

# BETTER CARE, LOWER COST

## *Consortium for Medically Necessary Oral Health Coverage*

September 5, 2022

The Honorable Chiquita Brooks-LaSure  
Centers for Medicare and Medicaid Services  
Attention: CMS-1770-P  
7500 Security Boulevard  
P.O. Box 8016  
Baltimore, MD 21244-8016

**Re: CY 2023 Physician Fee Schedule Proposed Rule**

Dear Administrator Brooks-LaSure:

The Consortium for Medically Necessary Oral Health Coverage – a leading consensus-building alliance of more than 240 dental, medical, patient, and consumer organizations – appreciates the opportunity to offer comments to the Centers for Medicare and Medicaid Services (CMS) on the proposals and request for information on Medicare Parts A and B Payment for Dental Services in the CY 2023 Physician Fee Schedule Proposed Rule.

Working together, the Consortium’s members have undertaken detailed clinical, policy, legal, research, fiscal, and constituent analyses to help decision makers determine the optimal solution to the decades-old problems posed by the Medicare program’s historical approach to oral health coverage. Highlights of the Consortium’s efforts include presentation of the legal basis for administrative action expanding medically necessary oral health coverage, compilation of clinical and academic evidence of the need for medically necessary coverage, documentation of the private sector precedent for and the savings projected to be generated from such coverage, assessment of aging Americans’ strong support for expanded coverage, and circulation of a diversely signed Community Statement on Medicare Coverage for Medically Necessary Oral and Dental Health Therapies (attached).

On the basis of these initiatives, we are confident CMS’ proposal will have a direct, meaningful, and broadly supported impact in the lives of tens of millions of Medicare beneficiaries.

As CMS considers the comments it receives, we urge that they be approached within the context of the extensive clinical and fiscal evidence that supports expanded coverage. After all, it is well established that chronic diseases disproportionately impact Medicare beneficiaries, imposing a substantial cost on the federal government, and that untreated oral microbial infections are closely linked to a wide range of such chronic diseases. Similarly, researchers and medical specialty societies have thoroughly documented the impact of untreated oral conditions in precluding, delaying, and even jeopardizing a broad range of essential medical procedures.

The Consortium has been vocal in its view that there is no medical justification for the Medicare program’s longstanding treatment of all microbial infections *except* for those relating to the teeth and periodontium, particularly because this coverage policy has made it impossible for many Medicare beneficiaries to receive medically necessary oral and dental care. Instead, we recognize that medically necessary treatment is integral to the management of numerous diseases and medical conditions and that its absence has heightened the risk of medical complications while increasing the financial burden on Medicare, beneficiaries, and taxpayers.

We also wish to note the important perspectives of leading authorities across the medical community. As excerpted below, strong clinical consensus exists about the importance of medically necessary oral and dental care:

American Academy of Neurology:

“[P]oor dental hygiene increases likelihood of bacterial endocarditis and worsens stroke outcomes in all subtypes due to an increased inflammatory burden.”

American Association of Clinical Endocrinology:

“[U]ntreated periodontal disease makes it more difficult to control diabetes, leading to the dreaded diabetic microvascular and macrovascular complications.”

American Association of Hip and Knee Surgeons:

“Best practices for our surgeons include a dental evaluation in patients at risk prior to arthroplasty. This is particularly important for the poor and disenfranchised. A dental infection is also disastrous in the post-operative patients; prompt evaluation of oral infection is critical in patients after surgery.”

American College of Cardiology:

“The data linking dental infections to increased risk of cardiovascular disease is clear. Severe dental infections can compromise cardiac conditions.”

American College of Emergency Physicians:

“[N]umerous instances of emergency department visits and hospitalizations for an array of medical problems have a dental condition as an underlying cause. For example, dental infections may be the source of the bacteria responsible for an infected cardiac or orthopedic prosthesis and sepsis.”

American College of Gastroenterology:

“Urgent dental care is sometimes necessary before patients can undergo treatment for gastrointestinal diseases, including inflammatory bowel diseases and Hepatitis C virus. It is important for patients with these chronic diseases to receive dental care and avoid any delay in treatment.”

American College of Physicians:

“Dental problems, particularly dental infections, pose a major problem for patients with cardiac valvular disease, patients who are immunosuppressed by virtue of underlying disease or immunosuppressive medications, patients with various types of prostheses, and patients who are at risk of aspiration. The implications of dental disease in such patients extend well beyond their oral disease, with potentially life-threatening complications if the dental problems are not treated.”

