

March 13, 2026

Mehmet Oz, M.D., M.B.A.  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Re: Notice of Benefit and Payment Parameters for 2027 [CMS-9883-P]**

Dear Administrator Oz:

On behalf of the American Association for Dental, Oral, and Craniofacial Research (AADOCR), the leading professional community for multidisciplinary oral health researchers and scientists, we appreciate the opportunity to comment on the proposed rule, *Patient Protection and Affordable Care Act (ACA); Notice of Benefit and Payment Parameters for 2027*. In particular, we are concerned that reinstating a prohibition on adult dental services within the ACA's essential health benefit (EHB) framework would represent a step backward for public health, health equity, and the integration of oral health into the broader health care system.

People across the United States face significant challenges in accessing dental care, particularly those living in rural areas, working families with limited resources, and communities with fewer local providers. While pediatric dental coverage is included as an EHB under the ACA, adult dental services are excluded from comprehensive coverage and are inconsistently covered in other public health programs, leaving millions of adults without reliable access to basic oral health care.

Individuals who obtain coverage through the ACA marketplace are also among those most likely to delay or forgo dental care when faced with coverage limitations such as annual maximums. When states are permitted to include adult dental services as an EHB, they can support more comprehensive benefits that help reduce these barriers. Inclusion within the EHB framework also ensures that key marketplace consumer protections apply to dental benefits, which can improve affordability and help create more coordinated coverage between medical and dental services for patients.

Maintaining this flexibility can further promote accountability and transparency in marketplace plans. For example, when dental services are incorporated into the EHB framework, they are subject to consumer protection standards such as medical loss ratio (MLR) requirements, which help ensure that a meaningful share of premium dollars is directed toward patient care rather than administrative costs.

Reinstating a prohibition on including adult dental benefits in EHB benchmark plans would limit states' ability to address gaps in access and perpetuate disparities in oral health outcomes. Conversely, preserving the option for states to incorporate adult

dental services into their benchmark plans could help expand access to preventive and restorative care for adults who currently forgo treatment due to cost.

The ACA's EHB framework has historically balanced federal standards with state flexibility to tailor benchmark plans to local needs. An outright prohibition on adult dental services as an EHB would restrict this flexibility and limit states' capacity to respond to the oral health needs of their population. The flexibility also reflects the wide variation in states' demographics, oral workforce capacity, and existing coverage programs.

Prohibiting the inclusion of adult dental services in ACA plans is also inconsistent with the substantial body of research that has demonstrated a close connection between oral health and overall systemic health. Untreated dental disease can cause severe pain, infections, and impaired nutrition, and is associated with systemic conditions including cardiovascular disease, diabetes, pregnancy complications, and respiratory illness.

Excluding adult dental services from the EHB framework will perpetuate the existent and misguided divide between oral and general health care that is inconsistent with current scientific understanding. Allowing states the flexibility to include dental services as an EHB would support more comprehensive and integrated coverage, facilitating improved preventive care and better coordination of care across the health system.

Finally, limited access to routine dental care often leads individuals to seek treatment in hospital emergency departments for preventable dental conditions—an inefficient and costly use of health system resources. Expanding coverage for adult dental services within EHB benchmark plans would help states promote competition and more cost-effective care. Preventive medical services and early treatment help reduce health care utilization and lower long-term costs while improving health outcomes.

AADOOR supports the inclusion of adult dental coverage in the EHB framework for both Qualified Health Plans (QHPs) and Stand-Alone Dental Plans (SADPs). Coverage offered both inside and outside the ACA marketplace should include comprehensive dental benefits and avoid annual or lifetime dollar limits.

We appreciate the opportunity to provide these comments and welcome further dialogue as CMS develops payment policies that reduce administrative burden and promote innovation to improve the efficiency of the health care system.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Chris Fox".

Christopher H. Fox, DMD, DMSc  
Chief Executive Officer