

The Medicare and Medicaid Dental, Vision and Hearing Benefit Act (S. 1423)

Introduced by U.S. Senator Bob Casey

Ranking Member of the Senate Special Committee on Aging

The Medicare and Medicaid Dental, Vision, and Hearing Benefit Act will strengthen Medicare by providing coverage for vision, dental, and hearing services and care under Medicare. The legislation will expand Part B benefits to include coverage of oral, vision, and hearing care, while providing for reasonable measures to facilitate implementation and contain costs.

Dental and Oral Health Care

- Repeals the statutory exclusion that restricts Medicare coverage of dental care and dentures.
- Expands Part B benefits to cover dental and oral health services, including routine cleanings and exams, fillings and crowns, major services such as root canals and extractions, emergency dental care, and other necessary services.
- Provides for payment for both full and partial dentures.
- Gradually phases in benefits over an 8-year period while providing for reasonable cost containment measures.

Vision Care

- Repeals the statutory exclusion that restricts Medicare coverage of vision care.
- Expands Part B benefits to include vision services, including routine eye exams, procedures performed to determine the refractive state of the eyes, and other necessary services.
- Provides for payment for eyeglasses, contact lenses, and low-vision devices.
- Gradually phases in benefits over an 8-year period while providing for reasonable cost containment measures.

Hearing Care

- Repeals the statutory exclusion that restricts Medicare coverage of hearing care.
- Expands Part B benefits to include hearing services, including hearing exams, exams for hearing aids, and other necessary services.
- Provides for payment for hearing aids.
- Gradually phases in benefits over an 8-year period while providing for reasonable cost containment measures.

The bill will also encourage states to provide these optional services to Medicaid beneficiaries by offering a 90% FMAP, meaning the federal government would cover 90% of the cost, to do so. Since children already receive these services under EPSDT, they are not part of this legislation and it focuses on the rest of the Medicaid population and the optional benefits states can offer.

Supporters: National Association of State Long-Term Care Ombudsman Programs (NASOP), Center for Medicare Advocacy, Justice in Aging, Families USA, Medicare Rights Center, National Consumer Voice for Quality Long-Term Care, The Gerontological Society of America (GSA), National Committee to Preserve Social Security and Medicare (NCPSSM), Alliance for Retired Americans, American Society on Aging, Social Security Works and Community Catalyst.

Co-sponsors: Senator Ben Cardin (D-MD).