American College of Rheumatology:

“It is vital for patients to receive appropriate dental evaluation and prompt treatment so they can continue their immune suppressant medications.”

American Diabetes Association:

“[U]ntreated periodontal disease makes it more difficult to control blood glucose and is associated with increased risk of diabetes complications, including kidney failure and cardiovascular disease. People with diabetes are more likely to need medical procedures such as cardiac surgery or kidney transplantation [which] may have to be delayed due dental problems.”

#### American Nephrology Nurses Association

“[W]e urge CMS to consider that dental health is a determinant of health for those with end-stage renal disease. There is a plethora of research to support this conclusion and studies have shown that adults with end-stage renal disease (ESRD) tend to have more severe oral disease than the general population, leading to increased mortality.”

#### American Psychiatric Association:

“[M]any are treated long term with psychotropic medications that may reduce resistance to infection. Without appropriate dental care, these individuals are at increased risk for septicemias, endocarditis and other potentially threatening conditions.”

#### American Society of Clinical Oncology:

“Untreated dental disease in patients about to undergo chemotherapy regimens that carry the risk of hematologic toxicity, especially leucopenia, may be a cause of fatal sepsis.” Additionally, “[e]xpert consensus panels have recommended dental assessment prior to the use of intravenous bisphosphonates.”

#### American Society of Transplant Surgeons:

“Untreated dental problems can become deadly once a patient is immunosuppressed, so good dental care is a critical part of preparation for transplant.”

#### American Thoracic Society:

“Bacterial biofilms between teeth harbor pathogens that, when aspirated, can increase susceptibility or complicate the management of pulmonary diseases such as pneumonia, bronchitis, and chronic obstructive pulmonary disease (COPD). The risk is greater in immune-compromised individuals.”

#### Association of Oncology Social Work:

“Dental treatment must precede many life-saving chemotherapeutic cancer interventions.”

#### Kidney Care Partners

“Access to dental services not only is important for dialysis patients as part of their ability to access kidney transplants, but also to access cardiovascular procedures given that many dialysis patients also live with serious, chronic cardiovascular conditions, and to reduce the risk of systemic infections developing from an oral source.”

#### National Association of Community Health Centers

“Medicare’s lack of dental coverage ...exacerbates underlying racial, geographic and disability-related health and wealth disparities; improved Medicare coverage for medically necessary dental care would help millions of people get healthy without having to make impossible financial tradeoffs and would mitigate some of these health inequities.”

#### National Interprofessional Initiative on Oral Health

“NIIOH applauds CMS for considering dental coverage related to a variety of clinical scenarios, including certain surgical procedures, transplants, cancer treatments, diabetes and other chronic disease management, immunosuppression, heart disease treatments and other circumstances. Emerging evidence documents the bidirectional relationship between oral health and other chronic health conditions. There is strong legal consensus supporting the actions CMS has proposed, as well as adding coverage for additional medical scenarios that CMS is considering.”

### National Multiple Sclerosis Society

“[I]ndividuals living with MS are at increased risk of infection development and complications from oral pathogens. Coverage of dental examinations and treatments is unquestionably needed for beneficiaries requiring long-term use of immunosuppressing medications to help manage MS.”

### North American Transplant Coordinators Organization

“Serious and aggressive infections, regardless of location --- including the teeth and periodontium --- risk serious complications among immunosuppressed transplant recipients. And the danger intensifies among older adults whose immune systems can be weakened by aging (immunosenescence).”

### Oral Health Nursing Education and Practice Program

“[N]urses are witness to the impact of poor oral health and lack of a Medicare dental benefit on the health care outcomes and quality of life for older adults with chronic conditions including, but not limited to diabetes, cardiovascular, and respiratory conditions. Of particular note is the relationship of poor oral health and increased risk for serious co-morbidities and complications for conditions like, cancer, solid organ transplants, and autoimmune diseases, which may prevent, delay, as well as interrupt treatment and/or reduce likelihood of optimal clinical outcomes.”

### Renal Physicians Association:

“[P]oor dental health can compromise the ability of ESRD patients to achieve good medical outcomes due to its impact on serum albumin levels and glucose control.”

