

September 6, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8010  
Baltimore, MD 21244-8010

Re: Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicare and Medicaid Provider Enrollment Policies, Including for Skilled Nursing Facilities; Conditions of Payment for Suppliers of Durable Medicaid Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); and Implementing Requirements for Manufacturers of Certain Single-Dose Container or Single-Use Package Drugs To Provide Refunds With Respect to Discarded Amounts [CMS-1770-p]

Dear Administrator Brooks-LaSure:

On behalf of the American Nephrology Nurses Association (ANNA), I write to provide comments on the proposed rule for CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicare and Medicaid Provider Enrollment Policies, Including for Skilled Nursing Facilities; Conditions of Payment for Suppliers of Durable Medicaid Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); and Implementing Requirements for Manufacturers of Certain Single-Dose Container or Single-Use Package Drugs To Provide Refunds With Respect to Discarded Amounts (proposed rule). Our comments below are focused solely on the provisions related to dental care in the proposed rule.

ANNA improves members' lives through education, advocacy, networking, and science. Since it was established as a nonprofit organization in 1969, ANNA has been serving members who span the nephrology nursing spectrum. ANNA has a membership of over 7,000 registered nurses and other health care professionals at all levels of practice. Members work in areas such as conservative management, peritoneal dialysis, hemodialysis, continuous renal replacement therapies, transplantation, industry, and government/regulatory agencies. ANNA is committed to advancing the nephrology nursing specialty and nurturing every ANNA member. We achieve these goals by providing the highest quality educational products, programs, and services. Our members are leaders who advocate for patients, mentor each other, and lobby legislators, all to inspire excellence.

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ANNA supports expanding access to dental services for individuals with kidney failure who are seeking transplants or receiving immunosuppressant medications. We also support increasing access to dental services for individuals receiving dialysis.

We applaud this Administration's focus on including various determinants of health to determine the best course of treatment for an individual. In that vein, we urge CMS to consider that dental health is a determinant of health for those with end-stage renal disease. There is a plethora of research to support this conclusion and studies have shown that adults with end-stage renal disease (ESRD) tend to have more severe oral disease than the general population, leading to increased mortality.<sup>1</sup>

Furthermore, As ANNA noted in its comments to the ESRD proposed rule's request for information related to health equity, the more co-morbidities an individual has, the more complex his or her care plan. These patients need more time, resources, and money to receive the care they need. In our comments to the ESRD proposed rule, we urged CMS to consider a holistic approach to care, so that an individual's co-morbidities can be appropriately managed alongside their dialysis treatments. In the context of this proposed rule, we believe this includes expanding access to dental services to not only provide beneficiaries with comprehensive care, but also to help close the health equity gap. Furthermore, it will likely increase the number of individuals who can be eligible for kidney transplant as often, transplants cannot occur unless dental issues are first corrected.

As such, we, along with Kidney Care Partners and the kidney care community, urge CMS to finalize three proposals outlined in the proposed rule:

- Clarifying that payment can be made under Medicare Part A and Part B for dental services that are inextricably linked to, and substantially related and integral to the clinical success of, an otherwise covered medical service, including dental or oral examination as part of a comprehensive workup prior to a renal organ transplant surgery, as well as for services that are ancillary to these dental services, such as x-rays, administration of anesthesia, use of an operating room, other facility services, regardless of whether the services are furnished in an inpatient or outpatient setting.<sup>2</sup>
- Expanding payment under Medicare Parts A and B for dental services that are inextricably linked to, and substantially related and integral to

<sup>1</sup> Costantinides F, Castronovo G, Vettori E, Frattini C, Artero ML, Bevilacqua L, Berton F, Nicolin V, Di Lenarda R. Dental Care for Patients with End-Stage Renal Disease and Undergoing Hemodialysis. *Int J Dent*. 2018 Nov 13;2018:9610892. doi: 10.1155/2018/9610892. PMID: 30538746; PMCID: PMC6258100.

<sup>2</sup>See 87 *Fed. Reg.* at 46037.

the clinical success of, a certain covered medical service are not subject to the exclusion under the Social Security Act (SSA), including the dental or oral examination as part of a comprehensive workup prior to an organ transplant, cardiac valve replacement, or valvuloplasty procedure; and (2) the necessary dental treatments and diagnostics to eliminate the oral or dental infections found during a dental or oral examination as part of a comprehensive workup prior to an organ transplant, as well as for services that are ancillary to these dental services, such as x-rays, administration of anesthesia, and use of the operating room, regardless of whether the services are furnished in an inpatient or outpatient setting.<sup>3</sup>

- Expanding payment to include dental exams and medically necessary diagnostic and treatment services prior to treatments for the initiation of immunosuppressant therapy.<sup>4</sup>

Additionally, we urge CMS to consider using any authority it may have to reimburse for ongoing dental services, such as regular dental exams (and any follow up services provided because of the regular exam) to Medicare beneficiaries receiving dialysis. Expanding access to dental services for dialysis patient should be seen as preventive services which will curb complications that may arise later. We strongly believe that these services are integral to the standard of care for patients receiving dialysis and therefore should not be precluded from covered services.

We appreciate the opportunity to comment on this important issue. As always, we are eager and available to be a resource to you and your staff on these and other important health care matters. Please do not hesitate to contact me (angie.kurosaka@gmail.com) should you have any questions or if we can be of any assistance.

Sincerely,

*Dr. Angie Kurosaka*

Angie Kurosaka, DNP, RN, CNN, CCM, NEA-BC  
President  
American Nephrology Nurses Association

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<sup>3</sup>See *id.* at 46038.

<sup>4</sup>See *id.*