

September 9, 2021

The Honorable Richard Neal  
Chair, House Committee on  
Ways and Means  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member, House Committee on  
Ways and Means  
1139 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

On behalf of the 162,000 members of the American Dental Association (ADA), we wanted to let you know that we are committed to addressing the oral health needs of all Americans – including older Americans. As Congress discusses expanding Medicare benefits to include dental, we want to make you aware of what will work best for both patients and dentists.

As written, the ADA cannot support the legislative proposal being considered by the House Ways and Means Committee to expand Medicare Part B to include dental care because it does not address the needs of low-income patients and dental practitioners.

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. This separate part would include a comprehensive dental benefit that meets the needs of beneficiaries up to 300% of the federal poverty level (FPL). Estimates show that meeting the needs of beneficiaries up to 300% of the FPL will cover about 47% of the older adult population.<sup>1</sup> This would provide meaningful coverage to most seniors who presently do not visit a dentist simply because they cannot afford it.

Even when fully implemented, the Committee proposal's cost-sharing provisions will require large, out-of-pocket expenditures for beneficiaries that will make it cost prohibitive for most low-income seniors to participate and, therefore, receive timely and affordable oral health care. Since nearly one-third of Medicare beneficiaries do not visit a dentist because they cannot afford it, this cost-sharing requirement will do little to help low-income seniors, particularly those in underserved communities.

The current Medicare program 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. Based upon the legislative proposal before the committee, an expansion of benefits within the current Part B structure of Medicare would not adequately meet the needs of our

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<sup>1</sup> Cubanski, Juliette, et al. 2018, [How Many Seniors Live in Poverty?](#)

dentists and Medicare patients. Dentists are unlikely to join a network based on the current Medicare Part B structure due to:

- Projected low reimbursement rates that fail to address the overhead costs associated with delivering dental care; and
- Expected complex regulatory compliance requirements designed for the medical delivery system, such as those for electronic health records, auditing/compliance, documentation, and more.

The overall administrative burden of participating in Part B of Medicare will likely impact access to care for Medicare beneficiaries. Given that dental offices are vastly different from physician offices, applying the physician fee schedule system to fee schedules for dental care will not ensure sustainability of the dental delivery system. This is a system that has high costs of maintaining and running an office, including dental equipment, supplies, lab costs, staffing needs, anesthesia, and personal protective equipment (PPE). A benefit that dentists do not take will not help seniors.

Because the dental care system is significantly different from the medical care delivery system, it merits a designated program recognizing those differences in the delivery of services if added to the Medicare program.

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 Mr. Mike Graham with the American Dental Association at [grahamm@ada.org](mailto:grahamm@ada.org).

Sincerely,

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

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

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cc: Members of the Ways and Means Committee