



Statement for the Record
Submitted to the Veterans' Affairs Committee
United States House of Representatives
March 18th, 2026

In response to a hearing on **H.R.210, the “Dental Care for Veterans Act”**

Prepared by Annaliese Cothron, DHSC, MS, CPH
Co-founder and Executive Director
The American Institute on Disparities in Public Health

Introduction

The American Institute on Disparities in Public Health (AIDPH) is a 501c(3) nonprofit organization that empowers our community to eliminate health disparities through research, education, and advocacy. AIDPH believes it is our responsibility to address individual, institutional, and systemic barriers that keep communities from achieving optimal health across the lifespan. Everyone deserves valuable, accessible, and affordable healthcare that allows them to achieve their highest health potential. Our work predominantly focuses on healthcare integration, veterans, community engagement, workforce development, applied research, advocacy training, and leadership development. As advocates for oral health, mental health, women's health, and chronic disease disruption, we produce upstream, mid-stream, and downstream solutions that keep communities healthy.

AIDPH has led national efforts to improve veteran oral health through research, coalition-building, and policy engagement. Our work includes comprehensive state-level needs assessments, multi-year stakeholder convenings, and the development of strategic plans and advocacy tools that translate data into actionable solutions for improving access, affordability, and care delivery. Through partnerships with state agencies, veteran service organizations, and community leaders, AIDPH has been established as a trusted technical advisor and backbone organization advancing evidence-informed oral health policy for veterans.

The purpose of our statement is to highlight the pervasive oral health disparities experienced by veterans and offer support for policy solutions that increase the accessibility and affordability of dental care for veterans.

An Overview of Dental Care Access For Veterans

There are approximately 18 million veterans in the US, of which roughly half are eligible for medical care administered through the Veteran Health Administration.¹ Among these veterans, roughly 24% meet the eligibility requirements for dental care outlined in Title 38 of the Federal Code.² Of those 24% eligible for dental care, approximately 32% of veterans use their VA dental benefits annually. This is a steady trend of low utilization

¹ Veterans Affairs. About the VHA. Available at: <https://www.va.gov/health/aboutvha.asp>

² US Department of Veterans Affairs FY 2024 Budget Submission. March 2024. Available at: <https://www.va.gov/opa/docs/remediation-required/management/fy2025-va-budget-volume-ii.pdf>

despite an almost 10% increase in eligibility due to the PACT Act. In short, most veterans are not eligible for dental care through the VA, or don't utilize their benefit if they are eligible, resulting in a chronically underserved community. Survey research from AIDPH and CareQuest Institute for Oral Health indicates confusion about VA dental benefits and concerns about the cost of private dental care are the largest barriers to accessing and utilizing dental care.³

Veterans Experience Poorer Oral Health Outcomes Compared to Nonveterans

According to the National Health and Nutrition Examination Survey (NHANES), veterans have more caries experience, gum disease, and edentulism compared to nonveterans.⁴ Chronic poor access to and utilization of dental care also impacts gum health, with 41.7% of veterans reporting gum problems or bone loss around their teeth, a significantly higher proportion than among nonveterans (27%). National self-report data confirms this trend, with almost 30% of veterans rating their own dental health as “poor.”⁵ In 2022, 45% of surveyed veterans reported having permanent teeth removed due to pain or infection after separation from the military.⁶ This rate of tooth extractions was higher in veterans with a service-connected disability (25%) compared to veterans who did not have a service-connected disability (17%). These painful oral health outcomes disproportionately end in emergency department (ED) visits, costing veterans nearly \$1.7 billion each year.

Oral Health, Chronic Disease Conditions, and Rurality for Veterans

Poor oral health outcomes often exacerbate chronic disease conditions like heart disease and diabetes, of which veterans experience higher prevalence rates compared to nonveterans.⁷ The cost savings associated with treating veterans with heart disease and diabetes in an integrated care environment average roughly \$3.4 billion annually – the approximate equivalent of the FY 2026 VHA budget request for dental services.⁸ A report published by AIDPH revealed these chronic disease issues are complicated by intersecting inequities like income, education, and rurality. Rural veterans experience poorer oral health outcomes compared to their urban counterparts.⁹ Rural veterans pay higher out-of-pocket costs for dental care, have poorer self-reported oral health, and experience edentulism at higher rates than nonrural veterans.¹⁰ In summary, all available data indicate that veterans not only encounter poorer oral health outcomes and access compared to nonveterans, but that factors like rurality and high prevalence of chronic disease conditions make oral health worse for subgroups of this community.

³ The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Dental Care Stimulates the Economy and Improves Overall Health. Boston, MA: April 2022.

⁴ The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Oral Health: Expanding Access and Equity. Boston, MA: December 2021. DOI: 10.35565/CQI.2021.2041.

⁵ The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Dental Care Stimulates the Economy and Improves Overall Health. Boston, MA: April 2022.

⁶ The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Inadequate Dental Care for Veterans Is Painful and Costly. Boston, MA: March 2023. Copyright © 2023 The American Institute of Dental Public Health and CareQuest Institute for Oral Health, Inc.

⁷ The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Dental Care Stimulates the Economy and Improves Overall Health. Boston, MA: April 2022.

