

## Advocacy Day 2026 Legislative Priorities

The American Association for Dental, Oral, and Craniofacial Research (AADOCR), the American Dental Education Association (ADEA) and the Friends of NIDCR (FNIDCR) urge Congress to prioritize funding for dental, oral, and craniofacial research and essential oral health programs.

### We call on Congress to support the following legislative priorities:

1. Provide adequate funding in fiscal year 2027 appropriations bills for the federal programs vital to national oral health as follows:

- **\$51.3 billion** for the **National Institutes of Health (NIH)** and reject policies that create administrative barriers to funding the most meritorious research, including proposals to:
  - ✗ Cap indirect costs (maintain current negotiated F&A rates)
  - ✗ Forward fund all grants upfront (use NIH budget periods/annual installments)
- **\$570 million** for the **National Institute of Dental and Craniofacial Research (NIDCR)**
- **\$46 million** for **HRSA Title VII Oral Health Training & Workforce Programs**
- **\$22.25 million** for the **CDC Division of Oral Health**

The research and oral health programs supported by these federal agencies enhance the knowledge base of oral health professionals, prepare students for careers in dentistry, reduce oral disease among vulnerable populations, and help improve national oral health.

2. Cosponsor and support the bipartisan ***Ensuring Lasting Smiles Act***, or ELSA, (**S.1677 / H.R.3277**) to ensure coverage of medically necessary services related to the diagnosis and treatment of congenital anomalies and birth defects that impact the face and mouth.

The **American Association for Dental, Oral, and Craniofacial Research (AADOCR)** is a nonprofit organization with a mission to drive dental, oral, and craniofacial research to advance health and well-being. AADOCR represents the individual scientists, clinician-scientists, dental professionals, and students based in academic, government, non-profit and private-sector institutions who share our mission. AADOCR is the largest division of the International Association for Dental Research.

The **American Dental Education Association (ADEA)** is The Voice of Dental Education. Our members include all 89 U.S. and Canadian dental schools, more than 800 allied and advanced dental education programs, 60 corporations and approximately 15,000 individuals. Our activities encompass a wide range of research, advocacy, faculty and leadership development, meetings, news, and publications, including the esteemed Journal of Dental Education®.

The **Friends of the National Institute of Dental and Craniofacial Research (FNIDCR)** is a broad-based coalition of academic and research institutions, professional associations, and foundations that champion NIDCR, the world's largest institution dedicated exclusively to research to improve dental, oral and craniofacial health. With programmatic activities operated out of AADOCR, FNIDCR helps represent the interests of patients, researchers, educators, clinicians and students and the value they find in NIDCR and its critical research.

## 2026 AADOCR/ADEA/FNIDCR Advocacy Day

### Congressional Visit Talking Points

*This document is intended to serve as a guide for your congressional visits. You are not expected to recite all of these talking points. Instead, we encourage you to use these key messages as well as your own first-hand experiences to make the case for increased federal resources for dental research, oral health education and training programs, and coverage of medical/dental services.*

#### INTRODUCTION

- Thank you for taking the time to talk with us today.
- My name is [REDACTED] and I'm representing the [choose one] [American Association for Dental, Oral, and Craniofacial Research] OR [American Dental Education Association] OR [Friends of NIDCR].
- [If applicable:] I live in [CITY/STATE] and am a constituent of Senator/Representative [LEGISLATOR NAME].
- I am a [PROFESSION] at [INSTITUTION], where I [brief description of your research/studies or connection to a craniofacial disease].

#### FY 2027 APPROPRIATIONS (See Oral Health Community Letter for more)

- We are grateful to Congress for its longstanding bipartisan support and investment in federal research, which has fueled America's global leadership in science and biomedical innovation.
- We urge Congress to avoid the stop-gap approach to appropriations (continuing resolutions) and pass a full-year government spending bill for Fiscal Year (FY) 2027.
- We ask that your boss support adequate resources for oral health research and training programs, and the entire federal research and science enterprise.
- Specifically, we are asking for **\$51.3 billion for NIH; \$570 million for NIDCR; \$46 million for HRSA's Title VII Oral Health Training & Workforce Programs; and \$22.25 million for CDC's Division of Oral Health** in FY 2027.

