



December 17, 2021

The Honorable Benjamin Cardin  
U.S. Senate  
509 Hart Senate Office Building  
Washington, DC 20510

The Honorable Debbie Stabenow  
U.S. Senate  
731 Hart Senate Office Building  
Washington, DC 20510

Dear Senators Cardin and Stabenow:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), which represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, I wish to thank you for your leadership on oral health issues in Congress, particularly given your introduction of the Medicaid Dental Benefit Act (S. 3166). This important legislation would provide comprehensive and consistent adult dental Medicaid benefits across the country for those who cannot otherwise afford oral healthcare.

OMSs understand the important role oral health can have on a patient's overall health. OMSs are surgically and medically trained dental specialists who treat conditions, defects, injuries, and esthetic aspects of the mouth, teeth, jaws, neck and face. The OMS scope of practice straddles the line between medicine and dentistry, treating conditions that could be dental or medical in nature. In fact, AAOMS maintains a list<sup>1</sup> of oral and maxillofacial surgery services it considers to be "medically necessary" or "essential" because they are integral to a patient's overall health.

It is well-documented that those who suffer from oral disease, especially periodontitis, are more likely to have chronic health diseases, including diabetes, heart disease and stroke.<sup>2</sup> Access to regular dental care can prevent oral disease and serious health complications. For example, dental infections, if left untreated, can lead to blood infection, deterioration of the jaw, heart complications, or death.

Unfortunately, regular oral healthcare is not accessed by many adult Medicaid eligible recipients, and it manifests in poor dental outcomes. One study showed that "untreated dental caries were more than 2.5 times as common in those living 100% below the poverty level (41.9%) relative to those living 200% above the federal poverty level or higher (16.66%)."<sup>3</sup> The data clearly show that increasing access to dental care through the Medicaid program can lead to better oral health outcomes for these populations. A study examining the causal relationship between access to adult Medicaid benefits and usage of dental

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<sup>1</sup> Essentials of Oral and Maxillofacial Surgery Services. American Association of Oral and Maxillofacial Surgeons White Paper. January 2021. AAOMS.org/docs/govt\_affairs/advocacy\_white\_papers/essentials\_oms.pdf.

<sup>2</sup> 2020 Leading Health Indicators: Oral Health; Office of Disease Prevention and Health Promotion. Department of Health and Human Services. HealthyPeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health. Accessed Aug. 26, 2021.

<sup>3</sup> Beltrán-Aguilar ED, Barker LK, Canto MT, Dye BA, Gooch BF, Griffin SO, Hyman J, Jaramillo F, Kingman A, Nowjack-Raymer R, Selwitz RH, Wu T., Centers for Disease Control and Prevention (CDC). Surveillance for dental caries, dental sealants, tooth retention, edentulism, and enamel fluorosis--United States, 1988-1994 and 1999-2002. MMWR Surveill Summ. 2005 Aug 26;54(3):1-43. NCBI.nlm.nih.gov/books/NBK542165/. Accessed Dec. 9, 2020

services for low-income adults, found that that adult Medicaid benefits increases the likelihood of a dental visit by up to 22 percent.<sup>4</sup>

While nearly all states provide some level of dental Medicaid benefits for adults, only 21 states plus the District of Columbia provide “extensive benefits,” defined as “including at least 100 diagnostic, preventive, and restorative procedures, and a per-enrollee annual maximum expenditure of at least \$1,000.”<sup>5</sup> We appreciate your efforts to correct this vast disparity of care among states through your legislation.

AAOMS is pleased that the Medicaid Dental Benefit Act also would allocate additional financial resources from the federal government to assist states with providing enhanced dental benefits. The federal investment will help ensure these expanded benefits are consistently offered, and not subject to intermittent cuts during state fiscal downturns, as they are now.

Finally, AAOMS believes the Medicaid Dental Benefit Act also would be a significant tool in providing dental care for the nation’s seniors who can least afford it. We recognize that other solutions have been discussed in Congress, such as an expanded dental benefit under the Medicare Part B program. AAOMS disagrees that a Part B expansion is the best approach to providing affordable dental care to seniors because we do not believe it targets those who need it most. We believe Congress should prioritize access to care for those adults who can least afford it through a comprehensive and consistent adult Medicaid dental benefit across the country which does more to advance the Biden Administration’s goal for equity in our nation’s healthcare system and is more cost-effective. For example, providing preventative dental care to Medicaid eligible adults throughout their life rather than just when they become Medicare eligible – and ideally before their oral health deteriorates – helps prevent significant and costly care later in life.

Again, thank you for your leadership on oral health issues, particularly through the introduction of the Medicaid Dental Benefit Act. AAOMS would be pleased to work with you and your colleagues to advance this important legislation and discuss how best to expand access to affordable oral healthcare. Please contact Jeanne Tuerk, AAOMS Director of Government Affairs, at 800-822-6637, ext. 4321, or [jtuerk@aaoms.org](mailto:jtuerk@aaoms.org).

Sincerely,

A handwritten signature in black ink that reads "James David Johnson, Jr. 2021". The signature is fluid and cursive, with the year "2021" written at the end.

AAOMS President

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<sup>4</sup> Choi MK. The impact of Medicaid insurance coverage on dental service use. J Health Econ. 2011;30(5): 1020-31. Accessed: [Sciencedirect.com/science/article/abs/pii/S016762961100110X?via%3Dihub](https://www.sciencedirect.com/science/article/abs/pii/S016762961100110X?via%3Dihub). Accessed Dec. 14, 2021

<sup>5</sup> Vujicic M, Fosse C, Reusch C, Burroughs M. Making the Case for Dental Coverage for Adults in All State Medicaid Programs. ADA Health Policy Institute, Families USA and Community Catalyst Research Brief. July 2021. [ADA.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/whitepaper\\_0721.pdf?rev=cf603f948e6a4dd09fb62386e3ee2083&hash=4986B3ED8A5FD4F99A1D28F61D3C2DA1](https://ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/whitepaper_0721.pdf?rev=cf603f948e6a4dd09fb62386e3ee2083&hash=4986B3ED8A5FD4F99A1D28F61D3C2DA1). Accessed Dec. 14, 2021