

June 17, 2024

The Honorable Bernie Sanders, Chairman
The Honorable Bill Cassidy, Ranking
Member
Senate Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Jason Smith, Chairman
The Honorable Richard Neal, Ranking
Member
House Committee on Ways and Means
1139 Longworth House Office Building
Washington, DC 20515

The Honorable Ron Wyden, Chairman
The Honorable Mike Crapo, Ranking
Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20501

The Honorable Cathy McMorris Rodgers,
Chair
The Honorable Frank Pallone, Jr., Ranking
Member
House Committee on Energy and
Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairs, Ranking Members, and Committee members:

The 110 undersigned organizations write to express our support for recent Congressional efforts to elevate the importance of comprehensive dental coverage and urge Congress to standardize adult dental benefits in public and private programs. In particular, we express our collective **support for mandatory Medicaid adult dental benefits, routine adult dental services as an Essential Health Benefit (EHB), a comprehensive Medicare dental benefit, and the addition of dental therapists into existing federal health workforce programs.**

[Oral health is essential to overall health](#), with connections to many other chronic and acute conditions, including cardiovascular and respiratory diseases, mental health, and pregnancy outcomes. Access to dental care to treat oral health problems can [improve diabetes outcomes](#), address the [link between oral health and cardiovascular disease](#), and improve [substance use disorder \(SUD\) outcomes](#). Oral health also has deep implications for economic wellbeing – poor oral health can cause [missed days of school and work](#) and about [one-third of low-income adults say that dental conditions limit their job prospects](#). Alternatively, access to dental care can [improve employment outcomes](#) and [increase earning potential](#).

Despite these connections, dental services for adults are frequently left out of our nation's health insurance frameworks, with dental coverage remaining largely separate from broader health insurance. Only about 15% of people with employer-sponsored insurance (ESI) have [health insurance that includes dental care](#) and routine dental services for adults are not part of the federal Essential Health Benefits (EHBs), which most private health insurance plans have to cover. Dental care for adults remains optional in Medicaid, with wide state-by-state variation in

covered services, benefit limits, and cost-sharing. And, while [Medicare has begun paying for medically-necessary dental care](#) under limited circumstances, about [half of people with Medicare have no dental coverage](#) and the same proportion do not get a yearly dental visit.

Significant gaps in our nation's oral health workforce only compound these dental coverage gaps. Currently, more than [58 million people live in areas without enough dental providers](#) and rural, Tribal, and low-income communities are most likely to be impacted. [Two-thirds of rural areas are designated as dental workforce shortage areas](#) and about [40% of rural residents do not receive a yearly dental visit](#). Tribal communities also face significant dental provider shortages due, in part, to [systemic underfunding of the Indian Health Service \(IHS\) system](#). Finally, [about two-thirds of dentists see zero patients with Medicaid](#), leaving many low-income people without access to a dental provider.

A patchwork of public and private coverage, along with an inadequate oral health workforce to fully meet peoples' needs, results in dental care presenting the [greatest financial barriers](#) of any healthcare service. [Almost 40% of dental care costs are paid out of pocket](#) and recent polling shows that 33% of voters say they have [recently forgone dental care due to cost](#). As a result, dental debt [contributes to broader medical debt for about half of adults](#) who incur it. And due to structural racism and resultant long-standing economic inequities, people of color are more likely to have debt as a result of dental or other medical bills and face greater barriers to accessing dental care, in general. This lack of affordability has opened the door for the proliferation of [predatory, high interest medical credit cards](#) being advertised in dental offices. **Millions of people routinely face an impossible choice: forgo needed dental care or take on debt to pay for it.**

Despite a lack of comprehensive private and public coverage, significant workforce shortages, and inequities in access and outcomes, the [US spends \\$165.3 billion per year on dental care](#). **Better oral health and more responsible stewardship of public funds go hand in hand.** We were pleased to see these connections made during the Senate HELP Committee's recent hearing, [Examining the Dental Care Crisis in America](#), which called attention to current gaps in oral health coverage and workforce and highlighted the need for federal action to advance greater affordability and accessibility. **We applaud the Comprehensive Dental Reform Act of 2024**, which addresses significant gaps in our current dental care delivery system, including requiring Medicaid coverage of dental services for adults, adding comprehensive dental coverage to Medicare, adding adult dental services to the EHBs, and adding dental therapists to the National Health Service Corps (NHSC), as well as investing in additional oral health workforce improvements. Whether through the Comprehensive Dental Reform Act of 2024 or other vehicles, **we urge Congress to advance these critical policies.**

MAKE ADULT DENTAL CARE A MANDATORY MEDICAID COVERAGE CATEGORY

The optional nature of Medicaid adult dental benefits results in [wide cross-state variability](#). Forty-three states do not offer extensive dental benefits and at least 15 states include annual benefit limits. However, these services are popular and needed, with [service use higher in](#)

[states with a more extensive benefit](#). Additionally, the optional nature of these benefits makes them tenuous, with [adult dental services frequently being among the first to be cut](#) during state budgetary constraints. This jumbled coverage framework does not reflect the reality that [oral health is an essential health care service](#), not an optional luxury.

