

## American Association of Oral and Maxillofacial Surgeons

9700 W. Bryn Mawr Ave. Rosemont, IL 60018-5701 847-678-6200 800-822-6637 fax 847-678-6286

AAOMS.org

B.D. Tiner, DDS, MD, FACS President Karin Wittich, CAE Executive Director

September 3, 2021

The Honorable Nannette Barragán U.S. House 2246 Rayburn House Office Building Washington, D.C. 20515

Dear Rep. Barragán:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), which represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, I wish to thank you for your leadership on oral health issues in Congress, particularly given your introduction of the Medicaid Dental Benefit Act (H.R. 4439). This important legislation would provide comprehensive and consistent adult dental Medicaid benefits across the country for those who cannot otherwise afford oral healthcare.

OMSs understand the important role oral health can have on a patient's overall health. OMSs are surgically and medically trained dental specialists who treat conditions, defects, injuries, and esthetic aspects of the mouth, teeth, jaws, neck and face. The OMS scope of practice straddles the line between medicine and dentistry, treating conditions that could be dental or medical in nature. In fact, AAOMS maintains a list<sup>1</sup> of oral and maxillofacial surgery services it considers to be "medically necessary" or "essential" because they are integral to a patient's overall health.

It is well-documented that those who suffer from oral disease, especially periodontic ailments, are more likely to have chronic health diseases, including diabetes, heart disease and stroke.<sup>2</sup> Access to regular dental care can prevent oral disease. Oral cancer screening and treatment is one such example involving OMSs. These tumors – especially when they are only very small lesions – are usually first identified by a patient's general dentist. The patient is then typically referred to an OMS for further assessment and removal of the cancer lesion. If the cancer is caught early enough, the patient can avoid subsequent and more extensive treatment.

<sup>&</sup>lt;sup>1</sup> Essentials of Oral and Maxillofacial Surgery Services. American Association of Oral and Maxillofacial Surgeons White Paper. January 2021. AAOMS.org/docs/govt\_affairs/advocacy\_white\_papers/essentials\_oms.pdf.

<sup>&</sup>lt;sup>2</sup> 2020 Leading Health Indicators: Oral Health; Office of Disease Prevention and Health Promotion. Department of Health and Human Services. HealthyPeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health. Accessed Aug. 26, 2021.

Unfortunately, access to regular oral healthcare is unaffordable to most Medicaid recipients. While nearly all states provide some level of dental Medicaid benefits for adults, only 21 states plus the District of Columbia provide "extensive benefits," defined as "including at least 100 diagnostic, preventive, and restorative procedures, and a per-enrollee annual maximum expenditure of at least \$1,000." We appreciate your efforts to correct this vast disparity of care among states through your legislation.

AAOMS is pleased that the Medicaid Dental Benefit Act would also allocate additional financial resources from the federal government to assist states with providing enhanced dental benefits. The federal investment will help ensure these expanded benefits are consistently offered, and not subject to intermittent cuts during state fiscal downturns, as they are now.

Finally, AAOMS believes the Medicaid Dental Benefit Act also would be a significant tool in its efforts to provide dental care for the nation's seniors who can least afford it. We recognize that other solutions are being discussed in Congress, such as an expanded dental benefit under the Medicare Part B program. AAOMS disagrees, however, that a Part B expansion is the best approach to providing affordable dental care to seniors. Medicaid already has a robust provider network that could be further utilized to provide care to low-income seniors, while questions remain about whether CMS can effectively implement a Part B program and whether it would attract sufficient providers. We welcome the opportunity to discuss with your office these concerns and potential alternatives to a Part B benefit.

Again, thank you for your leadership on oral health issues, particularly through the introduction of the Medicaid Dental Benefit Act. AAOMS would be pleased to work with you and your colleagues to advance this important legislation and discuss how to best expand access to affordable oral healthcare. Please contact Jeanne Tuerk, AAOMS Director of Government Affairs, at 800-822-6637, ext. 4321, or jtuerk@aaoms.org.

Sincerely,

B.D. Tiner, DDS, MD, FACS

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AAOMS President

<sup>&</sup>lt;sup>3</sup> Vujicic M, Fosse C, Reusch C, Burroughs M. Making the Case for Dental Coverage for Adults in All State Medicaid Programs. ADA Health Policy Institute, Families USA and Community Catalyst Research Brief. July 2021. ADA.org/~/media/ADA/Science%20and%20Research/HPI/Files/WhitePaper\_0721.pdf.