral Health*. https://carequest.org/resource/state-oral-health-dashboard/

[ix] Ibid.

[x] Child & Adolescent Health Measurement Initiative. (2024). *National Survey of Children's Health (NSCH) Data Query*. [Data set]. U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).https://www.childhealthdata.org/browse/survey/results?q=11842&r=1&g=1260&r2=16

[xi] Ibid.

[xii] Indiana Community Action Poverty Institute. (2025). *Getting past "just overwhelming:" Equipping La Porte County residents to respond to medical bills.*https://institute.incap.org/assets/docs/Reports/HFL_Project%20Report_final.pdf; Indiana Community Action Poverty Institute. (2024). *Listening to Hoosiers: New mothers & medical debt.* https://institute.incap.org/assets/LTH_MedicalDebt.pdf

[xiii] Peterson-KFF Health System Tracker. (2026). *National health spending explorer*. https://www.healthsystemtracker.org/health-spending-explorer/outputType=%24billions&serviceType%5B0%5D=dental&sourceOfFunds%5B0%5D=allSources&tab=0&yearCompare%5B0%5D=%2A&yearCompare%5B1%5D=%2A&yearRange%5B0%5D=%2A&yearRange%5B1%5D=%2A&yearSingle=%2A&yearType=range

[xiv] Indiana 211 Data Report. (2022-2025). *Dental care referrals.* [Unpublished raw data]. Indiana Family and Social Services Administration.

[xv] U.S. Census Bureau. (n.d.). Median Household Income in the Past 12 Months (in 2024 Inflation-Adjusted Dollars) by Household Size. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B19019. Retrieved August 27, 2026, from

https://data.census.gov/table/ACSDT5Y2024.B19019?q=Household+Size+and+Type&t=Income+(Households,+Families,+Individuals)&g=040XX00US18.

[xvi] Indiana Community Action Poverty Institute. (2026). Community Needs Assessment [Unpublished raw data]. Indiana Community Action Association.

[xvii] Peterson-KFF Health System Tracker. (2026). *National health spending explorer*. https://www.healthsystemtracker.org/health-spending-explorer/?outputType=%24billions&serviceType%5B0%5D=dental&sourceOfFunds%5B0%5D=allSources&tab=0&yearCompare%5B0%5D=%2A&yearCompare%5B1%5D=%2A&yearRange%5B0%5D=%2A&yearRange%5B1%5D=%2A&yearSingle=%2A&yearType=range

[xviii] American Dental Association. (2024). *State Medicaid advocacy toolkit*. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/advocacy/medicaid/medicaid_advocacy_toolkit_2024.pdf?rev=24feeca2ccc14c1582bedf6dfc4cd494&hash=573F6D46770B087BF26ECFD784A618AE; Anthem. (2022). *Healthy Indiana plan (HIP) Medicaid*. Retrieved June 23, 2026. https://www.anthem.com/in/medicaid/healthy-indiana-plan; Edwards, D. (2025, May 12). State oral health dashboard. *CareQuest Institute for Oral Health* https://carequest.org/resource/state-oral-health-dashboard/

[xix] Consumer Financial Protection Bureau. (2023). *Medical credit cards and financing plans*. https://files.consumerfinance.gov/f/documents/cfpb_medical-credit-cards-and-financing-plans_2023-05.pdf

[xx] American Dental Association. (2024). *State Medicaid advocacy toolkit*. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/advocacy/medicaid/medicaid_advocacy_toolkit_2024.pdf?rev=24feeca2ccc14c1582bedf6dfc4cd494&hash=573F6D46770B087BF26ECFD784A618AE; Levine, N. (2025, December 9). *Dental care utilization stagnant among Medicaid beneficiaries*. *ADA News*. https://adanews.ada.org/ada-news/2025/december/dental-care-utilization-stagnant-among-medicaid-beneficiaries/

[xxi] Health Resources and Services Administration (HRSA) Data Warehouse. (2026). *Health professional shortage areas (HPSA) dental health.* [Data set]. U.S. Department of Health and Human Services. https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find

[xxii] Health Resources and Services Administration (HRSA) Data Warehouse. (2026). *Health professional shortage areas (HPSA) dental health.* [Data set]. U.S. Department of Health and Human Services. https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find

[xxiii] Behavioral Risk Factor Surveillance System. (2024). *BRFSS survey data and documentation* (Version 2024). [Dataset]. Centers for Disease Control & Prevention (CDC). https://www.cdc.gov/brfss/annual_data/annual_2024.html