Mandating adult dental benefits in Medicaid would improve access to care for millions of low-income Americans. Research shows that [expanding adult dental coverage in Medicaid can reduce racial disparities](#) and would [save at least \\$273 million per year](#) because treating oral health problems can cut down on medical costs. These potential savings are even higher when accounting for emergency department visits for preventable oral health conditions, which cost our health care system [\\$2 billion each year](#). The undersigned organizations **urge Congress to make adult dental services a mandatory Medicaid coverage category.**

ADD ROUTINE ADULT DENTAL SERVICES TO THE ESSENTIAL HEALTH BENEFITS

While [recent regulatory changes](#) present a state option to include adult dental care as part of state Essential Health Benefits (EHB) packages, these services remain absent from federal EHB requirements, leaving millions of people to pay [high out-of-pocket costs](#), seek care in [emergency departments](#) where they [incur debt](#), or live in pain because they can't afford the care they need. Since 2014, there have been considerable changes to the implementation of the Affordable Care Act (ACA) and plan offerings on the health insurance marketplaces. However, the ACA's underlying approach to defining EHBs remains largely unchanged, relying on the initial state benchmark plan approach to defining the ten categories of EHB.

As with optional Medicaid benefits, the [benchmark plan approach has resulted in considerable variation in EHB coverage across states](#) and, historically, [many states defaulted to less generous small group benchmark plans](#). As a result, the EHB framework has not kept up with clinical evidence or the needs of the enrollee population. The undersigned organizations are concerned about the inequitable access to critical services caused by such variation and the significant gaps in coverage for oral health care for adults. The ACA's inclusion of [dental coverage for children in the EHBs has helped to address racial and income-based disparities](#) in oral health outcomes. And, comprehensive adult dental coverage is extremely popular – 83% of voters [support making dental care more affordable by including it as an EHB](#). The undersigned organizations **urge Congress to close this glaring gap by adding adult dental services as an EHB category.** Everyone should have access to standardized, comprehensive dental benefits regardless of the state they live in.

ADD A COMPREHENSIVE DENTAL BENEFIT TO MEDICARE

Despite serving as the primary source of health insurance for older adults and people with disabilities, traditional Medicare does not include a dental benefit. As a result, nearly [one-third of older adults have lost six or more teeth](#) due to oral health problems and nearly [two-thirds of people with disabilities have not visited a dentist in two or more years](#). While many Medicare Advantage (MA) plans include coverage of at least some dental services, people with this coverage experience [problems accessing care at about the same rates as those in traditional Medicare](#), which lacks any coverage for routine oral health services.

Because of age and/or disability status, people with Medicare coverage are more likely to have chronic conditions that are associated with oral health problems, but the lack of comprehensive coverage means they are less likely to get the dental care they need. About [30% of older adults have incomes below 200% of the federal poverty level](#) (FPL), with higher poverty rates among older people of color and Tribal communities. [People with disabilities are twice as likely to experience poverty than those without a disability](#) and Black and Hispanic people with disabilities have the highest rates of poverty. Dental care is inaccessible and unaffordable for many, but the impact is particularly high on older adults and people with disabilities, who face additional financial barriers and particular challenges in accessing care. The undersigned organizations **urge Congress to add a comprehensive dental benefit to Medicare.**

EXPAND THE ORAL HEALTH WORKFORCE

While expanding oral health coverage is critical for improving access to dental care, even people with insurance often face access barriers. Among adults with public dental insurance, [rates of forgoing care due to cost are about the same as those who are uninsured](#). [Significant provider shortages in the dental sector](#) lead to issues with appointment availability, especially in rural and Tribal communities, where provider shortages are most dire. Even in urban areas where the number of dental providers may be higher, [high lack of dentist participation in Medicaid](#) presents access to care issues.

