

This is incredibly difficult. I have worked at this center and within this program for over 20 years, and I have read this email and reviewed the data repeatedly. While it is clear that certain codes are utilized more frequently than others, and may therefore appear to be priorities, it is hard to justify eliminating any of them. We truly need the entire formulary. Oral health care is not one-size-fits-all, and every patient and every service counts.

In my previous email, I ranked procedures in order of importance, but that ranking reflects the natural sequence of treatment planning rather than value. Our approach is comprehensive and sequential: diagnose, eliminate disease or active infection, provide prevention, restore function, and then maintain. Each step is essential.

For example, we may need to extract non-restorable or infected teeth to eliminate disease, but the ultimate goal is to restore function which is replacing missing teeth so patients can chew properly and maintain adequate nutrition. That directly impacts overall health and quality of life. Similarly, patients with periodontal disease often require scaling and root planing (deep cleaning) to control infection and preserve existing teeth. Without this intervention, tooth loss is likely.

Oral health is a critical component of overall health, and this is especially true for people living with HIV (PLWH). Dental care is a core, medically necessary service that is directly linked to HIV outcomes. PLWH experience higher rates of oral infections, periodontal disease, and untreated caries. It is extremely challenging to consider eliminating services that directly address these needs. Comprehensive oral care significantly affects overall health and quality of life.

I return to my original suggestion, rather than eliminating procedures, perhaps we could consider reintroducing limitations on certain services (such as dentures) or adjusting the maximum allowable benefit per client. Once a client reaches the cap, they could wait until the next benefit cycle. If funds remain available later in the cycle, the cap could potentially be revisited. If funds are not available, clients could apply for a discounted rate under a sliding fee scale. This allows us to manage financial constraints while preserving comprehensive services. Access and continuity of care should not be compromised.

Thank you for considering my perspective.

**To the Medical Care Subcommittee:**

Thank you for the opportunity to provide input regarding the proposed modifications to oral health service coverage.

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**Essential Oral Health Services for People Living With HIV**

For medically compromised patients—such as those living with HIV—maintaining oral health is not optional; it is directly linked to systemic health, nutritional status, medication tolerance, and overall quality of life.

People living with HIV face well-documented oral health challenges, including higher rates of fungal, viral, and bacterial infections; salivary gland dysfunction and xerostomia; accelerated periodontal disease progression; oral lesions related to immune suppression; and medication-associated oral complications. Without timely access to appropriate care, these conditions can worsen rapidly. The consequences are significant: pain, impaired nutrition, reduced adherence to antiretroviral therapy, and preventable emergency department visits.

For these reasons, **all services** included in the current Ryan White Program Oral Health Care Formulary should be considered **essential** for supporting the health of patients living with HIV.

Given the upcoming budget cuts and the potential limitations on available services, it is important to emphasize that determining which services are essential can only be done on an individual basis after assessing each patient's specific dental needs. The treatment required to restore or maintain oral health for one group of patients may be completely different from the needs of another. For this reason, my recommendation would be to maintain the current **formulary unchanged**. A potential solution to accommodate the impending budget reductions could be establishing overall or procedure-specific coverage caps that align with the revised budget.

Since limiting coverage to diagnostic, preventive, and restorative services has been discussed, I can provide examples of procedure codes that fall outside those categories but are, in many cases, critical for this population. Although, as mentioned, these would not encompass all the services needed to guarantee positive outcomes.

**Periodontal Therapy Beyond Basic Prophylaxis**

These procedures are essential for managing the accelerated periodontal disease progression frequently seen in immunocompromised patients:

- **Scaling and root planing ( 2 codes)**
- **Scaling in the presence of generalized moderate or severe inflammation (1 code)**
- **Full-mouth debridement (1 code)**
- **Periodontal maintenance (1 code)**

**Prosthetic Services for Function and Nutrition**

Tooth loss can significantly affect eating ability, weight maintenance, and overall health. For many patients, prosthodontic services are necessary rather than elective:

- **Complete dentures** (2 codes)
- **Partial dentures** (5 codes)
- All associated adjustment, repair, rebase, and reline procedures

### **Endodontic Services (Root Canals)** (1 code each)

Endodontic therapy is often needed to preserve teeth, prevent infection, and avoid extractions that could compromise function. All codes in this category are important; however, the procedures that patients can realistically access will depend on the services available through participating providers.

- Therapeutic pulpotomy
- Pulpal debridement, primary and permanent teeth
- Endodontic therapy, anterior tooth (excluding final restoration)
- Endodontic therapy, premolar tooth (excluding final restoration)

### **Oral Surgery Services**

All codes in this category should be maintained. Although utilization is relatively low, these procedures are often necessary to treat potentially life-threatening conditions. Their availability is critical, even if they are not frequently used.

### **Adjunctive General Services**

These services are required when necessary to safely complete other covered dental procedures:

- Sedation or general anesthesia when clinically indicated based on the procedure or the patient's medical or behavioral needs
- Palliation of oral pain (1 code)