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American Association of Oral and Maxillofacial Surgeons

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March 24, 2023

The Honorable Benjamin Cardin  
Chair, Subcommittee on Health Care  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Steve Daines  
Ranking Member, Subcommittee on  
Health Care  
Committee on Finance  
United States Senate  
Washington, DC 20510

Re: March 29, 2023 hearing, "An Oral Health Crisis: Identifying and Addressing Health Disparities"

Dear Chairman Cardin and Ranking Member Daines:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), which represents more 9,000 oral and maxillofacial surgeons (OMSs) in the United States, thank you for the opportunity to comment on your request for information on the scope and role of OMSs in providing oral healthcare to patients. We offer the following comments in response to your request for information prior to your upcoming hearing on oral healthcare access.

OMSs are surgically and medically trained dental specialists who treat conditions, defects, injuries and esthetic aspects of the mouth, teeth, jaws, neck and face. After earning a dental degree from an accredited four-year dental school, OMSs complete a minimum of four years of hospital-based oral and maxillofacial surgery residency training that includes rotations in such areas as general surgery, anesthesia, and clinical research. Nearly 40 percent also earn a medical degree or complete a fellowship training program.

Based upon the available practice data, the most common procedures performed by OMSs are extractions of infected, impacted or diseased teeth; dental implant placement; corrective jaw surgery to reconstruct inadequate structures; facial trauma treatment, including lacerations and other facial injuries; as well as head, neck and mouth cancer diagnosis and surgical treatment. Many OMSs also perform cleft lip/palate surgery, serve as members of the sleep team to help treat obstructive sleep apnea, treat TMJ disorders and

facial pain, and perform facial cosmetic procedures. The majority of OMS patients are aged 19 and older with the primary demographic being between the ages of 19 and 59.

Past survey data of AAOMS members show that approximately two-thirds of AAOMS members practice in large metro areas and cities comprised of more than 100,000 people, while approximately one-third practice in small cities comprised of less than 100,000 people, and a very small percentage practice in rural areas. Unfortunately, availability of more comprehensive data is currently limited regarding disparity in practice and patient populations. To address the paucity of data, AAOMS engaged in efforts to create a comprehensive registry to track patient data and outcomes several years ago but use was limited without engagement from electronic health records companies. We welcome additional conversation with the Committee with regard to making data more readily available to the oral health community.

As the Committee discusses issues related to oral health access, AAOMS would like to highlight a few efforts the association has been engaged in at the federal level.

- AAOMS has worked with a coalition of more than 70 patient and provider groups for several years to advocate for enactment of the bipartisan Ensuring Lasting Smiles Act (ELSA). The bipartisan bill - introduced by Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa) and Reps. Drew Ferguson (R-Ga.) and Anna Eshoo (D-Calif.) - passed the House last year and would require health insurers to cover dental treatment for patients with congenital craniofacial anomalies. ELSA would benefit a subset of the approximately four percent of Americans born with a congenital anomaly.<sup>1</sup> With regard to oral health, that subset includes cleft lip and cleft palate - which impacts 6.4 in every 10,000 babies born in the U.S.<sup>2</sup> - and ectodermal dysplasias - which includes 3.5 to 7 out of every 10,000 children worldwide.<sup>3</sup> ELSA would ensure coverage for necessary care throughout the lifetime of the patient - not just when they are children. **ELSA will be reintroduced this spring, and the coalition looks forward to working with the bill sponsors to enact it in the 118th Congress.**
- AAOMS recently partnered with the American Dental Association and the American Academy of Pediatric Dentistry to successfully lobby CMS to increase the Medicare facility payment for dental procedures performed on children, adults with disabilities and the frail elderly in hospital outpatient settings. As a result, CMS

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<sup>1</sup> National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. Birth defects. Available at: <https://www.cdc.gov/ncbddd/birthdefects/index.html>. Accessed March 21, 2023.

<sup>2</sup> Mai CT, Isenburg JL, Canfield MA, Meyer RE, Correa A, Alverson CJ, Lupo PJ, Riehle - Colarusso T, Cho SJ, Aggarwal D, Kirby RS. National population - based estimates for major birth defects, 2010-2014. Birth Defects Research. 2019; 111(18): 1420-1435. <https://pubmed.ncbi.nlm.nih.gov/31580536/>. Accessed March 21, 2023.

