



April 2, 2024

The Honorable Robert Aderholt
Chairman
Appropriations Subcommittee on Labor,
Health and Human Services, Education
and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, Education
and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Tammy Baldwin
Chairwoman
Appropriations Subcommittee on Labor,
Health and Human Services, Education
and Related Agencies
U.S. Senate
Washington, DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, Education
and Related Agencies
U.S. Senate
Washington, DC 20510

Dear Chairs Aderholt and Baldwin and Ranking Members DeLauro and Moore Capito:

On behalf of the American Dental Association, the American Academy of Pediatric Dentistry, the American Dental Education Association, and the American Association for Dental, Oral, and Craniofacial Research, we respectfully request your support for funding of programs vital to dentistry and oral health in Fiscal Year 2025 (FY 2025). We thank you for your commitment to dentistry and oral health over the years, and we urge Congress to continue its support of programs critical to the nation's oral health.

Public health investments in quality oral health care, dental workforce diversity and training, oral health literacy, disease prevention, and dental research lead to improved oral health outcomes. The modest programmatic increases we are requesting, together with the continuation of programs, will help achieve the goal of ensuring optimal oral health for all Americans.

CDC Division of Oral Health

The Division of Oral Health, located within the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion, support states and territories

to reduce cavities and oral disease rates among vulnerable populations. Their work includes increasing access to effective and cost-saving health promotion interventions like dental sealants and fluoridated water, monitoring oral disease burden across the nation, and developing infection prevention and control guidelines for dental settings. The CDC's investments in state and territorial health agencies have helped to reduce the incidence of oral disease in underserved communities. For example, CDC's support to expand community water fluoridation has helped reduce tooth decay by 25% in children and adults.¹ Oral diseases, including cavities, gum diseases, and oral cancers, progress and become more complex over time, affecting people at every stage of life, which creates a significant personal and financial burden on individuals and healthcare systems. Oral diseases are chronic and while CDC funding supports every state health department for cancer, diabetes, cardiovascular diseases, and tobacco control programs, it funds less than half of states for oral disease prevention programs. This leaves 30 states and territories without adequate resources to meet the oral health needs of vulnerable populations. Our proposed efforts aim to empower the Division to serve more communities with a focus on the most vulnerable populations. This approach seeks to enhance access to effective interventions and improve care coordination, particularly for chronic diseases associated with poor oral health.

HRSA Oral Health Training

Health Resources and Services Administration (HRSA) Title VII programs that provide training in general, pediatric, and public health dentistry and dental hygiene play a vital role in delivering primary oral health care services, particularly in some of the nation's more remote and underserved areas. This program is the only federal program of its kind that contributes to supply, distribution, and diversity of the dental workforce. During the Academic Year (2022-2023), oral health training programs provided support to 5,540 dental and dental hygiene students and professionals.¹ By offering advanced training opportunities, these programs are equipping the dental workforce to address the evolving health care needs of the nation while increasing access to care in underrepresented communities. Recent reports indicate that 69 percent of graduates serve in medically underserved communities, with an additional 20 percent contributing to primary care settings, such as Federally Qualified Health Centers, following their completion of the oral health training program.² Congress' continued support will enable a growing workforce to provide needed care to vulnerable patients.

NIDCR

The National Institute of Dental and Craniofacial Research (NIDCR), one of 27 Institutes and Centers of the National Institutes of Health (NIH), is the largest institution in the world exclusively dedicated to researching ways to improve dental, oral, and craniofacial health for all. Over the last 75 years since NIDCR was founded, the agency has funded research leading to improvements in oral health for millions of Americans. NIDCR investments continue to show promise in multiple areas impacting the dental and craniofacial complex and overall health of Americans, including pain biology and management, reducing opioid use, temporomandibular disorders (TMD), regenerative medicine, and in developing early diagnostics and assessing human papillomavirus (HPV) vaccine efficacy for oral and pharyngeal cancers. Additionally, NIDCR is dedicated to building an inclusive and diverse community in its research training and employment programs. The Institute has utilized strategies and made notable advancements increasing the number of individuals from underrepresented groups entering and continuing along NIDCR research career pathways. In recent years, the federal government's annual investment in NIDCR has not kept pace with biomedical

¹ Department of Health and Human Services: [FY 2025 Justification of Estimates for Appropriations Committees](#). March 2024

² *ibid*

inflation, nor overall funding increases for NIH despite its notable scientific accomplishments. Additional funding will help bring NIDCR funding into alignment with the overall NIH appropriation and allow the Institute to build upon its myriad successes in its mission.

For your consideration, below is a table delineating our specific programmatic funding requests for FY 2025, with comparisons to the FY 2022, FY 2023, and FY 2024 enacted levels. We are also requesting that the report language below accompany the FY 2025 Labor-HHS-Education-Appropriations bill.

We look forward to meeting with your staff to discuss these critical programs. In the meantime, if you have any questions, please contact Jennifer Fisher with ADA at fisherj@ada.org; Scott Litch with AAPD at slitch@aapd.org; Timothy Leeth with ADEA at leetht@adea.org; or Yehuda Sugarman with AADOCR at ysugarman@iadr.org.

