ANOHC
American Network Of
Oral Health Coalitions
www.anohc.org

March 13, 2026

Centers for Medicare and Medicaid Services
Department of Health and Human Services

Re: Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program

File Code: CMS-9883-P

Dear Administrator Oz:

On behalf of the undersigned organizations, the American Network of Oral Health Coalitions (ANOHC) respectfully submits these comments on the Centers for Medicare and Medicaid Services' proposed "Notice of Benefit and Payment Parameters" for the 2027 plan year.

ANOHC is the national membership organization representing state oral health coalitions across the United States. Our members work collaboratively with public health agencies, health professionals, community organizations, and policymakers to improve oral health outcomes and strengthen prevention efforts. Together, we share a commitment to advancing policies and practices that protect access to affordable dental insurance coverage to ensure lower-income individuals and families can obtain the preventive and restorative care they need to stay healthy and productive.

ANOHC and our members strongly oppose CMS' proposal to prohibit issuers from including routine non-pediatric (adult) dental services as an Essential Health Benefit (EHB). Oral health is fundamental to overall health. Excluding adult dental services from the EHB framework reinforces outdated silos between medical and dental care and undermines efforts to ensure whole-person care. Untreated oral disease is linked to diabetes, cardiovascular disease, adverse pregnancy outcomes, and avoidable emergency department utilization. Restricting coverage of routine adult dental services shifts costs downstream and conflicts with broader federal goals related to prevention, value-based care, and chronic disease management.

The Affordable Care Act's reference to benefits provided under a "typical employer plan" establishes a benchmark, not a ceiling. Employer coverage has historically underrepresented adult dental benefits. Using that benchmark to prohibit inclusion of adult dental services codifies historic gaps rather than allowing states to modernize benefit design

in response to contemporary health needs. CMS should not restrict state flexibility where states determine that inclusion of adult dental services supports public health priorities and cost containment and productivity of the states' residents.

Among US adults aged 18 years or older, it is estimated that 243 million work or school hours are lost annually due to oral health problems. This loss in productivity costs the US $45 billion every year. The ability to gain employment is also impacted by oral health, with more than 1 in 4 young adults expressing that the appearance of their teeth/mouth impacts their ability to successfully interview for a job. Prohibiting states from offering adult dental coverage in their EHBs exacerbates existing health and productivity challenges.

States increasingly view comprehensive adult dental coverage as a strategy to improve access, reduce inequities, and lower preventable healthcare costs. Removing the ability to include adult dental services as an EHB limits important policy tools at a critical time.

Continuing to allow each state to choose whether to allow coverage of adult dental care in their EHBs ensures the states are able to save money and increase productivity. Providing access to adult dental coverage results in:

- Reduction in costly emergency room visits for dental problems.
- Reduction in healthcare expenditure for high-cost chronic disease care due to known links between poor oral health and worsening diabetes, cardiovascular disease, and pregnancy outcomes, among others.
- Increase in population productivity, including reduced lost work hours and increased employment opportunities.

Thank you for the opportunity to comment on this proposed rule. ANOHC and the undersigned organizations urge CMS to reconsider this provision and preserve the ability for states to include routine adult dental services within the Essential Health Benefit framework. Maintaining this flexibility will allow states to continue pursuing evidence-based strategies that improve health outcomes, reduce avoidable healthcare costs, and support a healthier, more productive workforce. At a time when policymakers across the country are working to address health disparities and strengthen preventive care, federal policy should reinforce, not limit, tools that expand access to essential oral health services.

Sincerely,
American Network of Oral Health Coalitions

Signatories

Alaska Dental Action Coalition
Catholic Charites of the Archdioceses of Washington
Colorado Oral Health Coalition
District of Columbia Dental Society
District of Columbia Oral Health Coalition
Florida Oral Health Alliance
Idaho Oral Health Alliance
Illinois Oral Health Coalition
Indiana Oral Health Coalition

Michigan Oral Health Coalition
Minnesota Oral Health Coalition
Missouri Coalition for Oral Health
New Hampshire Oral Health Coalition
New Jersey Oral Health Coalition
New York Oral Health Coalition
North Carolina Oral Health Collaborative
Oklahoma Oral Health Coalition
Oral Health Kansas, Inc.
Pennsylvania Coalition for Oral Health
Rhode Island Oral Health Coalition
Unity Health Care, Inc.
Utah Oral Health Coalition
Washington State Oral Health Coalition
West Virginia Oral Health Coalition, Inc.
Wisconsin Oral Health Coalition