March 27, 2023

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 2024 (FY 2024). 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.

The Division of Oral Health, located in CDC's 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 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 significantly reduce the incidence of oral disease in underserved communities. For example, CDC's support to expand community water fluoridation have helped reduce tooth decay by 25% in children and adults. 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, like diabetes and high blood pressure and are also connected with management of other chronic conditions, including diabetes. 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 leaving 30 states and territories without adequate resources to meet the oral health needs of vulnerable populations. Our proposed efforts will allow the Division to serve more communities with a focus on the most vulnerable populations, improving access to effective interventions, and improving care coordination for chronic diseases associated with poor oral health.

Title VII general and pediatric dental residency programs within the Health Resources and Services Administration (HRSA) provide primary oral health care services in some of the nation's most remote and underserved locations. HRSA's Title VII dental residency programs are the only federal programs focused on improving the supply, distribution, and diversity of the dental workforce. In Academic Year 2021-2022, grantees of the Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program trained 7,132 dental and dental hygiene students in pre-doctoral training degree programs; 711 dental residents and fellows in advanced primary care dental residency and fellowship training programs; and many more dental faculty members in faculty development activities and programs.[1]By providing advanced training opportunities to oral health professionals, these programs play a critical role in preparing the dental workforce to meet the nation's changing health care needs. Title VII pathway initiatives like HRSA's Health Careers Opportunity Program (HCOP) are also crucial to the development and growth of a diverse health care workforce. Recent challenges in the recruitment and retention of the dental workforce threaten both the health of dental practices and the health of American patients who rely on an adequate dental workforce for access to oral health care. According to ADA's Health Policy Institute (HPI), 40% of dentist owners said that vacancies in their offices are limiting their practice's ability to see more patients. This much-needed program creates a pathway for recruitment and provides economically disadvantaged youth with the necessary skills to successfully apply for, enter, and graduate from schools of health professions or allied health professions.

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 has been 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 inflation, nor overall funding increases for NIH despite its notable scientific accomplishments.

[1] Department of Health and Human Services, *FY 2024 Justification of Estimates for Appropriations Committees*. https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf

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 2024, with comparisons to the FY 2021, FY 2022, and FY 2023 enacted funding levels. We are also requesting that the report language below accompany your FY 2024 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 2024 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 2021 Final	FY 2022 Final	FY 2023 Final	FY 2024 Request
CDC – Division of Oral Health	$19,500,000	$19,750,000	$20,250,000	$44,250,000
HRSA Title VII General and Pediatric Dental Residencies	$12,000,000 each	$12,000,000 each	$13,000,000 each	$14,000,000 each
Dental Faculty Loan Repayment				See report language below
Total	$40,673,000	$40,673,000	$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	$43,250,000	$45,245,000	$47,000,000	$50,250,000
HRSA – Health Careers Opportunity Program	$15,000,000	$15,450,000	$16,000,000	$25,000,000
HRSA - Ryan White Dental (Part F)	$13,122,000	$13,414,000	$13,620,000	$18,000,000
NIH – National Institute of Dental and Craniofacial Research	$484,867,000	$501,231,000	$520,163,000	$558,000,000

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 $44.250,000 for the Division of Oral Health. Additionally, within the increase for the Division of Oral Health, the Committee includes: $4,000,0000 for medical-dental integration projects; $5,000,000 to update the infection prevention and control guidelines for dental settings; $5,000,000 to initiate a mini-grant program for water systems to replace aging fluoridation equipment or initiate the use of new tablet technology that can bring fluoride to rural systems; $10,000,000 to overhaul the nation's surveillance systems to better identify oral health burden at national, state, and local levels and make data available more quickly. The Committee believes that these specific allocations will strengthen the agency's ability to better meet the oral health needs of the nation.

CMS Comprehensive Dental Care.—The Committee notes that States have flexibility to determine dental benefits for adult Medicaid enrollees and, while most states provide at least emergency dental services for adults, only about half of States currently provide a comprehensive mix of dental care. Additionally, States alter their adult coverage with little to no oversight, making it nearly impossible to rely on the program in the long-term. This leaves patients and dentists confused and frustrated, not knowing what to expect year-to-year. The Committee urges CMS to study the benefit of establishing comprehensive dental coverage for adults and submit recommendations to Congress within 180 days of the date of enactment of this Act regarding policies to increase coverage of, and access to, comprehensive dental benefits for adults in State Medicaid programs

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 Action for Dental Health.— With the enactment of the Action for Dental Health Act of 2018, the Committee encourages HRSA to expand oral health grants for innovative programs under PHS Act Section 340G (42 USC Section 256g) to include Action for Dental Health activities. The Action for Dental Health program helps reduce barriers to dental care through oral health education, prevention, and the establishment of dental homes for underserved populations.

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 2021, DRP covered only 39 percent of the total non-reimbursed costs requested by 48 participating institutions. This level of reimbursement is unsustainable. Therefore, the Committee has included not less than $18,000,000 for the DRP for FY 2024.

NIDCR's Oral Health in America Report. —The Committee commends NIDCR for publishing its 2021 report *Oral Health in America: Advances and Challenges* documenting 20 years of progress since the first Oral Health Report in 2000. The Committee encourages NIDCR to prioritize funding the research gaps that were identified in the report.

Dental, Oral and Craniofacial Tissue Regeneration Consortium.—The Committee thanks NIDCR for establishing a multidisciplinary Dental, Oral and Craniofacial Tissue Regeneration Consortium (DOCTRC) that will develop effective clinically-applicable strategies for regeneration of functional tissues of the human dental, oral and craniofacial complex. The goal of DOCTRC is to develop combination products based on cells, biologics and devices and associated protocols ready for the initiation of clinical trials and to prepare them for submission for FDA approval.

NIDCR Dental Restorative Materials. — To help address one of the U.S. commitments under the Minamata Convention on Mercury, the Committee encourages NIDCR to conduct additional research on durable mercury-free dental restorative materials.

Supported by the American Dental Association, American Academy of Pediatric Dentistry, and the American Dental Education Association

Report Language

Medicaid Dental Audits.—The Committee has previously raised concerns that failure to use professional guidelines or established State Medicaid manual parameters in the auditing process can result in inaccurate Medicaid dental audits, negatively impacting dentist participation in the program and impeding patient access to care. While State Medicaid agencies (SMA) have significant responsibility in managing provider audits, the Committee believes that as part of CMS oversight of the Medicaid program, it is appropriate to issue guidance to SMAs concerning best practices in dental audits and offer training in such practices. The Committee again urges CMS to develop such guidance for SMAs and looks forward to receiving the report on steps taken to develop such guidance as requested in House Reports 117–96 and 117-403.