



May 6, 2021

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

The Honorable Charles Schumer
Majority Leader
U.S. Senate
S-221
U.S. Capitol
Washington, D.C. 20510

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

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
S- 230
U.S. Capitol
Washington, D.C. 20510

Dear Speaker Pelosi, Majority Leader Schumer as well as Minority Leaders McConnell and McCarthy:

The American Association of Oral and Maxillofacial Surgeons (AAOMS) represents more than 9,000 oral and maxillofacial surgeons (OMs) in the United States. We would like to express deep concern with congressional efforts, such as the Medicare Dental Benefit Act of 2021 (HR 502/S 97), to expand 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. Medicare dental coverage is currently limited to a few procedures involving certain medically compromised patients. For example, Medicare will cover an oral exam for a patient prior to undergoing a Medicare-covered kidney transplant – but not any dental treatment needed to ensure the success of the transplant.¹

¹ Medicare Benefit Policy Manual. Chapter 15, Section 150. CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf. Accessed May 4, 2021.

While we appreciate the intent of proposals such as the Medicare Dental Benefit Act, it is important to consider who is lacking access to dental care and whether an expansion of dental services through the Medicare Part B program is the best solution. Many 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, and 68 percent of MA plans now offer some form of dental benefits.² MA plans also provide coverage to a significant number of lower-income seniors.³ For seniors who utilize a MA advantage plan for their dental benefits, there is no need to take away this care delivery option.

On the other hand, low-income seniors may not be able to 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 the Medicare Dental Benefit Act 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.⁴ In sum, while middle- and higher-income seniors may benefit from the potential of legislative proposals such as HR 502/S 97 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.

AAOMS also has concerns about the reimbursement process. Any legislative proposal to expand dental benefits under Medicare Part B 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. Finally, additional significant costs associated with providing dental coverage under Part B could trigger neutrality cuts for currently covered medical procedures that will impact all Medicare providers.

AAOMS agrees with Congress that some 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 a dental benefits expansion under Medicare Part B is the best solution to this problem and ask Congress to consider the following alternative approaches: 1) Mandate CMS expand the circumstances in which Medicare Part B will cover dental procedures related to a Medicare-covered medical procedure; 2) provide additional federal funding to allow states to provide consistent Medicaid dental coverage for low-**

² A Dozen Facts About Medicare Advantage in 2021. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/medicare-advantage-2021-spotlight-first-look>, October 2020. Accessed May 4, 2021.

³ Social Risk Factors Are High Among Low-Income Medicare Beneficiaries Enrolled in Medicare Advantage. <https://bettermedicarealliance.org/wp-content/uploads/2020/09/BMA-Q3-Data-Brief-FIN.pdf>. September 2020. Accessed May 4, 2021.

⁴ 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 May 4, 2021.

income seniors; 3) incentivize more MA plans to offer dental benefits to their enrollees; and 4) explore a Medicare dental benefit outside Part B.

We would be pleased to work with you and your 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,

A handwritten signature in black ink that reads "B.D. Tiner, DDS, MD, FACS". The signature is written in a cursive style.

B.D. Tiner, DDS, MD, FACS
AAOMS President