Oral and maxillofacial surgeons:
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American Association of Oral and Maxillofacial Surgeons

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July 21, 2026

The Honorable Bill Cassidy, M.D.
Chair, Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member, Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Chairman Cassidy and Ranking Member Sanders:

On behalf of the American Association of Oral and Maxillofacial Surgeons, which represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, we write to express our appreciation for the Committee's focus on health care transparency and to provide feedback on the Patients Deserve Price Tags Act (S 2355).

Price transparency is essential in today's healthcare system. However, health plans often make it difficult for both parties to understand a patient's actual benefits and financial responsibility, creating unnecessary administrative complexity and increasing financial burden on patients and providers.

OMSs are surgically and medically trained dental specialists who treat conditions, defects, injuries and esthetic aspects of the mouth, teeth, jaws, neck and face. After earning a dental degree from an accredited dental school, OMSs complete a minimum of four years of hospital-based oral and maxillofacial surgery residency training, which includes rotations in such areas as general surgery, anesthesia, and clinical research.

OMSs offer a unique perspective on this issue as our members routinely navigate both the medical and dental insurance systems as well as operate sophisticated private practice facilities, some of which are accredited as ambulatory surgery centers.

AAOMS supports the questions and concerns raised by the American Dental Association in their comments to the committee. Of note, we strongly support a specific exemption for dental practices that provide routine imaging services billed to both dental *and medical plans* - from the definition of "applicable imaging provider."

Additionally, AAOMS has concerns about the requirement under Section 11 for providers to furnish patients with an itemized bill, particularly when the provider is an out-of-network provider. In these situations, plans often send the explanation of benefits (EOB) and

payment directly to the patient, even when the patient had reassigned benefits to the provider. As a result, providers may never receive the EOB because patients may neither forward the EOB nor remit payment to the provider. Without access to the EOB, providers may lack the information necessary to prepare an accurate itemized bill that reflects the plan's adjudication of the claim. Although providers may request the EOB from the health plan, doing so creates an unnecessary administrative burden and plans do not always comply with such requests because the provider is not a participating network provider. We urge the committee to amend this provision to 1) exempt out-of-network providers and 2) require health plans to automatically provide the patient's EOB to the provider.

We also request clarification as to whether the itemized bill requirement is intended to apply in situations involving coordination of benefits (COB). Due to the specialized nature of procedures rendered by OMSs, many must engage with both medical and dental plans to properly account for the full array of patient benefits. COB scenarios create additional complexities, particularly when medical and dental benefits are involved, as medical and dental plans do not always coordinate benefits. For example, they frequently process claims under different coding systems that do not directly crosswalk and may apply different coverage and reimbursement methodologies. These differences can make it impossible for providers to prepare an itemized bill that accurately reflects the adjudication of all applicable benefit plans. We, therefore, urge the committee to clarify how Section 11 applies in COB situations and whether accommodations or exceptions are appropriate when providers do not have access to complete adjudication information.

Thank you again for the opportunity to comment on this important bill. Please contact Jeanne Tuerk, Director of Government Affairs at 847-233-4321 or jtuerk@aaoms.org with any questions.

Sincerely,

Robert S. Clark, DMD
AAOMS President