⁸ <https://department.va.gov/wp-content/uploads/2025/06/2026-Volume-2-Medical-Programs.pdf>

⁹ Cothron, A., Shaver, A., Boynes, SB. Chronic Disease and Rurality Impacts Veteran Oral Health Outcomes: A Behavioral Risk Factor Surveillance System Analysis. J Am Col Dent 2022; 89 (2): 1-60. Available at: <https://bit.ly/3UKvpYx>

¹⁰ The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Improving the Oral Health of Rural Veterans Through Policy, Data Collection, and Care Delivery. Boston, MA: November 2022.

Inadequate Dental Care is Painful and Costly

Many veterans (44%) report experiences of pain or discomfort within the past year, but were unable to see a dentist to relieve that pain.¹¹ Dental pain often creates ripple effects among other aspects of veterans' daily lives, including mental health and workplace productivity. Analysis of NHANES data revealed that almost 600,000 veterans reported oral health–related productivity loss at least occasionally in the past year.¹² Veterans who reported experiencing oral pain at least occasionally within the past year were 13.5 times more likely to have oral health–related productivity loss compared to veterans who reported never experiencing oral pain. Among veterans with diabetes, those without a dental visit in the past year had a 24% higher annual cost of missed workdays compared to those who saw a dentist in the past year. Among veterans with heart disease, those without a dental visit in the past year had a 392% higher annual cost of missed workdays compared to those who saw a dentist in the past year. Lastly, veterans pay 65% more in out-of-pocket dental costs than nonveterans. Taken together, the data outlined in this report indicate that the poor oral health outcomes veterans experience impact their quality of life, their ability to function in the workplace, and their financial stability. Veteran stories shared with AIDPH underscore the human impact of poor access to dental care:

"If I pay for this, I'm positive I'd end up homeless. As it is, I barely can afford food. I never go anywhere except to VA appointments. It's a 2-hour drive, and gas isn't cheap." 71-year-old retired Army Veteran from Delaware who has undergone chemo treatment and lost the majority of her teeth as a result.

*"Dental care is vital for us veterans that have disability designations but [are] not [at] 100%. We should have access to dental care even if at a discounted rate. It is critical to our health and I know my mouth situation affects me greatly."
Working-age army veteran from Massachusetts*

"Dental care should be available to all veterans. The government provided me [with] a gun and allowed me to fight for our country but did not provide me basic healthcare after leaving active duty." - Disabled Rural Veteran living in Illinois

"I haven't been to a dentist in 5 years. I simply don't have the money for it as a single father not working. I live off 80% disability from the VA. I have halitosis pretty bad and pretty much gave up on my teeth because I know I just can't get oral care. Please help. I do not qualify for a VA dentist." - Working Age Veteran Living in Maryland

"I already deal with daily body pains and do not need to add oral pains to the list. I just go without things as I pay [my dental bills] off." - Disabled Army Veteran, 55, from Alabama

¹¹ The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Dental Care Stimulates the Economy and Improves Overall Health. Boston, MA: April 2022.

¹² The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Oral Health Is Essential to Veteran Productivity and Well-Being. Boston, MA: February 2024.

AIDPH Supports HR 210 as a Policy Solution for the Veteran Dental Care Crisis

The VA is the largest integrated healthcare system in the United States. The comprehensive nature of this healthcare system allows veterans to benefit from a prevention-forward approach that ultimately saves taxpayer dollars, particularly for veterans with high-risk, high-cost chronic disease conditions. The financial benefits of expanding care for veterans through the VA are such that for every dollar spent on dental care for veterans with diabetes, a dollar is saved in medical care. For heart disease, this cost savings increases to two dollars. As a result, the VA can save up to \$3.4 billion in taxpayer dollars by expanding eligibility for veterans with heart disease and diabetes to receive dental care. The average cost of a dental ED visit is \$1,520.¹³ In 2022, just over 6% of veterans visited an ED for dental pain in the past year — 2% more than the national average. Nearly 20% of veterans surveyed visited an ED for dental pain since they left the military. Extrapolated to the entire veteran population, around 3.6 million veterans have visited an ED for pain after leaving the military, costing \$5.4 billion in emergency care. Research shows patients without access to dental care will return repeatedly to EDs for the same issue, continuing to drive up costs for care.¹⁴ The fragmentation of dental care from the rest of veteran healthcare negatively impacts daily functioning, creates chronic pain for veterans, increases costs to taxpayers, and creates high costs for veterans. Legislation like HR210 increases veterans' eligibility to receive necessary medical care, access comprehensive dental services, holistically treat chronic conditions, and ultimately improve quality of life.

Contact Information

Annaliese Cothron, DHSc, MS, CPH
Co-Founder and Executive Director
The American Institute on Disparities in Public Health
cothron@aidph.org
<https://aidph.org/>

¹³ Kamyar Nasseh, Marko Vujcic, and Michael Glick, "The Relationship between Periodontal Interventions and Healthcare Costs and Utilization. Evidence from an Integrated Dental, Medical, and Pharmacy Commercial Claims Database," *Health Economics* 26, no. 4 (April 2017): 519–27, <https://doi.org/10.1002/hec.3316>.

¹⁴ Brian G. Darling, Astha Singhal, and Michael J. Kanellis, "Emergency Department Visits and Revisits for Nontraumatic Dental Conditions in Iowa," *Journal of Public Health Dentistry* 76, no. 2 (Spring 2016): 122–28, <https://doi.org/10.1111/jphd.12120>.