



Oct. 24, 2019

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-222
U.S. Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-329
U.S. Capitol
Washington, DC 20515

Dear Speaker Pelosi and Minority Leader McCarthy:

The American Association of Oral and Maxillofacial Surgeons (AAOMS) represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States. We would like to express deep concern with the Medicare Dental Act of 2019 (HR 4650) that would provide coverage for certain dental items and services under part B of the Medicare program.

Oral and maxillofacial surgery is the surgical specialty of dentistry and one of the few dental specialties whose members perform Medicare-covered procedures that range from the removal of cancerous tumors in the mouth/jaw area and the extraction of infected teeth to prepare a patient's jaw for radiation cancer treatment to repairing tissue or bones in the facial area following trauma. As such, our members have extensive experience with the Medicare program.

As dentists, we understand the important role oral health can have on a patient's overall health, and we support efforts to ensure all Americans have access to affordable, high-quality dental care. We further recognize that many low-income seniors have difficulty affording dental care given the limited dental procedures covered by Medicare. We support proposals to expand the scope of medically necessary dental procedures covered by Medicare as a starting point. Medicare's current coverage policies are unclear and inconsistent. For example, Medicare will cover an oral exam for a patient who may require dental treatment prior to undergoing a Medicare-covered kidney transplant – but not any other type of organ transplant. Furthermore, Medicare will not cover any dental treatment needed to ensure the success of the transplant.¹

While we appreciate the Medicare Dental Act's intent, it is important to consider who is lacking access to dental care and whether HR 4650 is the best solution. Many middle- and high-income seniors obtain dental care either through dental coverage offered by their Medicare Advantage (MA) plans or by paying out-of-pocket. The percentage of Medicare beneficiaries with an MA plan is rising annually,

¹ Medicare Benefit Policy Manual. Chapter 15, Section 150. CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf. Accessed Oct. 21, 2019.

and 67 percent of MA plans now offer some form of dental benefits.² For seniors who can afford a MA advantage plan, there is no need to take away this care delivery option.

On the other hand, low-income seniors cannot afford to pay extra for supplemental dental benefits through a MA plan or pay out-of-pocket for their dental treatment. For these seniors, state Medicaid programs should be considered. Most states already offer adult dental Medicaid services. Expanding those programs to include low-income seniors – even if partially funded by the federal government – would be a more efficient way to expand coverage to this population than the creation of a new federal program.

In addition, the current benefit provided by HR 4650 covers only 80 percent of a patient's cost for preventative and basic treatments and caps the patient's costs at 50 percent for major treatments. This is below the private insurer industry standard of 100 percent of preventative and 50 percent of major treatment costs, respectively.³ In sum, while middle- and higher-income seniors may benefit from HR 4650's potential to reduce costs, low-income seniors may not be able to afford preventative and basic treatment care due to the bill's cost-sharing obligations.

Lastly, AAOMS has concerns about the reimbursement process. The Medicare Dental Act would subject dental and oral services defined in the bill to the Medicare physician fee system, which was designed for the medical coding system and not the dental coding system. Requirements such as diagnosis coding, global service periods and multiple procedure discounts are just a few of the Medicare payment policies we are concerned about because they do not currently align with the dental coding system. As a result, dental services may end up significantly undervalued after going through the Medicare physician fee setting process. Furthermore, the vast majority of dentists are unfamiliar with the administrative requirements associated with being a Medicare Part B provider. If reimbursement is not high enough to incentivize dentist participation and the provider administrative requirements are too onerous, many dental providers will forgo participation in the program and low-income seniors will remain without access to quality dental care.

AAOMS agrees with Congress that low-income seniors lack access to affordable dental care and, as a result, are forgoing care that can have significant positive implications on their overall health. However, we disagree that HR 4650 is the best solution to this problem and ask Congress to consider alternative approaches, such as expanding coverage for medically necessary dental procedures, using existing programs, such as state Medicaid funding to cover low-income seniors, and encouraging more MA plans to offer dental benefits to their enrollees.

We would be pleased to work with you and your House colleagues further on this important issue. Please contact Jeanne Tuerk, AAOMS manager of government affairs, at 800-822-6637, ext. 4321, or jtuerk@aaoms.org.

Sincerely,



Victor L. Nannini, DDS, FACS
AAOMS President

² A Dozen Facts About Medicare Advantage in 2019. Henry J. Kaiser Family Foundation. [KFF.org/medicare/issue-brief/a-dozen-facts-about-medicare-advantage-in-2019](https://www.kff.org/medicare/issue-brief/a-dozen-facts-about-medicare-advantage-in-2019). June 2019. Accessed Oct. 21, 2019.

³ Dental Benefits Basics: What do dental plans normally cover? National Association of Dental Plans. [NADP.org/Dental_Benefits_Basics/Dental_BB_2.aspx](https://www.nadp.org/Dental_Benefits_Basics/Dental_BB_2.aspx). Accessed Oct. 21, 2019.