

March 24, 2025

The Honorable Robert F. Kennedy Jr.
Secretary of Health and Human Services
Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Ms. Stephanie Carlton
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Kennedy and Acting Administrator Carlton,

On behalf of a broad coalition of healthcare and oral health organizations committed to improving access to quality dental care, we urge CMS to maintain and strengthen the Chief Dental Officer (CDO) position within the Administrator's Office. This role is essential to ensuring that oral health remains a priority in CMS policymaking and that the vital connection between oral health and overall health continues to be recognized across federal healthcare programs, including Medicare and Medicaid.

Decades of research have demonstrated that oral health is deeply interconnected with whole-body wellness. The mouth is not separate from the rest of the body—it serves as a critical indicator of underlying health conditions, immune function, and systemic inflammation. Many chronic conditions first present with oral symptoms, and dentists are often the first to detect early warning signs. By fostering strong relationships with their patients, dentists help identify risks, support prevention, and collaborate with physicians and other healthcare providers to improve health outcomes. Additionally, pregnancy-related complications, such as preterm birth and low birth weight, have been linked to poor oral health, reinforcing the need for proper dental care as part of comprehensive maternal healthcare.

A healthcare system that values efficiency, prevention, and cost-savings must account for the role of oral health in overall well-being. The growing recognition by CMS of medically necessary dental care in Medicare highlights the need for dedicated leadership within CMS to ensure policies are responsive to these developments. The CDO plays a key role in ensuring that CMS policies reflect this reality, strengthening coordination between dentistry and medicine so that patients receive care that addresses their full health needs. Weakening or eliminating this role would not only diminish CMS's ability to recognize and respond to these critical connections but could also lead to higher long-term healthcare costs, lost productivity, and barriers to employability for individuals facing untreated oral health issues.

An equally important factor is that dentistry operates under a fundamentally different payment system and care delivery model than medicine. Unlike traditional medical insurance, dental benefits are structured separately, with different reimbursement models, provider networks, and cost-sharing structures. As a result, many policies developed through the lens of the broader medical system fail to account for the unique dynamics of the dental market. Without dedicated oral health leadership within CMS, there is a real risk of implementing policies that do not align with the way dental care is delivered, financed, or accessed by patients. The CDO is essential in bridging this gap, ensuring that federal healthcare policies appropriately address these distinctions.

Oral health does not exist in isolation. The work of the dental team extends beyond treating teeth—it involves safeguarding long-term health, improving quality of life, and ensuring that patients receive the appropriate care they need. As CMS continues to focus on whole-person

health, workforce readiness, and preventive care, maintaining a dedicated oral health expert within the agency is critical to ensuring policies align with the realities of healthcare delivery. The CDO serves as a key bridge between medical and dental care, enhancing coordination across CMS programs and ensuring that oral health remains a priority in public health efforts.

Eliminating or diminishing the CDO role would be a step backward in efforts to align healthcare policy with the needs of patients, providers, and the healthcare system as a whole. We strongly urge CMS to reaffirm its commitment to oral health leadership by preserving and strengthening the CDO position.

We appreciate your attention to this critical issue and welcome the opportunity to discuss further. If you have any questions or need additional information, please contact Mr. David Linn at linnd@ada.org.

Sincerely,

American Dental Association
Academy of General Dentistry
American Academy of Neurology
American Academy of Oral and Maxillofacial Pathology
American Academy of Oral and Maxillofacial Radiology
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association for Dental, Oral, and Craniofacial Research
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American College of Emergency Physicians
American Network of Community Options and Resources (ANCOR)
American Society of Dentist Anesthesiologists
American Student Dental Association
Association of Clinicians for the Underserved (ACU)
CareQuest Institute for Oral Health
Center for Medicare Advocacy
Delta Dental Plans Association
Families USA
Justice in Aging
National Association of Dental Plans
National Association of Pediatric Nurse Practitioners
National Association of Rural Health Clinics
National Health Care for the Homeless Council
National Network for Oral Health Access
Society of American Indian Dentists