#### NIH

- Our federal investment in NIH supports more than 300,000 researchers at more than 2,500 extramural labs across the country – research that leads to medical discoveries and innovations that save and improve lives.
- Investment in NIH has a multiplier effect on local economies. Every \$1 spent by NIH in research funding generates an estimated \$2.57 of economic activity, driving more than \$94 billion in economic activity in 2025.<sup>1</sup>
- Arbitrary caps on NIH facilities & administrative (F&A or “indirect”) costs threatens scientific progress. F&A costs consist of essential expenditures such as construction and maintenance of labs; energy and utility expenses; data security; safety protocols; regulatory compliance; and other necessary expenses. **Maintain the current negotiated F&A rate process.**

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<sup>1</sup> United for Med. Research, *NIH's Role in Sustaining the U.S. Economy: 2026 Annual Economic Report (FY2025 Data)*

## 2026 AADOCR/ADEA/FNIDCR Advocacy Day

### Congressional Visit Talking Points

- **Curb the use of forward-funded (multi-year) NIH grants**, a budgetary tactic that decreases funding rates, shrinks the total number of awards, and disproportionately harms early career investigators. NIH's shift toward multi-year funding in FY2025 resulted in 5,564 fewer grants being awarded vs. FY2024, as more funding was concentrated into fewer, larger awards.<sup>2</sup>

#### **NIDCR** (See NIDCR Talking Points for more)

- NIDCR is the largest oral health research organization in the world; providing the scientific knowledge and evidence base for clinical decision-making by 200,000 U.S. dental practitioners.
- NIDCR advances fundamental knowledge about dental, oral, and craniofacial health and disease, and translates those findings into prevention, early detection, and treatment strategies that improve the overall health of all Americans.
- NIDCR addresses numerous public health challenges including dental caries, periodontal disease, craniofacial birth defects, and related public health issues, such as orofacial pain and opioid use, temporomandibular disorders (TMDs), oral cancers, and health disparities.
- NIDCR research has helped establish the strong link between the oral microbiome and systemic conditions such as diabetes, dementia, and heart disease. NIDCR studies have also uncovered how inflammation underlies a broad spectrum of chronic conditions.
- [Share your personal story; how NIDCR has helped advance your career or field of study; or your connection to a disease/illness that falls under NIDCR's research portfolio]

#### **HRSA ORAL HEALTH TRAINING PROGRAMS** (See HRSA Title VII Fact Sheet for more)

- HRSA's Title VII programs, established in 1972, provide an education and training pipeline for professionals and pre-professionals to work in the medical, dental, and public health fields
- The Title VII Oral Health Training and Workforce Programs increase the number of dentists and dental hygienists in the workforce by providing training to students and residents in general, pediatric, public health dentistry and dental hygiene.
- The programs play a key role in delivering primary oral health care services, particularly in rural/underserved communities where there are severe dental provider supply shortages. About 60 million people live in more than 7,000 Dental Health Professional Shortage Areas nationally.
- The demand for dentists is projected to grow 5% over the next 10 years; for dental hygienists, the demand is projected to grow 9%. Even if the number of oral health providers grows, significant unmet needs for oral health care persists.
- HRSA provides grants for pre-doctoral education and post-doctoral training programs for dentists and hygienists. Its Dental Faculty Loan Repayment Program helps attract and retain dental faculty through loan repayment and continuing education opportunities.

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<sup>2</sup> United for Med. Research, *NIH's FY2025 Funding: Impact of Multi-Year (Forward) Funding on Grant Awards (2026)*.

## 2026 AADOCR/ADEA/FNIDCR Advocacy Day

### Congressional Visit Talking Points

#### CDC DIVISION OF ORAL HEALTH

- CDC's Division of Oral Health (DOH) supports state health departments to help reduce cavities and oral disease among vulnerable populations. It invests in oral health interventions at the local level, such as school-based dental sealants and water fluoridation programs and has developed infection prevention and control guidelines for dental settings.
- DOH has helped reduce health disparities through evidence-based community preventive interventions that also provide access to clinical preventive services. CDC's investment in state health agencies helps reduce the incidence of oral disease in underserved communities.
- DOH only has the resources to fund oral disease prevention programs in 20 states, leaving 30 states without the resources needed to meet the oral health needs of the population.

