



**November 13, 2025**

Greg Orenсsak  
Deputy Minister of Health  
Health Canada  
Ottawa, ON

**Re: Impacts of Recent Changes to CDCP Laboratory Fee Reimbursements**

Dear Deputy Minister Orenсsak,

On behalf of the Canadian Dental Association (CDA), we wish to express our appreciation for the constructive working relationship that CDA has long maintained with Health Canada. We value our shared commitment to improving access to oral health care for Canadians and our ongoing collaboration to strengthen the implementation of the Canadian Dental Care Plan (CDCP). From the outset, CDA has worked closely and transparently with Health Canada to help identify operational challenges and find pragmatic solutions.

It is in that same spirit of partnership that we are writing to share concerns regarding the recent CDCP policy change to the reimbursement of commercial laboratory fees, which took effect on October 17, 2025.

**1. Misalignment Between Policy Intent and Implementation**

CDA fully supports Health Canada's objective of ensuring the sound management of public funds and addressing any instances of fraud or inappropriate billing. Health Canada advised CDA that this policy change was needed to address "bad actors" identified by Sun Life through its comparison of CDCP billing patterns with its broader book of business related to laboratory charges. CDA was informed that the majority of dentists, who submit usual and customary laboratory fees, would not be affected by this change. We fully agree with and support this principle.

However, CDA is now receiving case reports from across the country indicating that dentists are experiencing adjustments to preauthorized estimates and reimbursements — particularly for complete and partial dentures — even when their laboratory invoices fall within usual and customary parameters. These adjustments have resulted in reimbursements being lowered, creating unexpected financial burdens for CDCP patients. In several of these cases, patients have faced additional out-of-pocket costs of several hundred dollars. This suggests that the implementation of the new laboratory fee caps may be broader in impact than intended, inadvertently affecting ethical practitioners and their patients.



## 2. Invalidated Preauthorizations and Patient Impact

Health Canada has advised that the change in reimbursement for laboratory fees needed to take effect immediately on October 17, as Sun Life had programmed the payment policy change for that date. In practical terms, this means that reimbursement commitments contained in preauthorizations issued to dental offices on behalf of patients prior to October 17 are no longer being honored.

CDA has received reports of cases where treatment began prior to October 17, but final reimbursement amounts could only be confirmed upon submission of the final invoice at treatment completion, as required under the terms of the program. In these cases, reimbursement levels were significantly reduced, leaving patients responsible for a much larger portion of the laboratory bill, in some instances well over \$400, as a direct result of the policy change.

This situation is particularly concerning given that CDCP patients represent a vulnerable population already facing affordability barriers. The sudden invalidation of reimbursement amounts in previously approved preauthorizations has created confusion and distress for both patients and the dental teams supporting them. Moreover, because no communication was issued to CDCP patients by Health Canada about this change, patients are directing their frustration and anger toward dental offices, placing significant strain on front-line staff.

## 3. Lack of Data

Health Canada has not published the new laboratory reimbursement caps. Furthermore, CDA requires data that would allow us to understand the scope and magnitude of dentists and patients being affected. Without this information, it is challenging to effectively manage member concerns or communicate accurately with the dental community and the public.

We are particularly concerned that the policy's operational impact may have overextended its intended purpose, undermining confidence in the CDCP among both dentists and patients.

### Urgent Request and Suggestions

1. **Direct communication to CDCP patients** from Health Canada explaining the recent changes to laboratory fee reimbursements, including how these changes may affect their out-of-pocket costs. This transparency is essential to maintain public trust and to ensure patients understand that these changes stem from federal policy decisions rather than from providers.
2. **Provision of data and analysis** detailing:



# Canadian Dental Association Association dentaire canadienne

www.cda-adc.ca  
1815 Alta Vista Drive  
Ottawa ON K1G 3Y6  
613-523-1770  
info@cda-adc.ca

1. The number of pre-authorizations issued prior to October 17, 2025, that are now being affected by lower reimbursements;
2. The number and proportion of dentists whose claims are being adjusted under the new caps; and
3. Any regional or procedural trends observed (e.g., codes or provinces more heavily affected).

3. **A process to review cases** initiated prior to October 17 where customary and reasonable fees were applied, and that have been unintentionally impacted by the timing of the policy change.

Access to this data is essential for CDA to help Health Canada assess whether the current policy is achieving its intended goal of addressing inappropriate billing without penalizing legitimate providers and their patients.

## Conclusion

CDA remains strongly committed to working collaboratively with Health Canada to ensure the success of the CDCP. We recognize and support the government's goal of fiscal responsibility while expanding access to oral health care. However, early indications are that the approach to the change in laboratory fee reimbursements are creating unintended adverse consequences that risk undermining provider confidence and patient experience.

We look forward to continuing engaging with Health Canada, reviewing data, discussing potential adjustments, and identifying ways to mitigate unintended impacts on both patients and practitioners.

Thank you for your continued partnership.

Sincerely,

**Dr. Aaron Burry**

**Chief Executive Officer**

Cc: Lynne Renne de Cotret, Assistant Deputy Minister