



March 26, 2025

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 Shelly Moore Capito  
Chairwoman  
Appropriations Subcommittee on Labor,  
Health and Human Services, Education  
and Related Agencies  
U.S. Senate  
Washington, DC 20510

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

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

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 2026 (FY 2026). 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. Sustaining these 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 in reducing cavities and oral disease rates among vulnerable populations.

Oral diseases – which range from cavities to gum diseases to 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. Studies have shown that about 34 million school hours and 92 million work hours are lost yearly due to unplanned or emergency care, and nearly \$46 billion is lost yearly due to untreated oral disease.<sup>1</sup>

The CDC Division of Oral Health supports states and territorial health programs, oral disease surveillance, school-based preventative care, medical-dental integration, infection prevention and control guidelines for dental settings and workforce training in public health. Its significant investment in oral health infrastructure has helped to reduce the incidence of oral disease in underserved communities. For example, CDC's efforts to expand community water fluoridation reduce tooth decay by at least 25% in children and adults.<sup>1</sup> It is concerning that approximately 30 states and territories are not funded with adequate resources to meet the oral health needs of vulnerable populations. Our proposed efforts aim to protect the Division and empower them to continue efforts toward serving more communities with a focus on the most vulnerable populations. This approach seeks to maintain and 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 initiative dedicated to expanding the supply and distribution 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, placing them in locations most in need of additional workforce support, and reaching more than one million patients in medically underserved communities.<sup>2</sup> 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 remote or underserved 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.<sup>3</sup> 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) is the largest institution in the world exclusively dedicated to researching ways to improve dental, oral, and craniofacial health for all. It has funded research leading to improvements in oral health for millions of Americans with investments in pain biology and management, reducing opioid use, temporomandibular disorders (TMD), regenerative medicine, and in developing early diagnostics and treatments for oral and pharyngeal cancers.

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<sup>1</sup> CDC Division of Oral Health: [About the Division of Oral Health | National Center for Chronic Disease Prevention and Health Promotion \(NCCDPHP\) | CDC](#)

<sup>2</sup> Department of Health and Human Services: [FY 2025 Justification of Estimates for Appropriations Committees](#). March 2024

<sup>3</sup> *ibid*

We strongly support the existing NIH structure of 27 Institutes and Centers (ICs) that allows each IC to conduct targeted, focused research in its area of expertise. It is vital that the NIDCR remain an independent entity that is dedicated to improving oral and overall health and eradicating oral diseases. While we welcome the opportunity to discuss the responsible stewardship of federal research funds, advancing cost-cutting measures in isolation, such as imposing arbitrarily determined caps on facilities and administrative (indirect) costs, threatens scientific progress and endangers America's global leadership in R&D. To protect NIH funding, we request the inclusion of Section 224 of the FY 2024 Appropriations Act in the FY 2026 Labor-HHS Appropriations bill to prohibit changes to indirect cost reimbursements.

For your consideration, below is a table delineating our specific programmatic funding requests for FY 2026, with comparisons to the FY 2023, FY 2024, and FY 2025 enacted levels. We are also requesting that the report language below accompany the FY 2026 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](mailto:fisherj@ada.org); Scott Litch with AAPD at [slitch@aapd.org](mailto:slitch@aapd.org); Timothy Leeth with ADEA at [leetht@adea.org](mailto:leetht@adea.org); or Yehuda Sugarman with AADOCR at [ysugarman@iadr.org](mailto: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 2026 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**

<b>Program</b>	<b>FY 2023 Enacted</b>	<b>FY 2024 Enacted</b>	<b>FY 2025 CR</b>	<b>FY 2026 Request</b>
CDC – Division of Oral Health	\$20,250,000	\$20,250,000	\$20,250,000	\$20,250,000
HRSA Title VII General and Pediatric Dental Residencies	\$13,000,000 Each	\$13,000,000 each	\$13,000,000 each	\$13,500,000 Each
Dental Faculty Loan Repayment				See Report Language
Total	\$42,673,000	\$42,673,000	\$42,673,000	\$43,673,000
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	\$47,000,000	\$47,000,000	\$47,000,000	\$47,000,000
HRSA – Health Careers Opportunity Program	\$16,000,000	\$16,000,000	\$16,000,000	\$16,000,000
HRSA - Ryan White Dental (Part F)	\$13,620,000	\$13,620,000	\$13,620,000	\$13,620,000
National Institute of Dental and Craniofacial Research	\$520,163,000	\$520,163,000	\$520,163,000	\$520,163,000

## **Report Language**

***CMS Chief Dental Officer.*** — The Committee acknowledges the significance of oral health representation within CMS and has championed the position of a Chief Dental Officer (CDO) within the CMS Administrator's Office. This role ensures oral health issues remain a central focus in CMS policymaking and operations, enhancing coordination between CMS programs and the broader healthcare system. By embedding dental expertise at the highest levels of CMS decision-making, the profession is positioned to meet the evolving demands of healthcare delivery, regulatory compliance, and patient care. The Committee urges CMS to uphold its commitment to recognizing the essential role of oral health in overall health, with a well-supported CDO position at the executive level that plays an integral part in shaping policies that prioritize access to oral healthcare and improved health outcomes.

***HRSA Action for Dental Health.*** — The Committee commends HRSA for its ongoing efforts to address the nation's health workforce. The oral health workforce development program offers states the opportunity to address their unique workforce and access to care needs. The Committee urges HRSA, as part of the FY 2027 budget justification, to prepare and submit a report to Congress, which includes data on whether the grants provided under section 42 USC 256g have enhanced access to dental services in designated health professional shortage areas.

***HRSA Chief Dental Officer.*** — The Committee notes with strong concern 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, such authority has not been delegated. The Committee urges HRSA to restore this 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 \$43,673,000 for Training in Oral Health Care programs, which includes not less than \$13,500,000 for General Dentistry Programs and not less than \$13,500,000 for Pediatric Dentistry Programs, and not less than \$15,000,000 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.

***NIDCR Oral Health Care.*** —The Committee reaffirms that oral health 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 oral health 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.

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