

December 16, 2025

**Mr. Greg Orencsak**

Deputy Minister of Health

Health Canada

Ottawa, ON

**Re: Importance of Consultation on Recent CDCP Policy Changes Affecting Patient Care**

Dear Deputy Minister Orencsak,

On behalf of the Canadian Dental Association (CDA) and The Denturist Association of Canada (The DAC) representing close to 30,000 oral health providers, we would like to express our appreciation for the productive and collaborative relationship our organizations have shared with Health Canada over the past several years. We value this partnership and remain committed to helping improve access to high-quality oral health care for Canadians.

It is in this spirit of collaboration that we are writing to raise a significant and growing concern: **major CDCP policy changes are being implemented without prior consultation with oral health stakeholders, despite a commitment in 2024 that such engagement would occur.** These changes have also been applied retroactively, resulting in treatment plans being invalidated and patients unexpectedly facing harm, delays, and significant out-of-pocket costs. To now retroactively penalize both the patient and the practitioner due to a change in policy is not clinically sound, not operationally feasible, and fundamentally unfair.

The result is a growing sense of instability among oral health providers, who seem to be expected to support patients through complex and evolving rules that change without appropriate dialogue or warning. More importantly, patients themselves are bearing the consequences: financially, clinically, and emotionally. We are elevating this matter so that together we can ensure the CDCP functions effectively for patients and providers. While we have worked closely with the department, we have seen challenges in obtaining opportunities for early input on policy changes, underscoring the need for a more structured consultation process.

The absence of timely consultation has led to confusion, unintended and avoidable consequences for patients and providers, and has undermined confidence in the program. Recently, two separate policy changes have highlighted this issue with considerable clarity:

**1. Dental Laboratory Fee Reimbursement Policy Change:** The introduction of new laboratory fee reimbursement limits on October 17, 2025 resulted in previously approved preauthorizations no longer being honoured, leaving many CDCP patients responsible for unexpected additional charges, in some cases well over \$400, as providers reported reimbursement adjustments even when laboratory invoices were consistent with usual and customary fees. Without prior consultation or direct communication to patients, this change is creating significant clinical

implications, financial hardship for a vulnerable population, and operational confusion for dental teams, as already highlighted in CDA's November 13 correspondence to Health Canada and The DAC's correspondence November 12 to Health Canada.

**2. Denture Coverage Policy Change:** The December 7, 2025, revision to denture coverage rules has immediately disrupted treatment planning for patients. Providers and patients who followed the previous CDCP framework in place to pursue a reline or rebase as an interim step toward a new denture are now unexpectedly deemed ineligible for replacement of dentures for 24 months, despite having acted in good faith. This retroactive application, compounded by outdated Benefit Grids still publicly posted, has led to widespread confusion, patient impact, and is undermining provider and patient trust in the program. We understand and accept that the new policy applies moving forward from December 7. However, applying this policy to treatment rendered in the past and justly under the plan's policy is unreasonable.

Dentists and Denturists play a direct role in implementing the CDCP. When major policy adjustments are made without appropriate advance dialogue, the ability of providers to effectively plan care, inform patients, and avoid financial or clinical harm to patients is compromised. In both cases, earlier consultation with our organizations would likely have prevented the unintended consequences now being experienced by patients across Canada.

Both the CDA and The DAC share the goal of ensuring the CDCP works for patients. To achieve this, policy changes must be predictable, transparent, and informed by the expertise of those who deliver care.

### **Request for Action**

We strongly urge Health Canada to:

1. **Implement a formal, structured consultation process for all significant CDCP policy changes**, with adequate notification timelines.
2. **Ensure that future changes are not applied retroactively** when doing so risks invalidating treatment plans or imposing unexpected costs or clinical hardship on patients.
3. **Establish meaningful engagement mechanisms with national oral health associations** to identify unintended impacts before policies are developed and implemented.

Our organizations remain ready to participate constructively and collaboratively in this process. We believe that with meaningful consultation, Health Canada can avoid many of the adverse operational and patient impacts described above and strengthen confidence in the CDCP across the oral health community.

CDA and The DAC value our longstanding partnership with Health Canada and the shared commitment to improving oral health outcomes for Canadians. However, the lack of consultation on policy changes poses significant challenges for patients and providers alike.

Thank you for your attention to this important matter. We look forward to continued collaboration.

Sincerely,



**Dr. Aaron Burry**  
Chief Executive Officer  
Canadian Dental Association



**Mallory Potter**  
Executive Director  
Denturist Association of Canada

Cc: Assistant Deputy Minister, Oral Health Branch

Cc: Minister of Health