March 12, 2026

Via www.regulations.gov

The Honorable Mehmet Oz, MD Administrator,
Center for Medicare & Medicaid Services
Attention: CMS-9883-P
Mail Stop: RIN 0938-AV62
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Patient Protection and Affordable Care Act, HHS Notice of Benefits and Payment Parameters for 2027 (CMS-9883-P; RIN 0938-AV62)

Dear Administrator Oz,

Thank you for the opportunity to comment on the Center for Medicare & Medicaid Services' (CMS) Patient Protection and Affordable Care Act and Notice of Benefits and Payment Parameters for 2027. As the largest state dental association, the California Dental Association (CDA) represents the profession of dentistry in California with 27,000 member dentists. For over 150 years, CDA has been an innovative and vocal advocate for dentists, their teams, and their patients, with the goal of advancing oral health in local communities, at the state level, and nationwide and is committed to ensuring health equity for all.

CDA strongly opposes the reinstatement of the prohibition on adult dental services as an Essential Health Benefit (EHB). Additionally, there are various policy changes in the proposed rule that undermine the progress in increasing access to care and create additional barriers for states to improve oral health and overall health outcomes.

CMS' Rule Interpretation Authority

CDA strongly disagrees with CMS' reinterpretation of section 1302 (b)(2)(A) of the Affordable Care Act (ACA) which is a more restrictive reading of the ACA. The initial decision by Congress not to explicitly include adult dental services within the EHB categories should not be interpreted as a permanent or purposeful exclusion. Rather, it reflected the structure and stability concerns of the commercial market at the time of the ACA's enactment.

The ACA requires the HHS Secretary to define EHBs and to ensure the scope of EHBs are equal to the scope of benefits under a typical employer plan.[1] The Kaiser Family Foundation

[1] 42 U.S.C. § 18022(b)(2)(A).

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Employer Health Benefits Survey confirms that 91% of employers offer dental coverage to their employees. [2] CMS' previous interpretation of this section was consistent with the statutory requirement of the ACA to ensure that the full scope of benefits typically provided by employer plans be included as EHBs to ensure that marketplace plans align with employer-sponsored plans.

The administration proposes to reinstate the prohibition on adult dental as an EHB, arguing that Section 1302(b)(2)(A)'s reference to a "typical employer plan" should be interpreted narrowly to mean only an employer's major medical plan — thereby excluding dental on the grounds that it is typically offered as a separate benefit rather than as a component of the medical plan itself. This interpretation finds no support in the statute. Section 1302(b)(2)(A) directs that EHBs be equal in scope to the benefits provided under a typical employer plan — not the benefits provided under a typical employer's major medical plan. The ACA itself explicitly created stand-alone dental plans within the marketplace, demonstrating that Congress understood dental as part of the overall coverage framework regardless of how it is delivered.

Not only is it within CMS' scope of authority to have a more reasonable reading of the ACA, but it is a requirement for the HHS Secretary to periodically review and further define EHBs to reflect changes in science and medicine or to address any gaps in access faced by enrollees.[3] Through this authority it was Congress' intent that EHB standards remain dynamic and responsive to the needs of Americans.

At a time when the Federal administration is focused on preventive care and lowering overall health care costs for consumers, this proposed rule runs counter to priorities reflected in the Federal Health Care agenda. Oral health is intrinsically tied and supports overall health. Without routine preventive dental services, it is not a matter of whether an individual's oral health declines, it is when the decline happens. Untreated dental conditions lead to more costly care and increased risk of cardiovascular disease, adverse pregnancy outcomes, and other systemic conditions.[4] By denying the ability of states to add adult dental benefits as an EHB, the administration would deny federal premium tax credits and cost-sharing reductions to consumers for the dental portion of their coverage and require states that include dental benefits to defray those costs from their own budgets. Additionally, this denial would strip dental benefits of EHB protections — including the prohibition on annual and lifetime limits and the annual limitation on cost-sharing. Through reversing this regulatory framework CMS is

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[2] KFF. Employer Health Benefits, Annual Survey 2023. https://files.kff.org/attachment/Employer-Health-Benefits-Survey-2023-Annual-Survey.pdf

[3] 42 U.S.C. § 18022(b)(4).

[4] CareQuest. Mouths Matter More Than You Know: Oral Health's Connection to Overall Health. Dec. 2020. https://carequest.org/wp-content/uploads/2025/11/CareQuest-Institute-Mouths-Matter-More-Than-You-May-Know-Brief.pdf

halting future improvements in oral health and perpetuating the fragmented oral health care system that leaves Americans with no meaningful dental coverage.

Weakening of Essential Community Provider Standards

As defined by the ACA, essential community providers (ECPs) predominantly serve low-income and medically underserved individuals. This provision ensures access to dental services from individual providers or federally qualified health centers (FQHCs) that serve low-income consumers. This proposed rule would reduce the minimum percentage requirement from 35 to 20 percent for both medical qualified health plan (QHP) and stand-alone dental plans (SADP) issuers. These provider standards are critical in ensuring there is a sufficient number and geographic distribution of ECPs, such as FQHCs, to provide access for low-income and medically underserved individuals.

CDA opposes lowering these standards thus creating inadequate access to an already strained network for this vulnerable population. According to the American Dental Association, there is already a small network of ECPs in QHPs and SADPs as some might not be accepting new patients. Many safety-net providers and FQHCs who serve as ECPs cannot accept new patients due to workforce shortages.[5] Additionally, reducing the provider network adequacy requirement weakens the leverage that FQHCs and safety-net providers hold in contracting, undermining both patient access and the financial stability of safety-net institutions.

Barriers to Care

The proposed rule is creating additional barriers for individuals to receive care through the elimination of the low-income special enrollment period (SEP) and changes to income verification. CDA urges CMS to reconsider eliminating the SEP as this is a critical pathway for low-income individuals to obtain health and dental coverage through California's state exchange. Reinstating the two income-related verification requirements will increase administrative burdens that already have been found to be arbitrary and capricious.[6] CDA opposes these policy changes as they create additional burdens on consumers which limit their access to health and dental coverage.

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[5] American Dental Association, Health Policy Institute. Dental Workforce Shortages: Data to Navigate Today's Labor. 2022. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf

[6] Health Affairs. Court Stays Major 2026 Marketplace Changes as Trump Administration Appeals. Sept. 2, 2025 https://www.healthaffairs.org/content/forefront/court-stays-major-2026-marketplace-changes-trump-administration-appeals

Conclusion

We fundamentally disagree with CMS' reinterpretation of the ACA which would rollback state's ability to add adult dental services to their EHB benchmark plans. This proposed rule reverses regulatory pathways that promoted oral health access and increased health and dental coverage for many Americans.

We appreciate your consideration of our comments above. Please contact Brianna Pittman-Spencer at brianna.pittman@cda.org if you have any questions about the above comments, or if we can provide any further information.

Sincerely,

Dr. Robert Hanlon
CDA President

Peter DuBois
CDA Executive Director