Sincerely,

American Dental Association
American Academy of Pediatric Dentistry
American Dental Education Association
American Association for Dental, Oral, and Craniofacial Research

**FY 2025 Funding Requests for Federal Oral Health Programs
Supported by the American Dental Association, American Academy of Pediatric
Dentistry, American Dental Education Association and the American Association for
Dental, Oral and Craniofacial Research**

Program	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Enacted	FY 2025 Request
CDC – Division of Oral Health	\$19,750,000	\$20,250,000	\$20,250,000	\$36,250,000
HRSA Title VII General and Pediatric Dental Residencies	\$12,000,000 each	\$13,000,000 each	\$13,000,000 each	\$14,000,000 each
Dental Faculty Loan Repayment				See report language
Total	\$40,673,000	\$42,673,000	\$42,673,000	\$46,000,000
HRSA – Maternal Child Health – Special Projects of Regional and National Significance	\$5,250,000	\$5,250,000	\$5,250,000	\$5,250,000
HRSA – Area Health Education Centers	\$45,245,000	\$47,000,000	\$47,000,000	\$50,250,000
HRSA – Health Careers Opportunity Program	\$15,450,000	\$16,000,000	\$16,000,000	\$25,000,000
HRSA - Ryan White Dental (Part F)	\$13,414,000	\$13,620,000	\$13,620,000	\$18,000,000
NIH – National Institute of Dental and Craniofacial Research	\$501,231,000	\$520,163,000	\$520,163,000	\$559,000,000

Report Language

CDC Division of Oral Health. —The Committee understands the importance of CDC’s Division of Oral Health and their role in reducing oral disease rates among vulnerable populations. Therefore, the Committee provides \$36,250,000 for the Division of Oral Health. Within the increase for the Division of Oral Health the Committee provides: \$10M to evaluate and enhance the nation’s surveillance systems to better identify oral health burden at national, state, and local levels and make data available more quickly; \$2M to enable exploration and evaluation of methods to track adherence to infection prevention and control guidelines for dental settings; and \$4M to conduct educational efforts, increasing awareness of the importance of oral health and overall health. The Committee encourages CDC to collaborate with dental organizations in the development and enhancement of education and awareness initiatives.

HRSA Chief Dental Officer. —The Committee is disturbed to learn that despite its directive to have HRSA ensure that the Chief Dental Officer (CDO) is functioning at an executive level with resources and staff to lead oral health programs and initiatives across HRSA, no such authority has been delegated. The Committee urges HRSA to restore the position with authority and resources to oversee and lead oral health dental programs and initiatives across the agency. The CDO is also expected to serve as the agency representative on oral health issues to international, national, State, and/or local government agencies, universities, and oral health stakeholder organizations.

HRSA Oral Health Training Oral Health Training and Dental Faculty Loan Repayment Program. — The Committee provides \$46,000,000 for Training in Oral Health Care programs, which includes not less than \$14,000,000 for General Dentistry Programs and not less than \$14,000,000 for Pediatric Dentistry Programs, and not less than \$17,000,000 for State Oral Health Workforce grants. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants, predoctoral dental grants, and dental faculty loan repayment program (DFLRP) grants. The Committee directs HRSA to initiate a new DFLRP grant cycle with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

HRSA Set-Asides for Oral Health within SPRANS. — The Committee includes a set-aside within the Special Projects of Regional and National Significance of \$250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report Integration of Oral Health and Primary Care Practice. The Committee encourages the Chief Dental Officer to continue to direct the design, monitoring, oversight, and implementation of these projects.

HRSA Ryan White Dental Reimbursement Program, Part F. — The Ryan White Part F program provides for the Dental Reimbursement Program (DRP) which covers the unreimbursed costs of providing dental care to persons living with HIV/AIDS. Programs qualifying for reimbursement are dental schools, hospitals with postdoctoral dental education programs, and colleges with dental hygiene programs. The Committee is concerned that although the program has provided oral health care to many people living with HIV/AIDS, it has not kept pace with the number of individuals in need. Ryan White Part F funding has not increased since the program’s initial authorization, although the number

of people living with HIV in America is greater than ever in the history of the virus. In FY 2022, DRP covered only 36 percent of the total non-reimbursed costs requested by 46 participating institutions. This level of reimbursement is unsustainable. Therefore, the Committee has included not less than \$18,000,000 for the DRP for FY 2025.

NIDCR Dental Care. —The Committee reaffirms that dental care and its maintenance are integral to the medical management of numerous diseases and medical conditions and that the lack of medically necessary oral healthcare heightens the risk of costly medical complications. The Committee appreciates the National Institutes of Health’s (NIH) support for research that has demonstrated that dental care is closely linked to the clinical success of other covered medical services and urges NIH to fund additional research in this area. Continued research on the causal mechanisms that link untreated oral microbial infections and chronic conditions will provide clinical evidence that can be used to support coverage of medically necessary dental treatment in various benefit programs.

NIDCR Practice-Based Research Networks (PBRN).— The Committee commends NIDCR for extending practice-based research into dental school clinics, through the Practice-Based Research Integrating Multidisciplinary Experiences in Dental Schools (PRIMED) initiative, that serve as safety net providers and where oral health studies take place at sites of primary and specialized dental care and include topics of importance to practitioners in training and their patients. The program supports the creation of an academic multidisciplinary research culture as an integral part of dental education that will support life-long clinical research skills development and research experiences.

NIDCR Advancing Head and Neck Cancer Early Detection Research (AHEAD.)— The Committee commends NIDCR for establishing AHEAD to accelerate translational and clinical research on the early detection of head and neck cancers (HNC). The initiative aims to increase scientific knowledge of the molecular characteristics of dysplastic tissue lesions, which are the predominant precursor for HNCs. The Committee encourages NIDCR to support research to utilize data from The Cancer Genome Atlas (TCGA) and other genomic and proteomic projects to help match tumor defects with patient clinical outcomes, which could lead to tailored biomarker identification for early diagnosis and treatments.

ⁱ CDC Division of Oral Health (2023). <https://www.cdc.gov/fluoridation/basics/anniversary.htm>,