#### THE ENSURING LASTING SMILES ACT (ELSA) (See ELSA Fact Sheet for more)

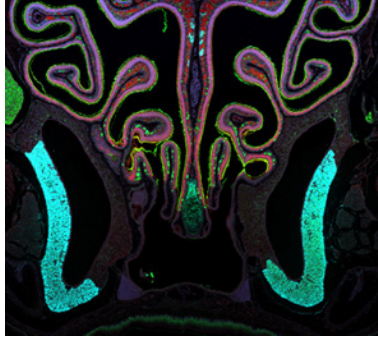
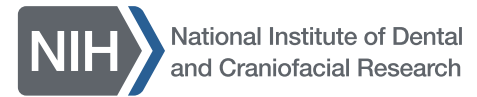
- Sponsors:  
**Thank you for sponsoring the *Ensuring Lasting Smiles Act* (S. 1677 / H.R. 3277).** We greatly appreciate your support and ask that you help get this bill to the finish line by working with leadership to secure a path to passage.
- Non-sponsors:
  - **Senate:** We request that your boss **co-sponsor the *Ensuring Lasting Smiles Act*** (S. 1677) introduced by Senators Tammy Baldwin (D-WI) and Joni Ernst (R-IA).
  - **House:** We request that your boss **co-sponsor the *Ensuring Lasting Smiles Act*** (H.R. 3277) introduced by Representatives Neal Dunn (R-FL) and Kim Schrier (D-WA).
- Approximately 1 in 33 babies in the U.S. is born with a congenital anomaly (birth defect). Craniofacial anomalies (affecting the eyes, ears, teeth, mouth and jaw) require complex restorative or reconstructive procedures that allow children to breathe, eat and speak normally.
- ELSA would:
  - Close the loophole that allows insurance companies to deny or delay coverage for medically necessary dental and oral-related procedures by classifying them as "cosmetic"
  - Ensure access to services that restore function, including dental and orthodontic care
- ELSA is bicameral, bipartisan legislation with 153 House and 47 Senate sponsors. The bill passed the full House of Representatives in the 117<sup>th</sup> Congress on a 310-110 vote.

#### CONCLUSION

- Thank you again for taking the time to meet with us today. AADOCR and ADEA staff can answer any additional questions you have or assist your office further on these important issues.

Fiscal Year 2025

# HIGHLIGHTS Across the Institute



## About Us

At the National Institute of Dental and Craniofacial Research (NIDCR), our mission is to advance fundamental knowledge about dental, oral, and craniofacial health and disease and translate these findings into prevention, early detection, and treatment strategies that improve overall health for all individuals and communities across the lifespan.

## How We Accomplish Our Mission

NIDCR supports scientists at **all career stages**, from pre-college students to independent researchers, and funds cutting-edge **basic, translational, and clinical research** to generate the scientific foundation for oral health policy and practice. NIDCR **shares research findings** and **health information** with the public, health care professionals, researchers, and policy makers to promote oral health for all.

### Leading the Way to Improve Oral Health

The **NIDCR Strategic Plan 2021-2026** charts a course for supporting science that advances oral health for all.

The **Oral Health in America: Advances and Challenges** report is a far-reaching examination of the nation's oral health, including calls to action for addressing persistent oral health challenges.



## NIDCR Recent Accomplishments

- In partnership with multiple NIH institutes and the U.S. Food and Drug Administration, NIDCR established the **TMD Collaborative for Improving Patient-Centered Translational Research (TMD IMPACT) Initiative**, with the goal of advancing basic and clinical TMD research, research training, and translation to evidence-based treatments and improved clinical care.
- NIDCR supports high-impact, translational research through initiatives such as the **Dental, Oral, and Craniofacial Tissue Regeneration Consortium (DOCTRC)**, to advance the development of promising treatments to regenerate tissues of the head and face.
- NIDCR is improving patient care through **medical-dental integration** efforts to better assess overall health. One relevant study developed clinical criteria to characterize the autoimmune disorder **Sjögren's disease**, based on data in the patient's electronic health record. Researchers examined links of Sjögren's disease to co-morbidities including other autoimmune disorders.

