

November 19, 2025

Via Electronic Submission to [WMSubmission@mail.house.gov](mailto:WMSubmission@mail.house.gov)

The Honorable Jason Smith  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives

The Honorable Richard E. Neal  
Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives

The Honorable Vern Buchanan  
Chairman  
Subcommittee on Health  
U.S. House of Representatives

The Honorable Lloyd Doggett  
Ranking Member  
Subcommittee on Health  
U.S. House of Representatives

**Re: “Modernizing Care Coordination to Prevent and Treat Chronic Disease”**

Dear Chairman Smith, Ranking Member Neal, Chairman Buchanan, Ranking Member Doggett, and Members of the Committee:

As the leading authority on oral health in the United States, the American Dental Association (ADA), representing more than 150,000 dentists nationwide, writes to thank the Committee for convening this hearing on modernizing care coordination to prevent and treat chronic disease and for the opportunity to provide this statement for the record. The ADA strongly urges that any discussion of care coordination and chronic disease explicitly include oral health. Oral health is inseparable from overall health, and preventable dental disease continues to drive avoidable pain, complications of chronic illness, cost of care, and emergency department visits, especially among low-income and medically vulnerable populations.

Below, we offer several recommendations to help the Committee improve chronic disease care coordination while strengthening value and access to dental care.

**1. Treat oral health as an integral component of chronic disease prevention and management**

The ADA recognizes there is scientific evidence that dental health is intrinsically linked and integral to the health outcomes of medical and surgical procedures. We encourage collaboration between medical teams and dentists so that patients receive appropriate examinations, consultations, and treatment when oral disease can affect systemic outcomes.

The ADA also appreciates the steps CMS has already taken to better recognize dentistry in federal quality and payment programs, including incorporating oral health into the Merit-

based Incentive Payment System (MIPS) and related quality reporting efforts. These are important first steps toward acknowledging the role that oral health plays in chronic disease prevention and management.

For patients with certain conditions, coordinated dental and medical care can be especially critical. In pursuing these goals, integration should not simply extend existing medical value-based or managed care frameworks onto dentistry; instead, any inclusion of dentists in care coordination initiatives should be designed to reduce administrative burden, preserve clinical autonomy and freedom of choice of dentist, and recognize the distinct structure of the dental delivery system. To reflect these realities, we recommend that Congress and federal agencies:

- Ensure that statutory and regulatory definitions of “care coordination,” “care teams,” and “chronic care management” explicitly contemplate the inclusion of dentists where oral health can influence systemic outcomes.
- Encourage CMS to recognize dentists as eligible participants in relevant care coordination activities and chronic care management services for appropriately defined populations.
- Direct HHS and CMS to report to Congress on how oral health is currently incorporated into chronic disease initiatives, with recommendations to close identified gaps.

## **2. Strengthen coverage and benefit design for high-risk patients in public programs**

Health system reform on payment for services for individuals with medical conditions in publicly funded programs should emphasize that improving oral health requires adequate coverage and reimbursement, particularly in public insurance programs.

Coverage and benefit design barriers currently limit coordinated care for high-risk patients. The fragmentation and separation of dental coverage make it harder to provide integrated, medically necessary dental care for people with chronic disease.

We recommend that Congress:

- Support comprehensive, adequately funded adult dental benefits in Medicaid, with particular attention to beneficiaries with high chronic disease burden. Promote greater standardization and transparency of supplemental dental benefits in Medicare Advantage, including clear, comparable information on covered services, annual maximums, cost sharing, and networks, so that beneficiaries with chronic disease can identify and enroll in plans that best support their oral and overall health.

Encourage CMS and other federal agencies, when designing payment and delivery models aimed at improving chronic disease outcomes, to consider how dentists can appropriately be included where oral health may affect results.

## **3. Use interoperable data that connect dental and medical care**

Electronic health records and data exchange should support interoperable, standards-based health IT that allows secure information exchange between dental and medical providers,

including the adoption of common data standards, and communication protocols. We urge that high-quality data and interoperable systems are essential for coordinated, patient-centered care.

