

# United States Senate

WASHINGTON, DC 20510

June 21, 2022

The Honorable Chiquita Brooks-LaSure  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

We are writing to encourage the Centers for Medicare and Medicaid Services (CMS) to expand dental health coverage under Medicare. Oral health is a critical, but often overlooked, factor in ensuring a healthy life, yet is unaffordable and inaccessible for far too many of the over 64 million Americans enrolled in Medicare. Therefore, we urge you to use existing statutory authority to expand coverage of medically necessary oral and dental health care for eligible Medicare beneficiaries.

Nearly half of all Medicare beneficiaries – 24 million people – do not have dental coverage. This lack of coverage has caused low utilization of dental care by Medicare beneficiaries, particularly among communities of color. As a result, two-thirds of seniors have periodontal disease, and one-fifth have lost all of their teeth. Racial and ethnic minorities are the most severely impacted. Black American seniors are 1.7 times more likely and Asian American seniors are 1.4 times more likely than non-Hispanic White seniors to experience complete tooth loss. Furthermore, while 1 in 6 older adults have untreated cavities, older non-Hispanic Black or Mexican American adults have 2 to 3 times the rate of untreated cavities as older non-Hispanic adults.

Oral health is closely linked to physical health. Lack of dental treatment can cause cancers to go undetected, lead to chronic pain and tooth loss, and even limit the ability of an individual to eat and speak. It is well documented that poor oral health can exacerbate or increase the risk of many chronic conditions that face Medicare beneficiaries already, such as heart disease, kidney disease, cancer, and diabetes.

The negative effects of poor oral health increase costs to the Medicare program, which must pay for complications that may have been averted with proper oral health care. Private insurance companies have realized significant medical savings, and a retrospective claims analysis report found that dental coverage could achieve net savings for the traditional Medicare program of \$63.5 billion over ten years. Expanded coverage would reduce costs to Medicare by strengthening treatment of some of the most persistent medical conditions covered by the program, including:

- Cardiovascular diseases including cardiomyopathy, endocarditis, vascular disease, rhythm disorders, deep vein thromboses, and aortic disease, when untreated oral infection exacerbates medical conditions or impedes treatment.

- Diabetes management compromised by periodontal infections, which increases the risk of kidney disease and failure, vascular dementia, visual degradation, podiatric complications, cardiac disease, and stroke.
- Cancer treatment, in which leukopenia from chemotherapy or radiation therapy leads to immunosuppression and increases the risk of dentally sourced bacteria causing sepsis or other serious complications.
- Surgery for transplants, insertion of vascular grafts, stents and heart valves, and replacement or modification of joints, where oral infection increases the risk of rejection or other medical complications.
- Other non-communicable diseases conditions for which untreated oral infection pose an inflammatory effect, such as Parkinson's disease, multiple sclerosis, inflammatory bowel disease, and rheumatologic disease.

While Section 1862(a)(12) of the Social Security Act excludes Medicare coverage of routine dental services, it does not prohibit CMS from authorizing coverage for medically necessary dental care. It was Congress's intent to only exclude Medicare coverage of items and services that beneficiaries may utilize outside of the context of medical illness or injury, not limit services that are necessary for medical reasons. This is clearly shown in Senate Report No. 89-404 (1965) which states that payments can be made for services with an appropriate medical justification, including when the service is needed to diagnose or treat a Medicare-covered illness, disease, or injury.

Furthermore, there is precedent in the Medicare program for such services. For example, podiatry services that are deemed medically necessary are covered, despite routine foot care being ineligible for Medicare payment. CMS has also authorized coverage for tooth extractions to allow for radiation treatment for cancer and dental exams prior to kidney transplants, for example.

We appreciate all the work that CMS has done to date toward our shared goal of improving the health of Medicare beneficiaries, and thank you for your commitment to strengthening the Medicare program. We urge you to use CMS's existing authority to expand coverage of medically necessary oral and dental health services, and look forward to working with CMS to ensure that seniors receive the dental health services they need.


Sincerely,



Debbie Stabenow  
United States Senator



Benjamin L. Cardin  
United States Senator



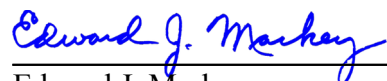
Jeffrey A. Merkley  
United States Senator



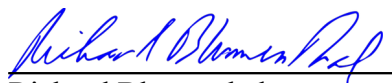
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United States Senator



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Richard Blumenthal  
United States Senator



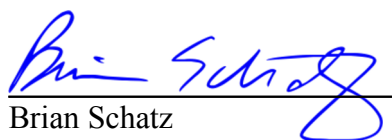
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