### Sepsis Alliance

“An infection in the mouth that forms as a result of surgery or even just routine dental cleaning and scaling should, like all infections, be treated as quickly as possible to reduce the risk of complications, including sepsis. This is especially important for individuals who are immunosuppressed because of disease (Diabetes, Leukemia, HIV, Chronic Kidney Disease), pharmaceuticals (cancer chemotherapies, biologics for management of autoimmune diseases), and/or natural aging (immunosenescence).”

### Society for Transplant Social Workers:

“Untreated dental problems can become deadly once a patient is immunosuppressed, so good dental care is a critical part of preparation for transplant.”

### Society for Vascular Surgery:

“We encourage all vascular patients, but especially those who have had or intend to have arterial stents or grafts placed, to undergo appropriate dental care to avoid these potentially devastating vascular complications.”

### The Gerontological Society of America:

“Given the many serious potential complications from poor oral health and the already formidable challenges in obtaining dental care as we age, it is vital that access to medically necessary dental services be available.”

### The Society of Thoracic Surgeons:

“[C]ardiothoracic surgeons often find that their patients have primary bacterial endocarditis or, worse, prosthetic valve endocarditis secondary to neglected dental health and chronic dental abscesses. These are life-threatening situations that could be prevented if Medicare would cover medically necessary oral/dental health therapies.”

In addition, we commend to the Agency's consideration the comment letters submitted by many of the Consortium's members on a broad range of clinical, coverage, payment, legal, sustainability, and equity issues. For example, please see the letters filed on these topics by the Santa Fe Group, Oral Health Nursing Education and Practice Program, California Dental Association, Center for Medicare Advocacy, Henry Schein Cares Foundation, Pacific Dental Services Foundation, and Families USA, respectively.

The letters filed by these and other Consortium members offer important insights borne of their deep expertise. While they address a variety of topics, they are united in expressing strong support for these proposals. We are pleased to echo their support for meaningfully broadening coverage of medically necessary services and for creating an important opportunity for stakeholders to suggest other clinical scenarios where coverage of medically necessary oral and dental services may be appropriate.

Thank you for this opportunity to provide these comments and support the Administration's efforts to improve health, equity, and quality of life for Medicare beneficiaries. If the Consortium can serve as a resource as CMS makes continuing progress for a healthier and more equitable America, please do not hesitate to contact me [ericsberger@outlook.com](mailto:ericsberger@outlook.com).

On behalf of the Consortium for Medically Necessary Oral Health Coverage, I am,

Sincerely,



Eric S. Berger

Attachment: Community Statement on Medicare Coverage for Medically Necessary Oral and Dental Health Therapies

## **Community Statement on Medicare Coverage for Medically Necessary Oral and Dental Health Therapies**

The undersigned organizations are proud to join in support of Medicare coverage for medically necessary oral/dental health therapies.

It is well established that chronic diseases disproportionately impact Medicare beneficiaries and impose a substantial cost on the federal government. It is also well established that untreated oral microbial infections are closely linked to a wide range of costly chronic conditions, including diabetes, heart disease, dementia, and stroke. In addition, oral diseases have been documented by researchers and medical specialty societies as precluding, delaying, and even jeopardizing medical treatments such as organ and stem cell transplantation, heart valve repair or replacement, cancer chemotherapies, placement of orthopedic prostheses, and management of autoimmune diseases.

Despite these factors, most Medicare beneficiaries do not currently receive oral/dental care even when medically necessary for the treatment of Medicare-covered diseases. In fact, Medicare coverage extends to the treatment of all microbial infections except for those relating to the teeth and periodontium. There is simply no medical justification for this exclusion, especially in light of the broad agreement among health care providers that such care is integral to the medical management of numerous diseases and medical conditions. Moreover, the lack of medically necessary oral/dental care heightens the risk of costly medical complications, increasing the financial burden on Medicare, beneficiaries, and taxpayers.

A number of major insurance carriers provide medically necessary oral and dental coverage to targeted enrollees with conditions such as diabetes, heart disease, stroke, head/neck cancers, and transplants. According to some reports, such coverage has realized important benefits, including markedly lower hospitalization and emergency department admission rates as well as substantial cost reductions. On a further note, veterans getting care through the Veterans Health Administration receive medically adjunctive oral/dental treatment in many instances when a dental diagnosis affects their medical prognosis. These are all important steps forward, and medically necessary oral/dental healthcare should be provided in traditional Medicare as well.

