

November 19, 2018

Seema Verma, M.P.H.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244-1810

Attention: CMS 3346-P; Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (42 CFR Parts 403, 416, 418, 441, 460, 482, 483, 484, 485, 486, 488, 491, and 494).

Dear Administrator Verma:

On behalf of the 161,000 members of the American Dental Association (ADA), we are writing in regards to the proposed rule, CMS 3346-P, Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction.

The ADA appreciates the Centers for Medicare and Medicaid Services' (CMS) efforts to reduce regulatory burden. As an organization dedicated to assisting its members in advancing the overall oral health of the public, the ADA believes that it is critical to reduce or eliminate burdensome regulatory requirements.

We agree with CMS that the requirement to provide or obtain from an outside resource routine and emergency dental care for hospital and critical access hospital (CAH) swing-bed patients is unnecessarily burdensome. The average length of stay in these beds is 11.4 days, and requiring dental care to be provided during that short period of time constitutes a significant burden and cost to swing-bed providers. The ADA supports CMS' removal of this requirement.

Additionally, while the ADA thanks CMS for citing the ADA's guidelines in the proposed rule, we would like to let the agency know about changes to these recommendations. The guidelines have been revised and no longer say that the ADA recommends "regular dental checkups at least once a year for routine dental care for adults over 60 years of age." The guidelines also no longer recommend that "routine dental care be obtained at least every 6 months." Instead, the ADA's science-based guidelines now say that patients should have regular dental visits, with the frequency determined by their dentist to accommodate for the patients' current oral health status and health history. We think that these new recommendations align with CMS' work to reduce regulatory burden and provide patients with personalized care and hope that CMS can include them in its rulemaking. We also note that the correct term is oral and maxillofacial surgeon, not oromaxillofacial surgeon, and ask CMS to include that title in its rules and other documents.

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Thank you for your consideration of this important matter. The ADA welcomes the opportunity to comment on the proposed rule, and looks forward to continuing to work with CMS. Should you have any questions, please contact Ms. Roxanne Yaghoubi in the ADA's Washington office at (202) 789-5179 or yaghoubir@ada.org.

Sincerely,

/s/

Jeffrey M. Cole, D.D.S., M.B.A.
President

/s/

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

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