PAN Foundation

1032 15th Street, NW, Suite 413
Washington, DC 20005

September 5, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-1807-P

Dear Administrator Brooks-LaSure,

On behalf of The Patient Access Network (PAN) Foundation, one of the nation's largest charities, I write to provide comment on the Centers for Medicare and Medicaid Services' (CMS) 2025 Physician Fee Schedule Proposed Rule. PAN lauds CMS for making advancing health equity one of its strategic pillars. Expanding access to medically necessary dental services and preventive health services is essential to achieving that goal.

PAN is an independent, national 501(c)(3) organization dedicated to helping federally and commercially insured people living with life-threatening, chronic, and rare diseases with the out-of-pocket (OOP) costs for their prescribed medications. PAN provides patients with direct assistance through more than 70 disease-specific programs and collaborates with national patient advocacy organizations to provide patients with education and additional support. Since 2004, we have helped more than 1 million underinsured patients.

The PAN Foundation provides the following comments on the proposed rule:

Telehealth Services

We strongly support the proposed extension of telehealth flexibilities, including permanent authority for audio-only telehealth services furnished to a beneficiary in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology. Telehealth has been a vital tool in maintaining access to care, especially during the COVID-19 pandemic, and continues to be essential for patients who face barriers to accessing in-person services, such as those in rural areas or with limited mobility.

PAN also supports the proposed continuation of current policy through 2026 allowing a distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home.

While we recognize that CMS could not make all telehealth flexibilities permanent, we urge CMS to work with Congress to do so quickly. The telehealth flexibilities allowed during COVID-19 were vital to delivering care to vulnerable populations and ending them will negatively impact these communities.

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Medically Necessary Dental and Oral Health Services

PAN has long advocated for a dental benefit in the Medicare program and therefore thanks CMS for its continued efforts to clarify that Medicare payment is available for dental services that are inextricably linked to and substantially related and integral to the clinical success of certain Medicare-covered medical services. We also laud CMS for continuing to provide clarification on the annual process by which stakeholders may nominate other covered medical services for which clinical evidence demonstrates that dental care is inextricably linked and substantially related and integral to their clinical success. Nearly 24 million Medicare beneficiaries lack dental coverage, forcing many individuals to shoulder high out-of-pocket costs or even forego dental care.[1] To that end, expanding Medicare dental coverage is integral to advancing health equity and improving overall health outcomes across the nation.[2]

In the proposed rule, CMS expands the scope of this vital benefit to include clarification of payment for dental services that are inextricably linked to dialysis services received by beneficiaries with End Stage Renal Disease (ESRD). PAN strongly supports the proposed payment clarification for medically necessary oral and dental care for the more than half a million Medicare beneficiaries with ESRD who are or will be receiving dialysis treatment. Many studies have recognized oral health plays a critical role in the outcome of individuals living with kidney failure. Their oral health not only affects transplant access, but also morbidity, such as negative cardiovascular outcomes, systemic infections and peritoneal dialysis associated peritonitis,[3] and overall mortality.[4] Identifying and resolving dental infections is integral and essential to the clinical success of covered medical services for co-morbidities frequently associated with ESRD. By proposing to make medically necessary oral and dental care available in such circumstances, CMS will significantly reduce the risk of medical complications currently faced by beneficiaries and avoid the costly interventions now borne by Medicare, beneficiaries, and taxpayers.

By further clarifying Medicare payment of medically necessary dental treatment services, CMS is continuing to chart an important course to improved outcomes and lower costs. Though incremental, CMS' proposal for 2025 will help ensure that more older adults have access to the medically necessary oral care they need, enabling additional progress to be made towards equitable health care for all who rely on Medicare.

Medicare Part B Payment for Preventive Services

Hepatitis B Vaccine

There are over 20,000 cases of new acute HBV cases each year and more than $1 billion is spent on hepatitis B-related hospitalizations.[5]As CMS notes, despite the disease prevalence, HBV vaccine coverage has remained low within the Medicare population with only 19.5% of adults ages 60 years and older vaccinated against HBV.[6]

PAN supports CMS' proposal to expand the Medicare beneficiary population for which hepatitis B vaccines can be covered. Under this expansion, individuals 65 years of age and above, and people with disabilities under 65 years of age, are determined to be at intermediate risk of contracting hepatitis B if they have not previously received a completed hepatitis B vaccination series, or if their previous

vaccination history is unknown. This regulatory expansion is significant in lifting barriers to coverage that were previously determined by outdated risk recommendations, and is timely, especially considering the Advisory Committee on Immunization Practices (ACIP) universal adult hepatitis B vaccination recommendation. (The ACIP recommends that adults 60 years and older with risk factors for HBV should be immunized and those without known risk factors "may receive" the vaccine.[7]).
Concurrent with the regulatory expansion, CMS further proposes to clarify that a physician order is not necessary for hepatitis B vaccines to be covered, which would be consistent with the lack of a physician order requirement for other Medicare Part B covered vaccines. In addition, as with other Medicare Part B covered vaccines, CMS proposes to allow roster billing for hepatitis B vaccines, which augments beneficiary access to hepatitis B vaccines, including by allowing beneficiaries to receive hepatitis B vaccines through mass immunizers, such as pharmacies, a senior center, or another venue that would be more convenient. Part B claims processing and reimbursement by mass immunizers will significantly expand the number of sites that offer HBV vaccines, particularly pharmacies, and research has shown that expanding the number of vaccination sites could improve access to vaccines.[8]

Thank you again for the opportunity to comment on the proposed rule. If you would like further information or have questions, please contact Amy Niles, Chief Mission Officer at aniles@panfoundation.org.

Sincerely,

Kevin L. Hagan
President and Chief Executive Officer

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[1] Kaiser Family Foundation. Medicare and Dental Coverage: A Closer Look. July 2021.
[2] Dye BA. The Absence of Dental Care in Medicare and Health Inequities. *JAMA Netw Open.* 2023;6(9):e2333310. doi:10.1001/jamanetworkopen.2023.33310
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[4] Palmer SC, Ruospo M, Wong G, et al. ORAL-D Study Investigators. Dental Health and Mortality in People With End-Stage Kidney Disease Treated With Hemodialysis: A Multinational Cohort Study. Am J Kidney Dis. 2015 Oct;66(4):666-76. doi: 10.1053/j.ajkd.2015.04.051.
[5] Center for Disease Control and Prevention. *Viral Hepatitis Surveillance Report 2019*. https://www.cdc.gov/hepatitis/statistics/2019surveillance/HepB.htm.
[6] Centers for Medicare & Medicaid Services. *Data Snapshot November 2021 Diabetes Disparities in Medicare Fee-For-Service Beneficiaries*. 2021. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Snapshots-Diabetes.pdf.
[7] Weng MK, Doshani M, Khan MA, et al. *Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices* — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:477–483. DOI: http://dx.doi.org/10.15585/mmwr.mm7113a1
[8] Prosser LA, O'Brien MA, Molinari NA, et al. Non-traditional settings for influenza vaccination of adults: Costs and cost effectiveness. Pharmacoeconomics. 2008;26(2):163-178. doi:10.2165/00019053-200826020- 00006