Whereas, Periodontal disease is closely linked to coronary heart disease, endocarditis, and hypertension; and  
Whereas, Cardiovascular disease is the leading cause of death and disability in Medicare recipients; and  
Whereas, Oral health is integral to an individual's overall health and well-being; and  
Whereas, Prevention and treatment is effective in reducing adverse consequences of dental disease; and  
Whereas, Current AMA policy recognizes the importance of access to comprehensive dental services as part of optimal patient care and supports provision of dental care insurance for medical students, residents and fellows in training (H-295.873 and H-310.912), and persons with developmental disabilities (H-90.968); and  
Whereas, The Medicare program established by Congress in 1965 to provide Americans age 65 and over with insurance for hospital and physician services "reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member," explicitly omitting coverage for prevention and screening of disease and most dental services, and chronic care of patients of all ages with end-stage renal disease; and  
Whereas, Congress has amended original Medicare to include several preventive services, including screening for breast cancer, colorectal cancer and abdominal aortic aneurysm; and  
Whereas, Value-based healthcare is evolving to prevent acute illness and treat chronic diseases outside the hospital; and  
Whereas, Dental offices and clinics are an important component in effective healthcare delivery; therefore be it  
RESOLVED, That our American Medical Association reaffirm appreciation and gratitude for the valuable contributions dental health professionals make to Americans' health and well-being as members of our healthcare team (New HOD Policy); and be it further  
RESOLVED, That our American Medical Association promote and support legislative and administrative action to include preventive and therapeutic dental services as a standard benefit for all Medicare recipients. (Directive to Take Action)
Fiscal Note: Not yet determined

Received: 05/01/18

RELEVANT AMA POLICY

Importance of Oral Health in Patient Care D-160.925
Our AMA: (1) recognizes the importance of (a) managing oral health and (b) access to dental care as a part of optimal patient care; and (2) will explore opportunities for collaboration with the American Dental Association on a comprehensive strategy for improving oral health care and education for clinicians.
Citation: Res. 911, I-16

Eliminating Benefits Waiting Periods for Residents and Fellows H-295.873
Our AMA:
(1) supports the elimination of benefits waiting periods imposed by employers of resident and fellow physicians-in-training;
(2) will strongly encourage the Accreditation Council for Graduate Medical Education (ACGME) to require programs to make insurance for health care, dental care, vision care, life, and disability available to their resident and fellow physicians on the trainees’ first date of employment and to aggressively enforce this requirement; and
(3) will work with the ACGME and with the Liaison Committee on Medical Education (LCME) to develop policies that provide continuous hospital, health, and disability insurance coverage during a traditional transition from medical school into graduate medical education.
(4) encourages the Accreditation Council for Graduate Medical Education to request that sponsoring institutions offer to residents and fellows a range of comparable medical insurance plans no less favorable than those offered to other institution employees.
Citation: (BOT Action in response to referred for decision Res. 318, A-06; Appended: CME Rep. 5, A-10)

See also: Residents and Fellows' Bill of Rights H-310.912
Medical Care of Persons with Developmental Disabilities H-90.968