



September 6, 2022

Honorable Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1770-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: CMS-1770-P (Section II.L.)

Administrator Chiquita Brooks-LaSure:

The American Public Health Association (APHA) is pleased to provide the Centers for Medicare & Medicaid Services (CMS) comments on the proposals and request for information on Medicare Parts A and B Payment for Dental (Section II.L.) in the proposed rule on Medicare and Medicaid Programs: CY2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies, Medicare Shared Savings Program Requirements, etc. (CMS-1770-P).

APHA works to ensure the right to health and health care, achieve health equity, and build public health infrastructure, which drives our support for Centers for Medicare & Medicaid Services' plan for adding additional dental services as medically integral and necessary covered medical services. The American Public Health Association has expressed the need for a broader definition of medically necessary dental services in the 2020 APHA policy statement, [A Call for Adult Dental Benefits in Medicaid and Medicare](#), due to our understanding of oral health being essential for overall health and wellbeing. With 42% of older adults reporting oral symptoms associated with severe periodontitis, tooth loss, or unaddressed caries¹ and about 80% having at least one chronic health condition,² it is necessary that Medicare beneficiaries have sufficient coverage. Older adults and persons with disabilities experience significant oral health disparities, therefore, the availability and extent of Medicare dental benefit coverage can have a profound effect on the quality of life of these groups. Additionally, Medicare's lack of dental coverage not only leave oral health care unaffordable for millions of Americans, but it also exacerbates underlying racial, geographic, health and wealth disparities.³ Acting to maximize this authority as is being proposed and explored in this proposed rule would help expand access to oral health services and, essentially, improve health outcomes and advance health equity.

¹ Naavaal S, Griffin SO, Jones JA. Impact of making dental care affordable on quality of life in adults aged 45 years and older. *J Aging Health*. 2020;32:861–870.

² National Council on Aging. Chronic disease management: helping seniors manage their chronic conditions. Available at: <https://www.ncoa.org/healthy-aging/chronic-disease>

³ Christ, A., G. Burke and J. Goldberg. Adding a Dental Benefit to Medicare: Addressing Racial Disparities. *Justice in Aging*. October 2019. <https://www.justiceinaging.org/wp-content/uploads/2019/10/Addressing-Oral-Health-Equity-by-Adding-a-Dental-Benefit-to-Medicare.pdf>.

The American Public Health Association strongly supports the proposed clarification of CMS’s authority on “medically necessary” dental coverage, and we will address several of the specific issues and questions that CMS has solicited input in the comments that follow.

I. Comment on Proposal to Clarify Interpretation of the Statutory Dental Exclusion

We agree with a wide array of stakeholders that CMS’s existing interpretation of its authority in this area is restrictive and contributes to inequitable access to oral health care services—and thus inequitable health outcomes-- for Medicare beneficiaries. Therefore, APHA is pleased to see that CMS is 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.

There is strong legal consensus supporting the actions that CMS has proposed, with coverage for additional medical scenarios that CMS is considering.⁴ Additionally, we know there is clinical consensus from many leading medical experts and professional associations about the importance of dental care in these and other medical treatments.⁵

The American Public Health Association strongly supports the proposed clarification and codification of existing authority, and, as discussed below, we encourage CMS to apply this authority in all settings and clinical circumstances where it is appropriate.

II. Comment on Additional Proposals and Requests for Information

a. Clarifying and Codifying Payment Policies for Certain Dental Services

APHA supports CMS’s proposal for clarifying what is medically necessary for covered payment. To ensure health care access for all, we suggest applying this authority to all Medicare enrollees, as opposed to Medicare enrollees with certain medical conditions. APHA also supports efforts to further advance the medical and dental integration of health care delivery and payment systems, particularly through value-based payment systems that bundle dental and medical benefits.

⁴ “Medicare Coverage of Certain Dental Diseases.” King and Spalding LLP. July 30, 2020. Available upon request. See also “Legal Memorandum: Statutory Authority Exists for Medicare to Cover Medically Necessary Oral Health Care.” Center for Medicare Advocacy. January 3, 2019. <https://medicareadvocacy.org/medicare-info/dental-coverage-undermedicare/#legal-memorandum-statutory-authority-exists-for-medicare-to-cover-medically-necessary-oral-health-care>.

⁵ Clinical Consensus on Medically Necessary Dental Care. Santa Fe Group. Accessed June 30, 2022. <https://santafegroup.org/wp-content/uploads/2020/08/clinical-consensus-on-medically-necessary-dental-care.pdf>.

The American Public Health Association supports CMS’s proposal to clarify and codify additional payment policies and methods to improve uptake of services and improve health outcomes.

b. Covering medically-related dental services in inpatient and outpatient settings

The American Public Health Association recommends extending medically-related oral health care services to a range of health care delivery settings, as coverage and care should not be unnecessarily limited by the care setting, and CMS is not constrained by its statutory authority. Teledentistry, for example, can offer access to oral health care in rural areas, physically distanced locations, or other situations in which Medicare recipients are unable to physically attend a dental office to access care for consultations and referrals.⁶

The American Public Health Association agrees with CMS’ proposal to implement this Medicare coverage and payment in *both inpatient and outpatient* settings as it is clinically appropriate and in line with the statutory authority in the legislation passed by Congress.

c. Comments on covering additional clinical scenarios under “medically necessary” authority

Lack of access to oral health care exacerbates health inequities and poor outcomes in many disease areas, such as diabetes, heart disease, and cancer. Therefore, the American Public Health Association supports the inclusion of dental examinations performed as part of a comprehensive workup and necessary treatment, including surgical, restorative, and periodontal treatments, before, during, and after medical surgical procedures as medically necessary oral health care services.

The American Public Health Association encourages CMS to apply “medically necessary” authority in as broad a range of clinical scenarios as possible because we understand that clinical evidence linking oral health care to improved health outcomes is extensive in many of these scenarios and growing quickly in others.

d. Establishment of a Process to Consider Additional Clinical Scenarios for Future Updates.

Given the breadth of health issues connected to oral health and proper oral health care, the “medically necessary” coverage standard ought to keep pace with growing evidence and evolving standards of care in order to improve health outcomes and achieve health equity for all, especially our most vulnerable populations.

The American Public Health Association strongly supports CMS’s proposal to implement a process that provides for ongoing, future review and addition of

⁶ Alabdullah JH, Daniel SJ. A systematic review on the validity of teledentistry. *Telemed J E Health*. 2018;24(8):639–648.

**further clinical scenarios that meet the criteria laid out in CMS' proposed
"medically necessary" dental coverage authority.**

Oral health is an integral part of overall health. The American Public Health Association appreciates the opportunity to provide comments about these proposed rules. If finalized, the proposed rules will make a considerable difference for our nation's older adults and people with disabilities who are struggling to afford and access the oral health care they need to stay healthy. We are grateful to Administrative officials, the scores of advocates, and Members of Congress, who have worked for years to get us to this point.

Sincerely,

A handwritten signature in black ink, reading "Georges C. Benjamin". The signature is written in a cursive style with a large, prominent initial "G".

Georges C. Benjamin, MD

Executive Director, American Public Health Association