## FACTS ABOUT NIDCR

- Largest funder of oral health research in the world, with an annual budget of more than **\$520 million**
- Funds approximately 769 grants, 320 trainees, and 220 organizations
- Supports 78% of NIH awardees who have dental or oral health-related degrees
- Awards over 41% of its extramural budget to dental schools
- Funds research that provides the evidence base for clinical decision-making by over 200,000 dental professionals in the United States
- Funded work leading to over 60,000 publications and the development of over 175 drugs

## Supporting the Next Generation of Oral Health Researchers

NIDCR invested over **\$13 million** to support **research training and career development programs** spanning the career stages of scientists to help build a vibrant community of researchers.



### NIDCR Data-Driven Science Hub

NIDCR launched the **Data-Driven Science (DDS) Hub**, a centralized resource for dental, oral, and craniofacial researchers, enabling high-quality data sharing, modern analytics, and data science approaches to improve discovery, transparency and reproducibility, and patient outcomes.



NIDCR DDS Hub

### SPOTLIGHT



## Research Across the United States

NIDCR invested over **\$407 million** to support biomedical research at universities, dental schools, medical schools, and small businesses, primarily in the United States. Selected examples of current areas of interest (also known as Highlighted Topics) include:

- **Accelerating Research in Celiac Disease**
- **Advancing "Science of Science" Research to Understand and Strengthen the Biomedical Research Ecosystem**
- **Advancing Autoimmune Disease Research: Integrating Genetic, Environmental, and Immunological Factors to Improve Diagnosis and Treatment**
- **Advancing Childhood and Adolescent & Young Adult (AYA) Cancer Research**
- **Advancing Microbiome Science Through Multidisciplinary Mechanistic Investigations of the Human Microbiome in Health and Disease**
- **Advancing the Use of Genomic Information Into Clinical Care**
- **Computational Modeling of Complex Processes Across Biological Scales**
- **Implementation Science to Optimize HIV Prevention and Treatment**
- **Optimal Interprofessional Teaming and Care Coordination Strategies for Cancer Care Quality and Outcomes**
- **Quantum Information Science & Technologies for Biomedical Applications**
- **Research on the Transition from Pediatric to Adult Health Care**
- **Strengthening Biomedical Research, Promoting Trust, and Improving Health through Bioethics Research**

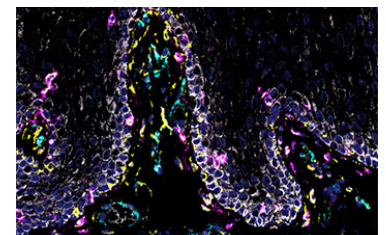


NIDCR Grants and Funding

## Research on the NIH Campus

NIDCR invested over **\$78 million** to support basic, translational, and clinical intramural research and training on the NIH campus, including the state-of-the-art NIH Clinical Center Dental Clinic that serves NIH's unique patient populations. Some examples include:

- By examining the normal looking enamel of people with the rare disease Loey's-Dietz syndrome, researchers were able to identify underlying structural defects in their teeth. This has led to a better general understanding of why teeth chip or erode, **improving diagnostic and prevention approaches for all.**
- Researchers helped lead clinical testing of a drug, encalaret, for use in autosomal dominant hypocalcemia type 1 (ADH1), a genetic condition that causes dangerously low calcium levels. This work **translates precision medicine insights** into a potential therapy for a rare disease through a public-private partnership.



nidcr.nih.gov



## HRSA Title VII Oral Health Training and Workforce Programs

### Need

- Significant unmet need exists for dental care, especially among vulnerable and underserved populations.
- The following data highlight gaps in access to oral health care:
  - In 2025, only 70% of U.S. adults reported seeing a dentist in the last year.
  - Nearly 20% of U.S. adults reported that they did not have a regular source of oral health care.
  - In 2024, 15% of U.S. adults reported having no plans to seek routine or preventive oral health care in the next year.

