



**CONSORTIUM FOR CITIZENS  
WITH DISABILITIES**

March 24, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: Access to Dental Surgical Services for Children and Adults with Disabilities**

Dear Administrator Brooks-LaSure:

On behalf of the undersigned members of the Consortium for Citizens with Disabilities (CCD) Health Task Force, we are writing to request that the Centers for Medicare and Medicaid Services (CMS) take action to address a longstanding problem for Americans with disabilities: The lack of timely operating room access for individuals with disabilities in need of dental surgical services. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society free from racism, ableism, sexism, and xenophobia, as well as LGBTQ+ based discrimination.

Children and adults with disabilities and special needs face significant health disparities with respect to the provision of oral health. Adults with disabilities and frail seniors who face health care challenges like diabetes, cardiovascular disease, stroke, and respiratory infections can suffer oral health side effects from the use of multiple medications and treatments, particularly immunosuppressant and radiation treatments. Significantly, approximately one quarter of U.S. households have one or more children with a special health care need,<sup>1</sup> and many also have extreme dental decay often associated with their systemic condition and its treatment. These conditions include developmental disabilities, childhood cancers, bleeding disorders, and congenital heart conditions. For these children and adults facing complex health conditions, dental disease can be life-threatening if left untreated.

The optimal care setting to address the oral health care needs for certain children and adults with disabilities is often in a hospital or another surgical setting, such as an ambulatory surgical center (ASC). This is due to the time involved for extensive

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<sup>1</sup> <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/nsch-cshcn-data-brief.pdf>

restorative dental surgical procedures, the often-complex equipment and general anesthesia required, and the challenge of the services that need to be provided. However, there has been a major decrease in operating room access for dental procedures over the last decade. In a majority of states, particularly in rural areas, operating room access for pediatric dentists has been a persistent problem. COVID-19 only made it worse, as hospitals now face immense operating room backlogs of medical cases that effectively force dental cases to the very back of the line. Too often, children and adults with disabilities are disproportionately affected.

One of the major contributing factors to this operating room access challenge: Medicare and Medicaid lack a sustainable billing mechanism for hospitals and ASCs that perform dental surgical services. Medicare does not currently cover dental surgery performed in ASCs, and those Medicaid programs that follow Medicare billing rules often follow suit. Hospitals and ASCs often take financial losses to provide this care because there is no specific Medicare or Medicaid billing code—or associated reimbursement—for the types of extensive dental services that require access to hospital operating rooms. With such a strong disincentive, poor access is hardly a surprising result.

For these reasons, we ask that CMS work with the dental and disability communities to resolve the issues that are significantly inhibiting access to medically necessary dental services in hospitals and ASCs for children and adults with disabilities throughout the country.

Thank you for your time and attention to this important issue. If you have further questions, please contact the Health Task Force co-chairs: Caroline Bergner ([cbergner@asha.org](mailto:cbergner@asha.org)), David Machledt ([machledt@healthlaw.org](mailto:machledt@healthlaw.org)), Cinnamon St. John ([cstjohn@medicareadvocacy.org](mailto:cstjohn@medicareadvocacy.org)), and Peter Thomas ([Peter.Thomas@PowersLaw.com](mailto:Peter.Thomas@PowersLaw.com)).

Respectfully Submitted,

Allies for Independence  
American Association on Health and Disability  
American Medical Rehabilitation Providers Association  
American Therapeutic Recreation Association  
Autistic Self Advocacy Network  
Autistic Women & Nonbinary Network  
The Arc of the United States  
Brain Injury Association of America  
Center for Medicare Advocacy  
CommunicationFIRST  
Disability Rights Education and Defense Fund  
Easterseals  
Epilepsy Foundation  
Family Voices  
Justice in Aging

National Alliance on Mental Illness  
National Association of Councils on Developmental Disabilities  
National Association of State Head Injury Administrators  
National Disability Rights Network  
National Down Syndrome Congress  
National Health Law Program  
Spina Bifida Association  
United Spinal Association  
VisionServe Alliance

Cc:

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