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American Association of Oral and Maxillofacial Surgeons

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August 21, 2026

The Honorable John Joyce, MD
U.S. House of Representatives
2102 Rayburn House Office Building
Washington, DC 20515

The Honorable Kim Schrier, MD
U.S. House of Representatives
1101 Longworth House Office Building
Washington, DC 20515

The Honorable Greg Murphy, MD
U.S. House of Representatives
407 Cannon House Office Building
Washington, DC 20515

Dear Representatives Joyce, Schrier and Murphy:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), which represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, we appreciate your efforts to address longstanding challenges with the Medicare physician payment system through the introduction of the Patients First Act (HR 9693).

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 provide a number of Medicare-covered dental procedures including oral, head and neck pathology; jaw and facial trauma; as well as incision and drainage or extractions of infected teeth for certain Medicare-covered patients undergoing medically necessary medical treatment. As such, OMSs are among the dental specialties most likely to provide care to Medicare beneficiaries.

AAOMS strongly supports key provisions of the bill that would provide greater stability and predictability in Medicare reimbursement, including reforms to budget neutrality requirements and annual payment updates tied to the Medicare Economic Index (MEI). For years, Medicare physicians have faced unpredictable Medicare payment changes and inadequate updates that fail to keep pace with the rising costs of providing care. HR 9693 would take important steps toward addressing these challenges by increasing the threshold at which budget-neutrality adjustments are triggered and establishing annual physician payment updates based on the MEI. These reforms would provide much-needed stability and help ensure that Medicare payment rates better reflect the costs of operating a healthcare practice.

AAOMS also appreciates the Patients First Act's broader goal of improving Medicare's quality reporting and payment systems. However, we have significant concerns with the proposed Patient Outcome Improvement National Tabulation System (POINTS) program as currently structured. OMS practices have long faced barriers to meaningful participation in MIPS, including low Medicare patient volume, technology limitations associated with specialty-specific practice management systems, and a lack of clinically relevant quality measures.

Unlike many physician specialties, OMS practices often rely on specialty-specific practice management systems that do not meet certified EHR requirements and were not designed to support MIPS reporting, digital quality measurement, FHIR-based interoperability, or other CMS reporting specifications. In fact, software vendors that service the OMS specialty have chosen not to pursue certification, citing high associated costs and the relatively low number of specialists demanding certified EHRs. Additionally, quality reporting data are often dispersed across multiple systems and may not exist in standardized or interoperable formats, creating significant administrative burden for OMS practices attempting to compile, validate, and share such information through claims-based reporting or manual submission processes. Until such capabilities are broadly available in OMS-specific systems, many OMS clinicians have no practical pathway for complying with CMS reporting requirements.

There are also limited quality measures specifically applicable to OMSs that accurately reflect the outcomes and quality of care provided by the specialty. Additionally, there are currently no OMS-specific qualified clinical data registries (QCDRs) to support quality measurement and reporting. Vendors of OMS practice management systems have been resistant to connect their practice management systems to registry systems over costs – both to the vendor and client, lack of demand from clients, and concern over providing outside vendors with access to their proprietary information. Finally, treatment of Medicare patients comprises a very small percentage of an OMS practice's overall patient load given the limited number of Medicare covered dental procedures.

While AAOMS appreciates that the Patients First Act aims to increase specialty groups' involvement in developing future quality measures, the bill's reliance on certified EHRs, qualified clinical data registries, or administrative and billing claims still presents significant challenges for OMSs. Given the lack of certified EHRs and qualified clinical data registries tailored to OMSs, as well as the specialty's unique workflows that make it difficult to manually access and share quality data, OMSs would continue to face barriers to submitting measures for evaluation and receiving quality-based payments. As long as these barriers exist, OMSs will remain unable to meaningfully participate in or benefit from the POINTS program.

We, therefore, urge Congress to amend the bill to exempt OMSs from the POINTS program until appropriate specialty-specific quality measures, reporting mechanisms and other necessary infrastructure are available, ensuring that OMSs are not disadvantaged for providing care to Medicare beneficiaries. If an exemption is not feasible, we urge you to amend section 203 – Quality Payment Task Force – to include a physician (as defined in section 1861(r)) as eligible members of the Quality Reform Task Force to ensure that dental specialties, including oral and maxillofacial surgery, are fully represented on the task force, alongside medical specialties.

OMSs also fall into a similar situation regarding "appropriate use criteria" for advanced imaging. CMS permanently paused the Appropriate Use Criteria (AUC) program in the calendar

year 2024 Physician Fee Schedule final rule, citing "insurmountable barriers" to implementing real-time, claims-based reporting. At that time, there were no qualified Clinical Decision Support Mechanisms (CDSMs) for dentistry or oral and maxillofacial surgery, no qualified dental/OMS Provider-Led Entities to develop appropriate use criteria for the specialty, and very limited clinical priority areas applicable to OMSs. These limitations remain, as there are still no qualified CDSMs for OMS or dentistry. We are, therefore, concerned that the provisions in the Patients First Act – as currently drafted – do not address the unique circumstances of oral and maxillofacial surgery, including who would be responsible for developing appropriate use criteria for OMSs and whether the process would simply revert to the prior AUC framework, which resulted in limited criteria applicable to OMSs.

We appreciate that the Patients First Act recognizes the burden associated with the AUC process, particularly for small and rural practices, by exempting imaging ordered by professionals in practices with 15 or fewer ordering professionals or located in a health professional shortage area. Given the unique challenges OMSs face in complying with the AUC requirements in the bill, we urge Congress to further amend the bill to exempt all OMSs from the AUC requirements.

Thank you again for your leadership in addressing the challenges facing the Medicare physician payment system through the Patients First Act. We appreciate your efforts to bring greater stability and predictability to the system and look forward to working with you to advance reforms that support physicians, including OMSs, and ensure continued access to high-quality care for Medicare beneficiaries. 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