[xxiv] American Dental Association. (2025). *Supply of dentists in the U.S: 2001-2024.* [Dataset slide 70]. The Health Policy Institute. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us_dentist_workforce_2025.pdf?rev=362371cb6de24198ac3356661abdc25b&hash=3903FAA20BDB648E3868E88314BFBED9

[xxv] Vaughn, S., & Ge, Y. (2025). *Indiana oral health workforce 2024 data report.* Bowen Center for Health Workforce Research and Policy, Indiana University School of Medicine. https://scholarworks.indianapolis.iu.edu/bitstreams/f915418a-19c2-4117-880e-b501cb6cc015/download

[xxvi] . Indiana Health Coverage Programs. (n.d.). *IHCP provider locator.* Retrieved June 26, 2026, from https://provider.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx

[xxvii] Indiana Health Coverage Programs. (n.d.). *IHCP provider locator.* Retrieved June 26, 2026, from https://provider.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx

[xxviii] Centers for Disease Control & Prevention (CDC). (2025, May 15). *About tooth loss*. U.S. Department of Health and Human Services. https://www.cdc.gov/oral-health/about/about-tooth-loss.html

[xxix] Indiana Community Action Poverty Institute. (2022). *Medical debt in Indiana.* Indiana Community Action Association. *https://institute.incap.org/assets/docs/Reports/June%202022--Medical%20Debt%20in%20Indiana--HRL%20logo.pdf* ; Indiana Community Action Poverty Institute. (2024). *Listening to Hoosiers: New mothers & medical debt.* Indiana Community Action Association. https://institute.incap.org/assets/LTH_MedicalDebt.pdf

[xxx] American Dental Association. (2026). *Nutrition and oral health*.https://www.ada.org/resources/ada-library/oral-health-topics/nutrition-and-oral-health

[xxxi] Daniel, C. (2020). Is healthy eating too expensive?: How low-income parents evaluate the cost of food. *Social Science & Medicine*, *248*. https://doi.org/10.1016/j.socscimed.2020.112823; Vos, M., Deforche, B., Van Kerckhove, A., Michels, N., Poelman, M., Geuens, M., & Van Lippevelde, W. (2022). Determinants of healthy and sustainable food choices in parents with a higher and

lower socioeconomic status: A qualitative study. *Appetite*, *178*. https://doi.org/10.1016/j.appet.2022.106180; Whatnall, M., Ashton, L., Adam, M., McCormick, H., Clarke, E., Lavelle, F., Burrows, T., Hutchesson, M., & Collins, C. (2022). How can we support healthy eating in young adults with low diet quality? A survey of users of the 'no money no time' healthy eating website. *Nutrients*, *14*(24). https://doi.org/10.3390/nu14245218

[xxxii] Professions and professional services. S.B. 132, 121st Gen. Assemb. Sess. (IN.,2024). https://iga.in.gov/legislative/2024/bills/senate/132/details; Various health care matters. S.B. 180, 123rd Gen. Assemb., Sess. (IN, 2026). https://iga.in.gov/legislative/2026/bills/senate/180/details; Dental matters. H.B. 1031, 122rd Gen. Assemb., Fiscal Sess. (IN, 2025). https://iga.in.gov/legislative/2025/bills/house/1031/details; Various dental matters respiratory care. H.B. 1254, 123rd Gen. Assemb., Sess. (IN, 2026). https://iga.in.gov/legislative/2026/bills/house/1254/details

[xxxiii] Various health care matters. S.B. 180, 123rd Gen. Assemb., Sess. (IN, 2026). https://iga.in.gov/legislative/2026/bills/senate/180/details ;Various dental matters respiratory care. H.B. 1254, 123rd Gen. Assemb., Sess. (IN, 2026). https://iga.in.gov/legislative/2026/bills/house/1254/details

[xxxiv] Dental matters. H.B. 1031, 122rd Gen. Assemb., Fiscal Sess. (IN, 2025). https://iga.in.gov/legislative/2025/bills/house/1031/details

[xxxv] Professions and professional services. S.B. 132, 121st Gen. Assemb. Sess. (IN.,2024). https://iga.in.gov/legislative/2024/bills/senate/132/details

[xxxvi] Elani, H., Sommers, B., Kawachi, I., Tipirneni, R., & Rosenthal, M. (2026). Fluctuating state Medicaid dental coverage: Asymmetric impact of benefit cuts and expansions, 2010–21. *Health Affairs*, *45*(2), 200–208. https://doi.org/10.1377/hlthaff.2025.00454

[xxxvii] HealthLinc. (2026). *Dental assistant training*. https://healthlincchc.org/join-the-team/da-training-program/