

September 1, 2021

Dear Members of Congress:

As the president of the American Dental Association, and on behalf of our 162,000 member dentists, I want you to know that our profession remains committed to addressing the oral health needs of all Americans – including older Americans. As Congress continues discussing expanding Medicare to include dental benefits, we want to help you provide the best oral health care to seniors while ensuring a robust provider network is in place.

We believe that an expansion of Medicare benefits should include a comprehensive dental benefit that meets the needs of beneficiaries up to 300% of the federal poverty level (FPL).

***Recently, [the Washington Post Editorial Board](#) aligned with our perspective when they wrote, “while some seniors could use the dental, vision and other new Medicare benefits Democrats are considering, extending these generous new entitlements to wealthy beneficiaries should not be a priority.”***

Estimates show that a benefit that assists seniors below 300% FPL would cover about 47% of the older adult population (Kaiser Family Foundation). This would provide meaningful coverage to most seniors who presently do not visit a dentist because they cannot afford it. The percentage 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. 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. Simply put, Part B has a number of characteristics that make it incompatible with administering a dental benefit that helps patients and providers alike, including electronic health record requirements, coding and payment parameters, administrative burdens, audits and reimbursement requirements, and reimbursement levels.

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.

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We look forward to continuing this important conversation with you and your staff as Congress considers how best to provide oral health care to our Nation's seniors. Should you have any questions, please contact Mike Graham by phone at 202-309-2046 or by email at [grahamm@ada.org](mailto:grahamm@ada.org).

Sincerely,

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

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