The Medicare program and all its beneficiaries should not be without the vital clinical and fiscal benefits of coverage for medically necessary oral/dental health therapies. Given the significant potential to improve health outcomes and reduce program costs, we urge Congress and the Administration to explore options for extending such evidence-based coverage for all Medicare beneficiaries.

AARP  
ABLE NH (Advocates Building Lasting Equality in NH)  
ACA Consumer Advocacy  
Acuity Specialists  
Adenoid Cystic Carcinoma Research Foundation  
AIDS Foundation of Chicago  
Alliance for Retired Americans  
Allies for Independence  
ALS Association  
American Academy of Developmental Medicine and Dentistry  
American Academy of Nursing  
American Academy of Periodontology  
American Association for Community Dental Programs  
American Association for Dental, Oral, and Craniofacial Research  
American Association of Clinical Endocrinologists  
American Association of Colleges of Nursing  
American Association of Diabetes Educators  
American Association of Hip and Knee Surgeons  
American Association of Kidney Patients  
American Association of Oral and Maxillofacial Surgeons  
American Association of Nurse Practitioners  
American Association of Public Health Dentistry  
American Association on Health and Disability  
American Autoimmune Related Diseases Association  
American College of Cardiology  
American College of Emergency Physicians  
American College of Gastroenterology  
American College of Physicians  
American College of Rheumatology  
American Dental Assistants Association  
American Dental Education Association  
American Dental Hygienists' Association  
American Diabetes Association  
American Geriatrics Society  
American Head and Neck Society  
American Heart Association  
American Institute of Dental Public Health  
American Kidney Fund  
American Liver Foundation  
American Medical Association  
American Muslim Health Professionals (AMHP)  
American Nephrology Nurses' Association  
American Network of Oral Health Coalitions  
American Nurses Association  
American Parkinson Disease Association  
American Psychiatric Association

American Psychiatric Nurses Association  
American Public Health Association  
American Society for Radiation Oncology  
American Society of Clinical Oncology  
American Society of Nephrology  
American Society of Transplant Surgeons  
American Society of Transplantation  
American Thoracic Society  
Arcora Foundation  
Arizona Oral Health Coalition  
Arthritis Foundation  
Association of Asian Pacific Community Health Organizations (AAPCHO)  
Association of Community Cancer Centers  
Association of Oncology Social Work  
Association of State and Territorial Dental Directors  
Autistic Self Advocacy Network  
Be a Hero  
Brain Injury Association of America  
California Dental Association  
California Medical Association  
CareQuest Institute for Oral Health  
Carlson Foley Enterprises  
Catholic Health Association of the United States  
Center for Advocacy for the Rights and Interests of the Elderly (CARIE)  
Center for Elder Law & Justice  
Center for Health Law and Policy Innovation  
Center for Medicare Advocacy  
Center for Popular Democracy  
Champaign County Health Care Consumers |  
Children's Dental Health Project  
Coalition for Oral Health for the Aging  
Coalition of Texans with Disabilities  
Colgate Palmolive Company  
Colorado Consumer Health Initiative  
Community Catalyst  
Community Dental Health NPO  
Connecticut Oral Health Initiative  
Cornerstone Dental Specialties  
Crohn's and Colitis Foundation of America  
Culpeper Wellness Foundation  
Davis Phinney Foundation for Parkinson's  
Delaware Dental Hygienists' Association  
Dental Lifeline Network  
Dental Trade Alliance  
Dentsply Sirona  
Dialysis Patient Citizens