[Dental therapists](#) – licensed providers who work under the supervision of a dentist to provide preventive and routine restorative care, like exams and filling cavities – present one opportunity to address workforce shortages. Dental therapists have been shown to [improve oral health](#), [allow more people to keep their natural teeth](#), and [reduce dental appointment wait and travel times](#). Dental therapists are currently authorized to practice in 14 states with legislation pending in many more and, while state legislation is required to authorize the provider, federal support is also needed for workforce expansion. We **support the addition of dental therapists to the NHSC included in the Comprehensive Dental Reform Act of 2024** and encourage Congress to further support and expand the oral health workforce by adopting [recommendations from HRSA’s Advisory Committee on Training in Primary Care Medicine and Dentistry](#). We specifically **encourage Congress to update Title VII oral health training programs to explicitly include dental therapy programs and trainees, dedicate funding in Title VII specifically for dental therapy education programs, and ensure that dental therapy faculty are eligible for loan repayment.**

For far too long, oral health has been left out of our nation’s attention to health and has been considered separately from the rest of the health care system. The Comprehensive Dental Reform Act of 2024 represents important movement toward recognizing the critical nature of oral health for overall health and wellbeing. Whether through this vehicle or others, **we encourage Congress to advance opportunities to ensure all people have access to the dental care they need to stay healthy.**

Sincerely,

African American Clergy Collective of
Tennessee
Alabama Arise
American Association for Community
Dental Programs
American Association of Public Health
Dentistry
American Children's Campaign
American Dental Therapy Association
American Institute of Dental Public Health
American Public Health Association
ARCH Community Health Coalition, Inc
Arcora Foundation
Arizona Dental Hygienists' Association
(AzDHA)
Arizona Oral Health Coalition
Asian Pacific Community in Action
Asian Pacific Islander Forward Movement
Asian Resources, Inc.
Association of State and Territorial Dental
Directors
Best Dental Help
Black Clergy Collaborative of Memphis
C.A.R.E. Clinic
California Pan-Ethnic Health Network
CareQuest Institute for Oral Health
Carroll County General Health District
Catalyst Miami
Center for Medicare Advocacy
Center for Oral Health
Central NJDHA
Children's Action Alliance
Children's Oral Health Network of Maine
Coalition of Texans with Disabilities
Coalition of Veterans Organizations
Colorado Consumer Health Initiative
Colorado Immigrant Rights Coalition
Common Good Iowa
Community Catalyst
Community Service Society of New York
Connecticut Oral Health Initiative
Dientes Community Dental Care
Ebert Family Clinic
EXCELth, INC.

Families USA
Family Voices of Tennessee
Florida Policy Institute
Florida Voices for Health
Floridians For Dental Access
Georgia Equality
Hawaii Dental Hui
Health Care For All Massachusetts
Health Care For All New York
Healthy House Within a MATCH Coalition
Hoosier Action
Idaho Oral Health Alliance
Ingham County Health Department
JCL Consulting
Justice in Aging
Kennebec Valley Family Dentistry
Kentucky Voices for Health
Maine Equal Justice
Maryland Foundation of dentistry
Maternal and Child Health Access
Metropolitan State University, Dental
Department
Michigan Dental Hygienists' Association
Michigan Primary Care Association
Midwest Dental Equipment & Supply
Minnesota Oral Health Coalition
Montgomery County Maryland,
Department of Health and Human
Services, Public Health
More Smiles Wisconsin, Inc.
National Coalition of Dentists for Health
Equity
National Indian Health Board
National Interprofessional Initiative on Oral
Health
National Rural Health Association
Nebraska Appleseed
New Hampshire Oral Health Coalition
New Orleans Council on Aging
New York State Oral Health Coalition
NYU/Bellevue Prenatal Oral Health Program
Ohio Federation for Health Equity and
Social Justice
Ohio Grandparent Kinship Coalition

Oral Health Iowa
Oral Health Kansas, Inc.
PA Coalition for Oral Health
Public Health Services
REACH Healthcare Foundation
Regional Primary Care Coalition
Rhode Island KIDS COUNT
Ronald McDonald House Charities of the
Bluegrass
Saban Community Clinic
San Diego County Dental Society
Santa Cruz CORE Fitness + Rehab
Sea Mar Community Health Centers
Sherri Lukes Speaking/Consulting
Small Business Majority
Society of American Indian Dentists
Sound Dental Care
South Asian Network
Southern Vermont Area Health Education
Center

cc: Senate Majority Leader Chuck Schumer
Senate Minority Leader Mitch McConnell
House Speaker Mike Johnson
House Democratic Leader Hakeem Jeffries

Sovereign Health Education
Strategic Concepts in Organizing and Policy
Education (SCOPE)
Southern Plains Tribal Health Board
Tennessee Disability Coalition
Tennessee Health Care Campaign
Texas Parent to Parent
Thai Community Development Center (Thai
CDC)
The Center for Black Health & Equity
Utah Health Policy Project
Virginia Coalition of Latino Organizations
Virginia Organizing
Voices for Vermont's Children
Washington State Oral Health Coalition
West Virginia Oral Health Coalition
Western Colorado Alliance