Today, many dental practices operate on separate electronic dental record platforms that do not easily communicate with medical electronic health records. Federal data standards have historically focused on medical settings, with limited inclusion of dental-specific elements and measures. This fragmentation makes it more difficult to build shared care plans, track outcomes, and manage risk across settings.

To improve care coordination, we recommend that Congress and federal agencies:

- Direct CMS and the Office of the National Coordinator for Health IT to continue developing and incorporating dental data elements into federal interoperability frameworks, including those relevant to chronic disease management.
- Support technical assistance, incentives, or other mechanisms that help smaller practices, including dental practices, adopt interoperable systems, and participate in health information exchanges that support coordinated care.

#### **4. Support team-based models and infrastructure that include dental care for high-risk patients**

Access and prevention underscore the importance of team-based, community-focused approaches to improving oral health, especially for vulnerable populations. Coordinated efforts between dental and medical professionals, community health centers, and other safety-net providers are critical to reducing disease burden and improving outcomes.

Across the country, there are promising examples of dental-medical integration, including community health centers that house both dental and medical services and accountable care arrangements that incorporate oral health metrics. However, these models are not yet widespread, and existing payment and infrastructure support are often inadequate to sustain them.

A sustained focus on oral health in chronic disease care also requires clear federal leadership. During the tenure of the Chief Dental Officer (CDO) in the Office of the Administrator, CMS launched an oral health cross-cutting initiative that included chronic disease and disability populations. To ensure that this work is carried forward and that oral health remains integrated into agency-wide chronic disease strategies, we encourage the Committee to support maintaining a senior oral health leadership role within CMS and to urge the agency to promptly fill the Chief Dental Officer position in the Office of the Administrator.

To expand effective team-based models, we recommend that Congress:

- Encourage CMS to design and test demonstration models in which dental professionals are integrated into care teams for patients with multiple chronic conditions or complex treatment plans, particularly in community health centers, rural areas, and other high-need settings.

- Support reimbursement pathways for case managers, care coordinators, and community health workers who help patients navigate both dental and medical systems, with a focus on those with significant chronic disease burden and social risk factors.
- Encourage dissemination of best practices from successful dental-medical integration models so states, plans, and providers can replicate them.

## **5. Reduce administrative barriers that impede dental–medical integration**

Health systems and benefit programs should promote patient access, minimize unnecessary administrative burden and preserve freedom of choice of dentist. Efforts to better integrate dental and medical care should therefore reduce, not increase, administrative burden for dental practices and should avoid replicating the most problematic aspects of current value-based and managed care arrangements in medicine. Excessive or poorly coordinated administrative requirements can deter providers from participating in integrated models and reduce the time available for direct patient care.

In the context of chronic disease care coordination, inconsistent credentialing processes, fragmented provider directories, and duplicative reporting requirements can all make it harder for dental practices to engage with multiple health plans and systems.

To reduce these barriers and support integration, we recommend that Congress and federal agencies:

- Promote streamlined and standardized credentialing, network participation, and provider directory processes that appropriately include dentists and reduce duplicative data collection across payers.
- Ensure that efforts to modernize provider directories and other administrative systems are designed in consultation with dental providers and do not impose conflicting or redundant reporting obligations that could discourage participation in coordinated care arrangements.
- Consider ways to align administrative requirements across programs, where feasible, so that practices engaged in team-based chronic disease care face a coherent, manageable set of expectations.

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Chairman Smith  
Ranking Member Neal  
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Thank you again for the opportunity to submit comments for the record. The ADA supports a health system in which oral health is fully integrated into prevention and chronic disease strategies, public programs are adequately structured and funded to recognize the oral-systemic connection, and interoperable health information technology allows dentists to collaborate effectively with medical colleagues.

The ADA stands ready to serve as a resource to the Committee as you examine how best to modernize care coordination to prevent and treat chronic disease. For further discussion or if you have any questions, please contact Natalie Hales at [halesn@ada.org](mailto:halesn@ada.org).

Sincerely,

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

/s/  
Elizabeth A. Shapiro, D.D.S., J.D.  
Interim Executive Director