

August 12, 2021

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Becerra:

As the president of the American Dental Association (ADA), and on behalf of our 162,000 member dentists, I want you to know that our profession is committed to addressing the oral health needs of all Americans – including older Americans. As Congress is discussing expanding Medicare to include dental benefits, we want to proactively help the Department of Health and Human Services (HHS) to be able to provide the best oral health care to seniors while ensuring a robust provider network is in place to serve those seniors.

We believe an expansion of Medicare benefits should make health equity a priority by including a comprehensive dental benefit that meets the needs of beneficiaries up to 300% of the federal poverty level (FPL), a disproportionate number of whom are minority beneficiaries. While dental care utilization among all seniors has slowly increased over time, close to 70% of Hispanic and Black seniors did not visit a dentist in 2018. Furthermore, there was a 26% gap between white seniors visiting a dentist and black seniors seeking dental care in 2018 (Health Policy Institute, ADA). I think you will agree with the ADA that this is a serious issue that needs to be addressed, because, as you recently stated in testimony to the House Energy & Commerce Committee “equity should be at the forefront.”

Estimates show that covering beneficiaries up to 300% FPL would include about 47% of the older adult population (Kaiser Family Foundation). The ADA’s policy—at 300% of the federal poverty level—would provide meaningful coverage to most seniors who presently do not visit a dentist because they cannot afford it. The percent of Medicare eligible seniors who have experienced increased cost barriers to dental care steadily rose from 2009-2019. Seniors with incomes at or below 133% of the FPL saw the largest increase in cost barriers from 10% in 2009 to 26% in 2019 (Health Policy Institute, ADA).

The current Medicare program also includes distinct “parts” that recognize the variability in delivery of health care services such as hospital care, physician services and prescription drugs. The dental care system is significantly different from the medical care delivery system, particularly in the combination of the surgical suite and the surgeon services in the same entity. Therefore, a dental benefit under Medicare merits a designated program recognizing those differences in the delivery of oral health care. The ADA believes that any expansion of Medicare to include dental should be through a separate new program dedicated to providing comprehensive dental care for low income seniors – not the Medicare Part B program that has been part of past and current proposals. Our plan for the new

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program would allow freedom of choice for patients to seek care from any dentist while continuing to receive the full program benefit.

We hope that an innovative approach that is adequately funded and efficiently administered and utilizes private, non-profit and government solutions will provide a workable solution and offer opportunities for improved oral health for those whose care is most critical – low income seniors.

We look forward to continuing this important conversation with HHS and the Centers for Medicare & Medicaid Services and would welcome the opportunity to meet with you to discuss how we can work together. If you have any questions, please contact Mr. Mike Graham at 202-309-2046 or David Linn at 202-789-5170 or [linnd@ada.org](mailto:linnd@ada.org).

Sincerely,

Daniel J. Klemmedson, D.D.S, M.D.  
President

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