

September 6, 2022

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

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1770-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Comments in Response to the Center for Medicare & Medicaid Services' Proposed rule CMS-1770-P [<https://www.regulations.gov/document/CMS-2022-0113-1871> and]

To the Administrator,

We are submitting comments in response to the Centers for Medicare & Medicaid Services' (CMS) Proposed rule CMS-1770-P to express our strong support for the provision that would

“permit Medicare payment under Parts A and B for dental services where the dental service is inextricably linked to, and substantially related and integral to the clinical success of, certain other covered medical services and allow payment to be made, regardless of whether the services are furnished in an inpatient or outpatient setting.”
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Beneficiaries with intellectual and/or developmental disabilities (IDD) would benefit tremendously from the rule's additional dental services.

Institute for Exceptional Care (IEC) is a non-profit organization committed to transforming healthcare for people with IDD. IEC is working with broad coalitions of clinical organizations, payers, purchasers, regulators, consumer advocates, and social service professionals to improve systems and processes of care that support better health and life outcomes. IEC's ABC3: Action to Build Clinical Confidence & Culture is a multi-stakeholder action collaborative that will scale strategies to engage, prepare, and support general clinicians in providing better IDD care. IIDDEAL (Individual with IDD Engaged, Aligned, and Leading) engages people with IDD, caregivers, clinicians, and insurers/regulators to develop consensus on what health and life outcomes are highest priority, generating a health outcomes framework to ensure that future research and clinical programs will be meaningful to the IDD community, and feasible for clinicians, insurers, and government to support. SCANS: Seamless Care Alliance of Nassau & Suffolk is a direct care pilot program, based on Long Island, to reduce ED visits and improve outcomes and transitions back to the community by strengthening care coordination between health systems, home- and community-based services, insurers, government agencies, and consumers.

Medicare does not adequately cover dental care. [It does not pay](#) for most dental services, including cleanings, fillings, tooth extractions, and dental devices. [Medicare Part A](#) only covers

particular dental services when a Medicare beneficiary is hospitalized. Only some Medicare Advantage plans offer dental coverage. Because beneficiaries must pay 100-percent for services that Medicare does not cover, many forgo dental care. In 2018, 47 percent of Medicare beneficiaries did not have a dentist appointment during the previous year. The rest received dental care through Medicare Part C, private insurance, and Medicaid, but many beneficiaries do not have access to such coverage.

On average, [Medicare beneficiaries](#) who had dental care spent \$874 out of pocket for it. This excessive cost can be especially prohibitive for people with IDD, who are more likely to be unemployed and [poor](#). The lack of preventive dental treatments can be a matter of life and death. [In February 2007](#), 12-year-old Deamonte Driver died after not having access to dental services. After a dentist would not accept Medicaid to conduct an \$80 treatment for Driver's toothache, bacteria from that infection went to his brain. He died after \$250,000 worth of surgeries, hospital care, and treatment.

As [of 2016](#), Medicare covered 9.1 million people with disabilities. This number accounts for 16 percent of beneficiaries, an increase from the seven percent (1.7 million people) in 1973. Medicare beneficiaries younger than 65 who qualify on the basis of disability are less likely than those who qualify on the basis of age to have employer-sponsored coverage or supplemental coverage, and are therefore more dependent on benefits in traditional Medicare.

It is especially important for Medicare beneficiaries with IDD to receive adequate dental care. [Individuals with IDD](#) have major dental needs, which are often not treated and which are more severe than the needs of people without IDD. [While one-third](#) of this population has untreated cavities, 80 percent have gum disease that is not treated. [Frequently](#), people with developmental individuals are “less about to care for their teeth.” [Daily teeth brushing](#) can be hard because of sensory issues, the taste/feel of toothpaste or a toothbrush, and not being able to hold a toothbrush. [Flossing, vital for dental self-care, can be](#) difficult for some people with developmental disabilities. [Often, individuals with](#) Down Syndrome have less saliva, which increases risk of cavities and mucosal alterations. [Some people](#) with autism grind teeth. [Individuals with IDD](#) also tend to make poorer eating choices than the general population. They eat more sugary foods and fast food, which causes a build-up of plaque and cavities. People with IDD are less likely to have routine dental appointments. Skipping these preventive visits result in small issues become bigger. In addition, [adults](#) with intellectual disabilities experience tooth loss, periodontal health, and untreated dental caries. [They have more missing](#) and decayed teeth but fewer filled teeth. [Rates of untreated](#) caries are higher for this population. [People with developmental disabilities](#) have periodontal (gum) disease more frequently and at a younger age than the general population. [Additional problems relate](#) to “chewing, swallowing, nutrition, speech, temporomandibular joint osteoarthritis and pain and systemic health conditions.”

Dental care is tied to negative health outcomes for people with IDD. Poor dental care [negatively affects general health](#). It is tied to aspiration pneumonia, cardiovascular disease, diabetes, respiratory disease, and stroke. [Oral health problems](#) can worsen diabetes, [which is 1.5](#) times higher in the IDD population than the general population. [People with gum disease](#) have two to three times the risk of a major cardiovascular problem, such as a stroke.

Oral health also affects social and psychological health. Individuals with [IDD](#) already are at higher risk of social isolation and mental health challenges. [Poor oral health](#) increases those risks. [As dental care can prevent](#) most poor oral health and thus certain general health outcomes, Medicare covering more dental care is of the utmost importance.

Individuals with [IDD face](#) the multiple barriers to good dental health. They often require assistance with oral hygiene and other activities of daily living. They also are likely to have behavioral and communication problems, more common use of enteral feedings, and generally lower education and income levels. [Patients' anxiety](#) about care-seeking and the experience of care can cause avoidance of dental services. Medical comorbidities associated with IDD is another barrier.

In conclusion, IEC applauds the CMS for a proposal that directly addresses dental services of Medicare beneficiaries. Expanded Medicare coverage of critical dental care would improve dental health, overall health, and quality of life of individuals with IDD.

Sincerely,

Hoangmai Pham
President & CEO
Institute for Exceptional Care