



April 12, 2023

The Honorable Benjamin Cardin
Chair
Subcommittee on Health Care
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Steve Daines
Ranking Member
Subcommittee on Health Care
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Cardin and Ranking Member Daines:

AARP, on behalf of our nearly 38 million members and all older Americans nationwide, appreciates the opportunity to submit a written statement for the record to the Subcommittee on Health Care of the Committee on Finance for the March 29, 2023, hearing entitled “An Oral Health Crisis: Identifying and Addressing Health Disparities”. Lack of access to affordable dental care can have profound health consequences across populations. Older Americans, in particular, know that oral health affects all aspects of their health and wellbeing. Poor oral hygiene can cause complications for people with chronic conditions, hasten cognitive decline, lead to social isolation, and increase overall health care expenses.

Medicare is crucial to Americans’ ability to lead full and active lives as we age. However, traditional Medicare, which serves about half the people enrolled in the program, [does not cover](#) routine dental care. By law, Medicare does not pay for preventive or diagnostic services such as teeth cleanings or x-rays. It also does not cover basic restorative procedures like fillings, nor more complex restorative care like dentures or implants.

Unfortunately, [nearly half](#) of Medicare beneficiaries do not have any dental coverage and are therefore responsible for the entire cost of all routine dental services. Without oral health coverage, many people with traditional Medicare pay out-of-pocket or simply forego dental visits. Those who want coverage must buy separate dental insurance or enroll in Medicare Advantage, which typically offers very limited dental coverage, if any. Some people with limited resources can get dental coverage through Medicaid. In any scenario, the level of coverage, access, and affordability for older Americans varies considerably.

The impact is clear: many people with Medicare face significant barriers to accessing the dental care they need. About 17 million individuals with traditional Medicare (or roughly 44% of the traditional Medicare population) did not see a dentist in the past year.* Going without dental care is an issue that disproportionately impacts certain demographic groups within traditional Medicare — including people from Black/African American and Hispanic/Latino communities, beneficiaries with [low incomes](#), and people who live in [rural areas](#).

Recently, the Centers for Medicare & Medicaid Services revised their policy to allow Medicare coverage for “medically necessary” dental care that is integral and inextricably linked to the success of a covered

* Estimates for the number of people who did not see a dentist and for out-of-pocket spending on dental care are based on AARP Public Policy Institute’s analysis of the 2019 Medicare Current Beneficiary Survey (MCBS). Data on dental service utilization across Medicare Advantage plans is not available.

health service. This policy change will allow Medicare beneficiaries to receive the prerequisite oral care needed for organ transplants, cancer treatment, or many other health services. Before this change, the lack of coverage for oral care created a barrier, preventing access to the life-saving treatments that are covered. We applaud CMS for this significant step of covering “medically necessary” oral health care, but more should be done.

We urge the Committee to consider greater coverage of dental services — including routine care — under traditional Medicare, which would benefit millions of people and address both oral and medical health needs. Including comprehensive dental coverage in traditional Medicare as a Part B benefit is a responsible way to ensure all older Americans have access to the care they need. Increased Medicare dental coverage would be a very good investment in peoples’ health and wellbeing, and a good investment in the Medicare program. Proper dental care can prevent infection, reduce hospitalizations, and help manage expensive chronic conditions such as diabetes and heart disease. Furthermore, a healthy mouth and teeth are necessary for good nutrition and communication, which help prevent dementia and social isolation and their associated costs.

It is long past time for Medicare to cover the full person – from head to toe. AARP thanks the Committee for examining oral health coverage and looks forward to working with you to ensure more Americans have access to the care they need. If you have any questions, feel free to contact me or have your staff contact Andrew Scholnick on our Government Affairs team at ascholnick@aarp.org.

Sincerely,



Bill Sweeney
Senior Vice President
Government Affairs