### Shortages

- According to the Bureau of Labor Statistics, demand for dentists is projected to grow 4% from 2024 to 2034, while demand for dental hygienists is projected to grow by 7% during the same period.
- HRSA estimates that over 71 million Americans live in the 7,751 designated Dental Health Professional Shortage Areas (HPSAs) nationwide.
- A HPSA is defined by HRSA and HHS as an area, a population, or a facility experiencing a shortage of health care services.

### Programs

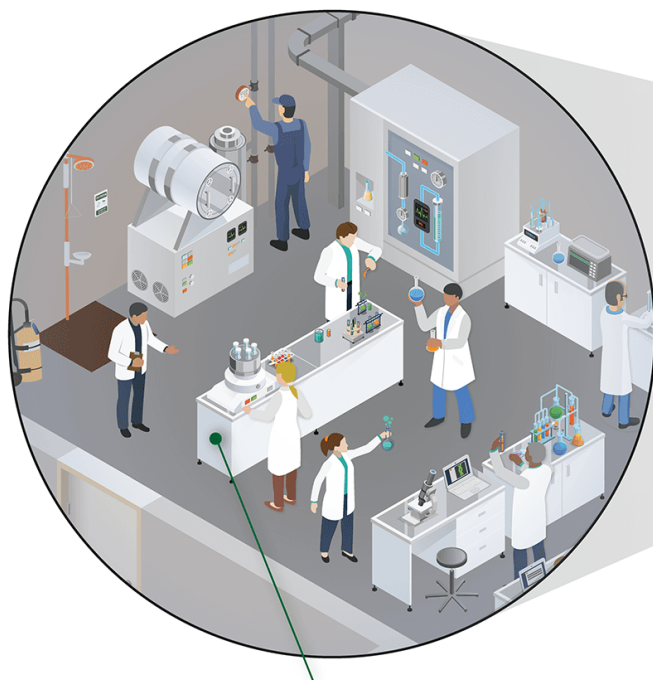
- Through the National Health Service Corps (NHSC) Loan Repayment and Scholarship Programs, dentists and dental hygienists receive loan repayment or scholarships in exchange for practicing in shortage areas. In FY 2025, 880 dentists, 358 hygienists, and 431 dental students benefited.
- The HRSA Dental Faculty Loan Repayment Program (DFLRP) supports dental and allied dental faculty recruitment and retention by offering loan repayment, which helps to sustain the pipeline of oral health professionals.

### Impact

- **Demonstrated Impact:** Between 2016 and 2022, DFLRP provided \$12.2 million in loan repayments, relieving, on average, 43% of student debt for oral health professionals, and supported 148 dental faculty who collectively delivered 424 years of clinical care and education.
- In academic year 2024–2025, 5,696 pre-doctoral students, including dental hygiene students, were educated in oral health care as a result of HRSA Oral Health Training programs:
  - 2,582 served in a medically underserved community
  - 2,041 served in a primary care setting
  - 205 served in a rural area

# Costs of Federally Sponsored Research

The total cost of federally sponsored research includes a combination of both direct expenditures and facilities and administrative (F&A) costs, also known as indirect costs. Both types of expenditures are essential to an institution's ability to conduct cutting-edge research. F&A costs consist of the construction and maintenance costs of laboratories and high-tech facilities; energy and utility expenses; and safety, security, and other government-mandated expenses. Research is impossible without the infrastructure investments that F&A costs create and sustain.



