



American Association of Oral
and Maxillofacial Surgeons

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The Honorable Max Baucus
Chairman, Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510-6200

Dear Chairman Baucus:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS) and our 8,500 members, thank you for the opportunity to comment on the three health care policy option papers recently released by the Senate Finance Committee.

Oral and Maxillofacial Surgeons (OMSs) are surgically and medically trained dental specialists who treat conditions, defects, injuries, and esthetic aspects of the mouth, teeth, jaws, neck and face. OMSs perform millions of surgical procedures each year in their offices, hospitals, surgi-centers, and emergency departments. The treatment OMSs provide includes preventative care measures, such as the removal of third molars, as well as reconstruction and emergency trauma care to the oral-facial area. Our members provide a critical service that stretches across both the medical and dental health communities.

In reviewing the released description of policy options by the Senate Finance Committee, there are a number of issues within health care reform that impact our specialty and our patients including:

Inclusion of Oral Health

Ensuring access to oral health for all populations must be included in health care reform discussions. The role oral health plays in a person's overall health is often overlooked and poor oral health care may lead to more serious health issues. AAOMS supports coverage of essential oral and maxillofacial surgery services under health care programs in conjunction with actuarially sound payment to providers of health care programs to increase access to care.

Health Care Delivery

Health care reform should build upon the current successful health care system structures in place to provide quality access to care, by encouraging individuals and small business to purchase health care coverage in the private market. AAOMS does not support a single-payer government-run health care system or a substantial eligibility expansion of government programs such as the Medicaid and SCHIP programs as the primary mechanism to achieving access to care. These programs already suffer from inadequate funding as evidenced by shortages in state dental Medicaid programs which have resulted in oral health care disparities. Expanding them without providing the necessary funding and infrastructure will not reach the goal of expanding access to

care. Furthermore, it is imperative that continued input by the specialty be allowed on any clinical measures, appropriateness use criteria or health outcomes used in determining standards of care or reimbursement for the respective specialty.

Workforce and Compensation

An adequate supply of OMSs in all segments of society is crucial to addressing access disparities and the growing health needs of Americans. To support the growth of the specialty in all segments of society, quality health care reform should ensure fair compensation for services and incentives to increase the number of OMSs serving in underserved areas. Specifically AAOMS would support further discussion on reimbursement for uncompensated emergency care, balance billing, malpractice reform, the amending of federal anti-trust laws to level the playing field with insurers, a long-term fix to the Medicare physician reimbursement system (SGR) and tax and loan incentives to help offset soaring education and training costs.

Health Information Technology

The creation of a nationwide, interoperable and affordable health information technology (IT) system is an integral part of improving patient care and lowering health care costs. AAOMS supports using a method of financial incentives to encourage compliance and to avoid unfunded mandates, as well as the inclusion of adequate provider input to ensure interoperability.

Medicare Oral Health Rehabilitative Enhancement Act

Additionally, we request your consideration of a technical fix to current Medicare statute that specifically impacts our specialty. Legislative language has already been drafted and introduced in the U.S. House of Representatives by Congressman Bill Pascrell, Jr. (D-NJ). H.R. 1430, the Medicare Oral Health Rehabilitative Enhancement Act, seeks to amend section 1861(p)(1) of the Social Security Act to include dentists as defined under 1861(r)(2). The bill would allow OMSs to refer Medicare patients for physical therapy. OMSs treat patients with medical conditions that would benefit from physical therapy, including facial trauma such as jaw fractures, temporomandibular joint disorder (TMD) or reconstruction procedures due to pathological and or congenital anomalies.

Current law requires that OMSs seek a referral from an allopathic or osteopathic physician and work with such a physician to establish a therapy plan when an OMS believes physical therapy should be part of a patient's treatment. Such consultation is costly, inefficient, cumbersome and delays patient treatment and the continuum of care.

Thank you for taking the time to review our concerns and consider our comments. AAOMS is a committed stakeholder in efforts to reform America's health care system and recognizes the need to improve our nation's health care system so that it is accessible, affordable and provides the finest quality of care for all Americans.

Sincerely,

A handwritten signature in black ink that reads "R. Lynn White". The signature is written in a cursive style with a long horizontal flourish at the end.

R. Lynn White, DDS
President