Congress of the United States
Washington, DC 20515

September 17, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

Dear Secretary Azar and Administrator Verma:

As policymakers, we have a responsibility to find healthcare solutions that save lives, improve outcomes and reduce costs. Fortunately, improving coverage of medically necessary oral and dental health will accomplish each of these priority objectives given oral health's proven connectivity to dramatic improvements in overall wellness.

Today, many Traditional Medicare beneficiaries face significant health risks because they do not have access to medically necessary oral and dental treatment. Too often, the lack of such treatment is exacerbating beneficiaries' health conditions and, thus, increasing Medicare's costs for treating their illnesses. In such instances, providing medically necessary oral and dental treatment is not only a moral imperative but is also fiscally responsible. Therefore, we write in support of the use of existing statutory authority to provide Traditional Medicare coverage of medically necessary oral and dental treatment.

As you know, Section 1862(a)(12) of the Social Security Act [42 U.S.C. §1395y(a)(12)] excludes Medicare coverage of routine dental services. Importantly, however, that provision does not prohibit the Centers for Medicare and Medicaid Services (CMS) from authorizing coverage when the treatment is *medically necessary*. In crafting the list of Medicare coverage exclusions, Congress' intent was to ensure Medicare funds would not be used pay for items and services that beneficiaries utilize outside of the context of medical illness and injury – in other words, items and services that are not medically necessary. Indeed, Senate Report No. 89-404 (1965) expressly provides that payment *can* be made when there is appropriate medical justification, such as when the item or service is necessary for the diagnosis or treatment of a Medicare-covered disease, illness, or injury.

There is ample precedent for CMS' use of this discretionary authority. For example, Medicare policy provides for the coverage of medically necessary podiatry services, even as routine foot care is expressly excluded from coverage by the Medicare statute. In similar fashion, we believe CMS should use its authority to extend Traditional Medicare coverage to oral and dental treatment that is medically necessary for the treatment of Medicare-covered diseases, illnesses, and injuries. Below are a few representative examples that illustrate the clinical and fiscal utility of such coverage:

- Emergency department visits and hospitalizations for medical problems in which oral/dental bacteria are an underlying cause, such as in an infected cardiac or orthopedic prosthesis.

- Parkinson's Disease, in which dentally sourced bacteria can contribute to aspiration pneumonia, and/or infection of medical devices, such as deep brain neurostimulators and artificial knees and hips.
- Bacterial endocarditis and worsened stroke outcomes due to an increased inflammatory burden caused by unresolved dental infections.
- Multiple sclerosis, in which oral/dental bacteria can cause serious infection for patients taking pharmaceuticals that suppress the immune system, such disease-modifying therapeutic drugs.
- Delay or interruption of treatment for various gastrointestinal diseases, including certain liver and inflammatory bowel diseases (IBD) due to untreated oral/dental disease.
- Rheumatologic disease, for which patients must often take medication that suppress their immune systems, thereby making them more susceptible to infection from untreated oral/dental disease.
- Diabetes management is compromised by periodontal infections, increasing the risk of kidney disease and failure, vascular dementia, visual degradation, podiatric complications, cardiac disease and stroke.
- Arthroplasty of the hip and knee, which cannot safely proceed without prior resolution of oral/dental disease because of the risk of post-operative infection.
- Cancer treatment, in which leukopenia from chemotherapy increases the risk of dentally sourced bacteria causing sepsis or other serious complications.
- Organ transplantation, for which dental infections risk serious complications because patients are pharmacologically immunosuppressed to prevent rejection.
- Metastatic lung, breast, prostate and colon cancers, multiple myeloma, and hypercalcemia, which often involve bisphosphonate drugs, for which dental health is advised to prevent osteonecrosis of the jaw.
- Implanted heart valves, arterial stents, and stent grafts, which are at risk of infection and costly complications due to bacteria sourced from dental infections.

For these reasons, we urge you to assess the clinical and fiscal value of using existing statutory authority, consistent with past precedent, to make available Traditional Medicare coverage for those beneficiaries requiring medically necessary oral and dental care.

Thank you for your attention to this matter. We look forward to working with you to save lives, improve health outcomes, and reduce Medicare costs by avoiding medical complications through delivery of medically necessary oral and dental treatment.

Respectfully,

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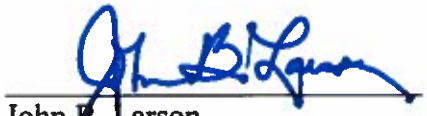

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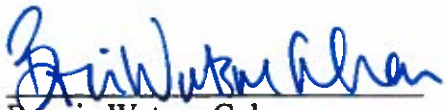

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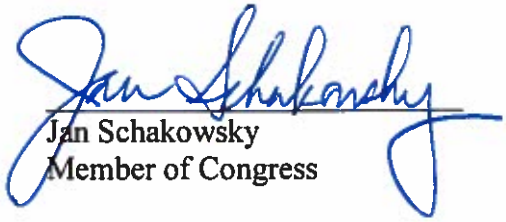

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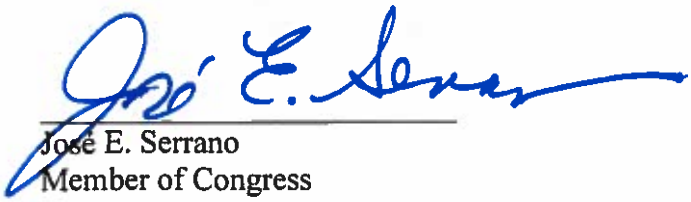

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