<sup>3</sup> Majmundar VD, Baxi K. Ectodermal Dysplasia. [Updated 2022 Jul 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. <https://www.ncbi.nlm.nih.gov/books/NBK563130>. Accessed March 21, 2023.

established a new HCPCS code as part of the 2023 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment Final Rule. Effective Jan. 1, G0330 may be used by hospitals to report facility costs associated with Medicare-covered dental procedures requiring monitored anesthesia or OR time. The new code is assigned a payment rate of \$1,722.43. Previously, facilities billed an unlisted code which resulted in a payment rate of \$216.07. **Advocacy efforts will continue this year with a focus on making the new code payable in the ASC setting as well as ensure state Medicaid plans adopt the code and CMS payment rate.**

- AAOMS supports the expansion of Medicare coverage for medically necessary dental treatment related to acute medical conditions. Specifically, during the 117th Congress, AAOMS advocated in support of the Medicare Medically Necessary Dental Care Act by Congressman Steve Cohen (D-Tenn.) that would expand and codify the types of medically necessary procedures for which Medicare would cover dental-related treatment. Similarly, AAOMS has supported CMS' efforts to use its regulatory authority to expand access to medically necessary dental procedures essential for the successful treatment of certain medical conditions. **AAOMS recently provided [comments](#) for consideration for the 2024 proposed physician fee schedule that support Medicare coverage for medically necessary dental treatment related to certain additional medical procedures/ conditions, specifically, before and after head and neck cancer treatment, regardless of whether the diagnosis is primary or secondary; for patients with osteonecrosis of the jaw; as well as prior to or contemporaneously for patients undergoing total joint arthroplasty and cardiovascular procedures.**
- AAOMS also strongly supports student loan relief as one of many possible solutions to physician and dental workforce shortages, specifically in underserved areas. **AAOMS and more than 40 other physician and dentist organizations [support the Resident Education Deferred Interest \(REDI\) Act \(S 704/HR 1202\)](#) – bipartisan legislation introduced by Sens. Jacky Rosen (D-Nev.) and John Boozman (R-Ark.) as well as Reps. Brian Babin (R-Texas) and Chrissy Houlahan (D-Pa.) – which would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program.** Physicians and dentists who undertake several years of residency with very low pay are often unable to begin repaying their substantial student debt immediately. As a result, they qualify to have their payments halted during residency through deferment or forbearance processes, but they continue to accrue interest that can add tens of thousands of dollars to their loan balance over the life of the loan. Deferment or forbearance can be very costly to a resident and further compound their debt load due to accumulating interest. For example, a student with the average debt of \$300,000 entering their four-year residency program could accrue more than \$80,000 in accumulated interest (assuming a 6 percent interest rate) which will be added to their \$300,000 principal. Supporters of the REDI Act believe this current loan structure unfairly punishes medical and dental residents during one of the most critical times in their education

and serves as a deterrent to those interested in practicing in underserved areas or entering faculty or research.

Finally, oral and maxillofacial surgery is one of the few dental specialties whose members accept and bill Medicare. According to a 2020 survey of AAOMS members, approximately 40 percent of OMSs report being Medicare providers. As Congress looks to address access to care disparities, we encourage you and your colleagues to address the longstanding challenges with the Medicare reimbursement system that deter providers from participation. More specifically, the Medicare Physician Fee Schedule MPFS is the only payment system within Medicare without an annual inflationary update and that requires any updates to be budget neutral. The situation pits specialty providers against primary care providers and forces all to lobby Congress each year to avoid costly payment cuts. According to an American Medical Association analysis of Medicare Trustees data, Medicare physician payments have declined by 22 percent from 2001 to 2021, when adjusted for inflation.<sup>4</sup> Many providers, including OMSs, are small business owners and deal with a wide range of shifting economic factors when determining their ability to provide care to Medicare beneficiaries. We urge Congress to address these reimbursement challenges to ensure a sustainable provider network for the nation's seniors.

Again, thank you for your leadership on oral healthcare issues. AAOMS would be pleased to work with the Committee on this important initiative. Please contact Jeanne Tuerk, AAOMS Director of Government Affairs, at 800- 822-6637, ext. 4321, or jtuerk@aaoms.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul J. Schwartz, DMD". The signature is written in a cursive, somewhat stylized font.

Paul J. Schwartz, DMD  
AAOMS President

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<sup>4</sup> American Medical Association. Medicare updates compared to inflation (2001-2021). Available at: <https://www.ama-assn.org/system/files/ama-medicare-gaps-chart-grassroots-insert.pdf>. Accessed March 21, 2023.