

March 18, 2026

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce

The Honorable Morgan Griffith
Chairman
Subcommittee on Health
Committee on Energy and Commerce

The Honorable Diana DeGette
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce

Re: Comments for the record for the March 18, 2026 hearing, “Lowering Health Care Costs for All Americans: An Examination of the U.S. Provider Landscape”

Dear Chairmen Guthrie and Griffith, and Ranking Members Pallone and DeGette:

On behalf of the American Dental Association (ADA), the nation’s leading voice for oral health, we appreciate the opportunity to provide comments for the record for the Subcommittee on Health hearing, “Lowering Health Care Costs for All Americans: An Examination of the U.S. Provider Landscape.”¹

Oral health must be part of any serious conversation about health care affordability. Oral disease is common, costly when left untreated, and closely linked to overall health, employability, school attendance, and quality of life. At the same time, the dental care delivery system differs in important respects from other provider sectors often examined in affordability debates. Many dentists practice in small, community-based settings and do not possess the scale, facility fee structures or market leverage associated with large, consolidated hospital systems. Congress should take care not to apply broad provider-side reforms in a manner that unintentionally undermines access to local oral health care.

The ADA respectfully urges the Committee to consider the following principles as it evaluates the provider landscape and options to lower health care costs.

Prevention and early intervention should remain central to affordability policy.

Long-term health care cost containment is not possible without prevention. In oral health, preventive and diagnostic services can help patients avoid more extensive and costly restorative, surgical and emergency care later. Policies that reduce financial barriers to preventive dental services can improve health outcomes and lower downstream costs.

1. House Committee on Energy and Commerce, “Chairmen Guthrie and Griffith Announce Third Hearing in Series to Improve Health Care Affordability for All Americans,” March 11, 2026. ([House Committee on Energy and Commerce](#))

The ADA has consistently supported coverage of diagnostic and preventive services at 100 percent and without counting those services toward annual maximums.²

Patients need meaningful dental coverage, not merely nominal coverage.

For many families, the practical barrier to care is not simply whether they have a dental benefit, but whether that benefit provides meaningful financial protection when care is needed. Low annual maximums, deductibles, waiting periods, coinsurance requirements and service limitations can leave patients exposed to substantial out-of-pocket costs. Affordability policy should therefore focus on whether coverage is understandable, predictable and sufficient to support timely access to needed care.

Administrative burden and inefficiency raise costs for both patients and providers.

Provider affordability cannot be assessed solely by looking at reimbursement levels. Excessive administrative complexity, payment uncertainty and opaque coverage rules can increase costs throughout the system and interfere with timely care. A more affordable system should reduce unnecessary administrative friction and improve clarity and accountability for patients and providers alike.

Independent dental practices should not be conflated with large, consolidated provider systems.

As lawmakers examine provider-side drivers of health care costs, it is important to distinguish among sectors with very different cost structures and degrees of market power. Independent dental practices generally operate as small businesses embedded in local communities. Reforms aimed at addressing hospital consolidation, vertical integration, or other large-system dynamics should be carefully tailored, so they do not impose disproportionate burdens on community-based oral health care providers.

Competition and transparency matter, but policymakers should recognize where market concentration exists.

The Committee's review of affordability should include not only provider consolidation but also concentration in the markets that shape dental coverage and payment. In a report released this month, the U.S. Government Accountability Office found that private stand-alone dental insurance markets vary in concentration by state and that limited available research suggests more concentrated dental insurance markets may be associated with reduced reimbursements to providers. The GAO also reported that some dental industry stakeholders described concentrated markets as limiting providers' ability to negotiate contracts and reimbursement with insurers.³ These findings reinforce the need for policymakers to promote transparency, competition and fair market functioning across the

2. American Dental Association, *Comments to House Energy and Commerce and Ways and Means on Dental Market Reforms and ERISA Transparency*, Jan. 22, 2026. ([ADA](#))

3. U.S. Government Accountability Office, *Private Dental and Vision Insurance: Market Concentration Varied Among States*, GAO-26-107787, March 9, 2026. GAO found that private stand-alone dental insurance markets vary in concentration by state, identified limited peer-reviewed evidence suggesting reduced reimbursements in more concentrated dental insurance markets, and reported stakeholder observations that concentrated markets can limit providers' ability to negotiate contracts and reimbursement. ([GAO](#))

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broader dental care landscape, while preserving patient choice and access to independent community-based providers.

Affordability policy should strengthen access, not weaken it.

A narrow focus on reducing provider payments or adding compliance obligations can have the unintended effect of reducing participation, especially in underserved communities and among smaller practices with limited administrative capacity. True affordability means lowering costs for patients while sustaining the delivery system on which they rely for care.

The ADA appreciates the Committee's attention to health care affordability and respectfully urges Members to ensure that oral health is part of this work. Dentistry should be included in the discussion, but independent dental practices should not be treated as interchangeable with large, consolidated provider systems. Done properly, affordability reform can promote prevention, improve transparency, reduce administrative waste, and support meaningful patient access to oral health care.

Thank you for your consideration of ADA's views on these important issues. We appreciate the Subcommittee's attention to policies affecting providers and patients, and we stand ready to serve as a resource as you continue this work. If you have any questions, please contact Natalie Hales, Senior Congressional Lobbyist, at halessn@ada.org.

Sincerely,

/s/

Richard J. Rosato, D.M.D.
President

/s/

Elizabeth Shapiro, D.D.S., J.D., C.A.E.
Interim Executive Director