



August 25, 2025

Submitted electronically via:
[Regulations.gov](https://www.regulations.gov)

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1832-P
7500 Security Boulevard
P.O. Box 8016
Baltimore, MD 21244-8016
CY 2026 Physician Fee Schedule Proposed Rule

Re: CY 2026 Physician Fee Schedule Proposed Rule

Dear Administrator Oz:

The Gerontological Advanced Practice Nurses Association (GAPNA) appreciates the opportunity to offer comments to the Centers for Medicare and Medicaid Services (CMS) on the CY 2026 Physician Fee Schedule Proposed Rule (PFS).

The Gerontological Advanced Practice Nurses Association (GAPNA) is the premier professional organization that represents the interests of advanced practice nurses, other clinicians, educators, and researchers involved in the practice or advancement of caring for older adults. Our members are active in academia, research, and a variety of settings across the health care continuum - including primary care, acute care, post-acute care, home care, and long-term care. Across this broad spectrum, GAPNA provides opportunities for education, leadership, research, advocacy, networking, and the advancement of evidence-based care.

As a result, we wish to express our gratitude to CMS for its work to advance medical-dental integration. Recognizing the integral relationship between oral health coverage and improved clinical outcomes, the Agency has taken historic steps to clarify that Medicare payment is available for oral health treatment services when they are inextricably linked and substantially related and integral to the clinical success of certain Medicare-covered medical services. This progress was put in meaningful motion in 2020 when the medically necessary coverage framework was established during the President's first term. Since then, medical services for which Medicare coverage of medically necessary oral care has been approved include the following:

- organ and stem cell transplant surgery,
- cardiac valve replacement,
- valvuloplasty procedures,

- head and neck cancer treatment,
- chemotherapy,
- chimeric antigen receptor (CAR) T-cell therapy,
- high-dose bone-modifying agents used in the treatment of cancer, and
- dialysis treatment for End Stage Renal Disease (ESRD).

By clarifying Medicare payment of medically necessary dental treatment services, the Administration has charted an important course to improved outcomes and lower costs. This targeted, incremental expansion of Medicare coverage is enabling more older adults and patients with disabilities to access the medically necessary oral care they need, enabling additional progress to be made towards high-quality, cost-effective care for all who rely on Medicare.

In addition, CMS has now proposed for adoption beginning in CY2026 a new population management improvement activity for the MIPS payment year, Integrating Oral Health in Primary Care. GAPNA thanks CMS for this proposed change to the Medicare program that affirms the importance of the bi-directional relationship between oral health and overall health.

The Clinical Value of Targeted, Timely Integration of Oral Health in Primary Care

We wish to express our deep appreciation for the CMS Physician Fee Schedule (PFS) proposal to Integrate Oral Health Care in Primary Care in the Merit-based Incentive Payment System (MIPS) by incorporating oral health risk assessment and intraoral screening using the HEENOT approach, education, counseling, and documentation as part of a patient's primary care management. We are grateful that this CMS proposal recognizes the importance of oral health and the impact of oral health on systemic diseases like diabetes, cardiovascular, and respiratory conditions. Given the fact that nearly half of all people on Medicare have no dental coverage, primary care settings are critical points of access for older adults without a dental home. They provide innovative opportunities to promote oral health by improving oral health literacy and using their dental networks to making dental referrals that assist patients in obtaining accessible and affordable dental care.

The Kaiser Family Foundation (KFF) identified nearly half of all people on Medicare have no dental coverage Medicare spends \$520 million annually on dental-related emergency department.

[A] significant portion of the Medicare population has or is at risk for chronic health conditions, which can be further complicated by poor oral health.

Dental issues can be early indicators of systematic diseases, such as Alzheimer's, and may also lead to severe health complications such as diabetes and cardiovascular disease, all of which have a significant impact on the Medicare population.

If these issues were caught and managed early, many of those expenditures could be avoided.

[N]early two-thirds of the older adult population in the United States experience[e] periodontitis....

[I]ntegrating age appropriate oral health concerns into general medicine may lead to improvements in older adults' oral health conditions and improve quality of life.

There is growing evidence that health outcomes improve when dental assessments by medical professionals are integrated into care.

[M]edical-dental integration (MDI) activity can positively address the oral health needs of a high-risk and medically complex population by increasing access, and promoting comprehensive, continuous patient care.

Taken together, these statements are applauded as powerful reinforcement of the Agency's commitment to advance whole person health and its recognition of the improved outcomes and lower costs medical-dental integration makes possible. We therefore look forward to working with the Administration as it operationalizes a focus on treating the whole person for the benefit of patients and taxpayers alike.

Conclusion

We appreciate this opportunity to provide comments about the Proposed Physician Fee Schedule for 2026. We hope our input will be of value to CMS' important work and stand ready to serve as a resource to the Agency it continues striving towards a healthier America.

If you have any questions about our comments, please do not hesitate to contact Erin Macartney at erin.macartney@gapna.org or 856-256-2332

Sincerely,



George Peraza-Smith, DNP, A-GNP-C, GNP-BC, GS-C, CNE, FAANP
2024 – 2025 GAPNA President