Dientes Community Dental Care  
Disability Rights Education and Defense Fund  
Eating Disorders Coalition  
Elderly Housing Development & Operations Corporation  
Epilepsy Foundation  
EXCELth, Inc.  
Families USA  
504HealthNet  
Florida Health Justice Project  
Georgia AIDS Coalition  
Georgians for a Healthy Future  
Gerontological Advanced Practice Nurses Association  
GlaxoSmithKline Consumer Healthcare  
GLMA: Health Professionals Advancing LGBTQ Equality  
Hartford Institute for Geriatric Nursing  
Hawaii Oral Health Coalition  
Hawaii Children's Action Network Speaks!  
Head and Neck Cancer Alliance  
Health Care For All (MA)  
Health Care Is a Human Right WA  
Health Care Voices  
Healthy Living and Learning Center  
Heartland Alliance  
Henry Schein Cares Foundation  
HIV Medicine Association  
Hispanic Dental Association  
International Pemphigus and Pemphigoid Foundation  
Island Liaison, Inc.  
John A. Hartford Foundation  
Jon C Burr Foundation  
Justice in Aging  
Kentucky Oral Health Coalition  
Klamath Basin Oral Health Coalition  
Lakeshore Foundation  
Leukemia and Lymphoma Society  
Louisiana Primary Care Association  
Lupus and Allied Diseases Association, Inc.  
Lupus Foundation of America  
Maryland Dental Action Coalition  
Massachusetts ME/CFS and FM Assoc  
Medicaid|Medicare|CHIP Services Dental Association  
Medicare Rights Center  
Mended Hearts  
Mental Health America  
Metro New York Health Care for All  
Michigan Primary Care Association  
Minnesota Dental Therapy Association

myNEXUS  
National Alliance of State & Territorial AIDS Directors  
National Alliance on Mental Illness  
National Association of Area Agencies on Aging  
National Association of Chronic Disease Directors  
National Association of Community Health Centers  
National Association of Dental Plans  
National Association of Nutrition and Aging  
Services Programs  
National Association of Social Workers  
National Association of States United for Aging  
and Disabilities  
National Coalition of Dentists for Health Equity  
National Comprehensive Cancer Network  
National Committee to Preserve Social Security  
and Medicare  
National Consumer Voice for Quality Long-Term Care  
National Consumers League  
National Council for Behavioral Health  
National Council on Aging  
National Dental Association  
National Forum for Heart Disease and Stroke Prevention  
National Hispanic Medical Association  
National Health Law Program  
National Interprofessional Initiative on Oral Health  
National Kidney Foundation  
National League for Nursing  
National Medical Association  
National Multiple Sclerosis Society  
National Network for Oral Health Access  
National Osteoporosis Foundation  
National Rural Health Association  
National Stroke Association  
North American Transplant Coordinators Organization  
Northwest Harvest  
Nurses for America  
Nursing Interventions for Health System Elders  
NYU Rory Meyers College of Nursing  
Ohio Alliance for Retired Americans Educational Fund  
Oklahoma Policy Institute  
Oncology Nursing Society  
Oral Cancer Foundation  
Oral Health Kansas  
Oral Health Nursing Education and Practice Program  
Oral Health Ohio  
Oral Health Progress and Equity Network (OPEN)  
Our Mother's Voice  
PA Coalition for Oral Health



Pacific Dental Services Foundation  
Parkinson's Foundation  
Patient-Centered Primary Care Collaborative  
Pennsylvania Health Access Network  
PEW Dental Campaign  
Piedmont Regional Dental Clinic  
PRC  
Preventive Cardiovascular Nurses Association  
Pride At Work - WA North, Mt. Kulshan Chapter  
Procter & Gamble  
ProHEALTH Dental  
Project Accessible Oral Health  
Puget Sound Advocates for Retirement Action (PSARA)  
Renal Healthcare Association  
Renal Physicians Association  
Research!America  
Santa Fe Group  
School-Based Health Alliance  
Scleroderma Foundation  
Senior Charity Care Foundation  
Senior Mobile Dental  
Sepsis Alliance  
Sjögren's Foundation  
Smiles To Go, LLC  
Social Security Works  
Society for Transplant Social Workers  
Special Care Dental Association  
Statewide Poverty Action Network  
Support for People with Oral and Head and Neck Cancer  
Texas Oral Health Coalition, Inc  
Texas Parent to Parent  
The AIDS Institute  
The Arc of the United States  
The Bingham Program  
The CornerStone Community Development Center  
The Gerontological Society of America  
The Michael J. Fox Foundation  
The National Forum of ESRD Networks  
The Society for Thoracic Surgeons  
The TMJ Association  
Third Way  
Tri-Area Community Health  
Trust for America's Health  
United Health Organization  
United Network for Organ Sharing  
UUFHCT  
Virginia Community Healthcare Association

Virginia Health Catalyst  
Virginia Organizing  
Virginia Rural Health Association  
Washington Healthcare Access Alliance  
Wayne County Oral Health Organization  
Wesley Living Woodland Homes  
West Central Initiative  
Western Center on Law and Poverty  
Winters Elder Day Council  
WomenHeart, The National Coalition for Women with Heart Disease