



September 6, 2022

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1770-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically to: <http://www.regulations.gov>

Re: Medicare and Medicaid Programs: Calendar Year 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies

Administrator Brooks-LaSure:

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is pleased to provide the Centers for Medicare & Medicaid Services (CMS) our comments relating to the proposed 2023 Medicare physician fee schedule (CMS-1770-P).

The GWAAR is a nonprofit agency committed to supporting the successful delivery of aging programs and services in our service area consisting of seventy of the state's seventy-two counties and all eleven tribes in Wisconsin. We are one of three Area Agencies on Aging in Wisconsin. Our mission is to deliver innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin. There are estimated to be nearly 1.2 million adults aged sixty and older residing in our service area.¹

As advocates for older Wisconsinites, the GWAAR has long recognized the need for improved dental coverage in Medicare. Nearly 1.2 million older adults and people with disabilities on Medicare cannot afford the care they need to get and stay healthy. Oral health is a critical aspect of older adults' overall health and well-being. Untreated dental decay and tooth loss leads to pain and difficulty eating, as well as the worsening of chronic conditions like diabetes and hypertension. Untreated oral disease also puts people at higher risk of diabetes, heart disease, stroke, COVID-19, and even death. Without Medicare oral health coverage, 24% of older adults in Wisconsin have not seen a dentist in over a year (non-Hispanic black and Hispanic older adults have even higher rates

¹ Wisconsin Department of Health Services, *Aging: Demographics in Wisconsin, County Population Projections Through 2040, P00138A*; retrieved on Aug. 26, 2022 from <https://www.dhs.wisconsin.gov/aging/demographics.htm>.

of not having an annual dental visit) and 1 in 10 older adults in Wisconsin have lost all of their natural teeth.² Additionally, more than 90% of hospice cancer patients are affected by dry mouth which can interfere with their speech, alter taste sensation, and make chewing and swallowing difficult and painful. Tooth and mouth pain limits food choices and nutritional intake, accelerates terminal declines and can seriously compromise quality of life.³

The GWAAR strongly supports the expansion of Medicare coverage for medically necessary dental services outlined in the proposed rule. Currently, Medicare coverage for oral health needs for individuals with serious medical conditions is extremely limited. Medicare typically does not cover care to address dental problems that are caused by a medical condition or treatment, or that could jeopardize their medical condition or treatment. Without Medicare coverage, dental care is cost prohibitive, leading many beneficiaries to forgo dental care and thereby jeopardize their other medical treatments. Foregoing needed dental care negatively impacts Medicare beneficiaries in terms of their treatment, quality of life and overall health outcomes.

We applaud CMS for recognizing the need to maximize its authority to cover “medically necessary” dental care in Medicare. Medically necessary dental care can be essential to properly treat other diagnosed medical conditions, such as certain cancer treatments, organ transplants, diabetes management, and many other critical treatments for medical conditions. Lack of coverage for medically necessary dental care most impacts underserved populations and communities of color, exacerbating the underlying oral and other health disparities that already exist.⁴ This CMS proposal to expand Medicare coverage for medically necessary dental services would improve access, improve outcomes, and mitigate these health disparities. The GWAAR strongly supports the proposed clarification and codification of CMS’ existing authority and encourages CMS to apply this authority in all settings and clinical circumstances where it is appropriate.

The GWAAR thanks CMS for this opportunity to provide comments relating to the proposed rule involving changes to payment policy under the 2023 Medicare physician fee schedule (CMS-1770-P). We believe whole person health includes oral health and therefore, strongly support inclusion of medically necessary dental care in the proposed rule and respectfully urge CMS to finalize the rule with this critical component included. If finalized, the proposed rules will make a considerable difference for our nation’s older adults and people with disabilities who are struggling to afford and access the oral health care they need to stay healthy. In addition, under separate letter, the

² FamiliesUSA, *Oral Health 50 State Fact Sheet-Wisconsin*, July 2021, retrieved on Sept. 5, 2022 from https://familiesusa.org/wp-content/uploads/2021/07/2019-150c-OralHealth50State_FactSheet_2021_50_Wisconsin.pdf

³ Chen X, Kistler CE. *Oral health care for older adults with serious illness: when and how?* J Am Geriatr Soc. 2015 Feb;63(2):375-8. doi: 10.1111/jgs.13240. PMID: 25688608; PMCID: PMC4335347.

⁴ Health Affairs Forefront, *Oral Health Equity Cannot Be Achieved Without Racial Equity*, April 22, 2022. DOI: 10.1377/forefront.20220420.398180

GWAAR - as a member of a coalition of sixty-one beneficiary advocacy and non-emergency medical transportation (NEMT) stakeholder groups - has submitted comments on the proposed changes to the Medical Necessity and Documentation Requirements for Nonemergency, Scheduled, Repetitive Ambulance Services in the Calendar Year 2023 Physician Fee Schedule proposed rule.

For additional information, please contact Janet Zander, Advocacy & Public Policy Coordinator at janet.zander@gwaar.org.

Sincerely,

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