**Direct costs:** These expenses cover the salaries and stipends for researchers and graduate students; project-specific lab supplies and equipment; travel costs for conducting, sharing, and publishing research results; and other related activities

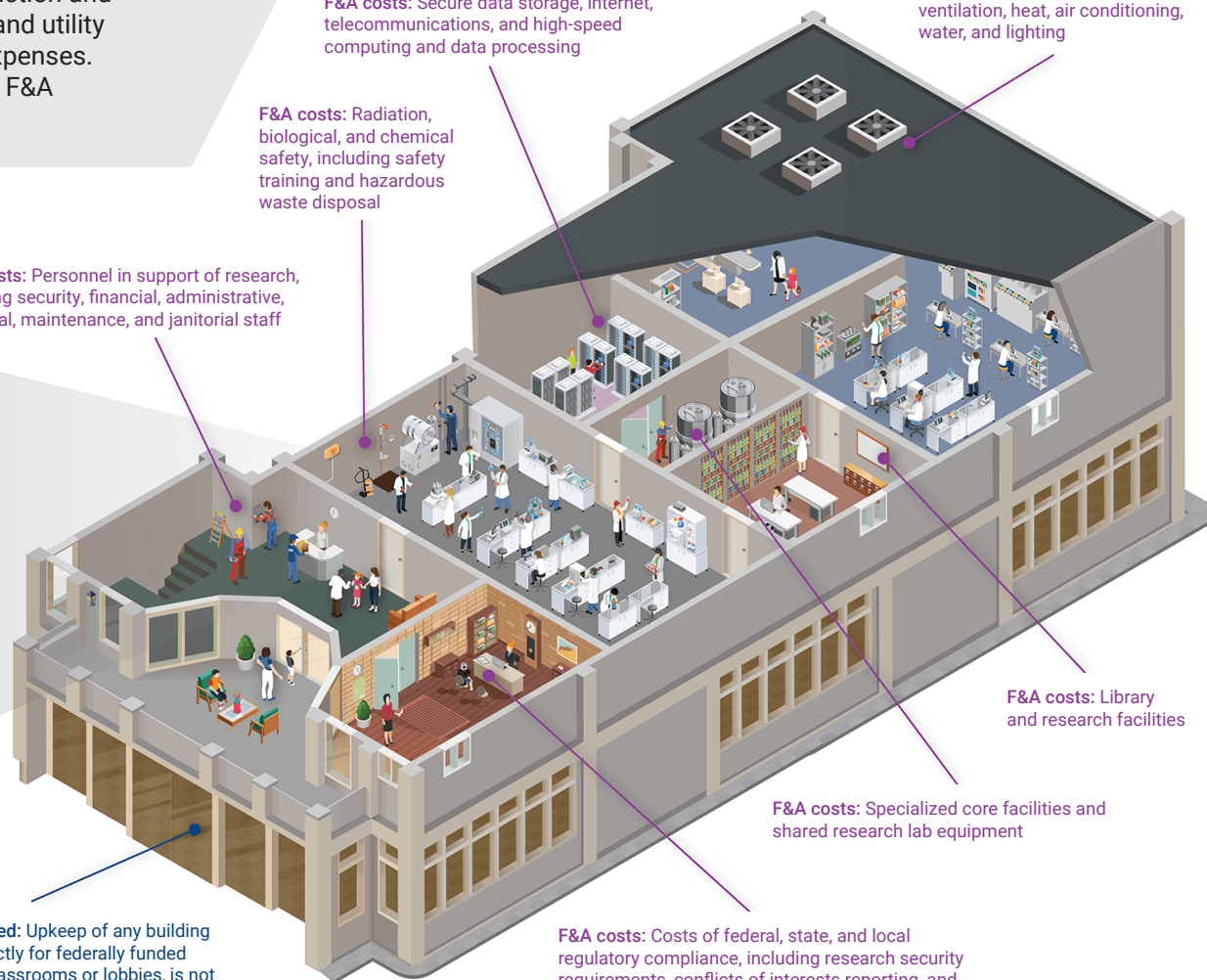
**F&A costs:** Personnel in support of research, including security, financial, administrative, technical, maintenance, and janitorial staff

**No federal funds used:** Upkeep of any building space not used directly for federally funded research, such as classrooms or lobbies, is not covered by F&A reimbursement

**F&A costs:** Secure data storage, internet, telecommunications, and high-speed computing and data processing

**F&A costs:** Radiation, biological, and chemical safety, including safety training and hazardous waste disposal

**F&A costs:** Utilities, including ventilation, heat, air conditioning, water, and lighting



**F&A costs:** Library and research facilities

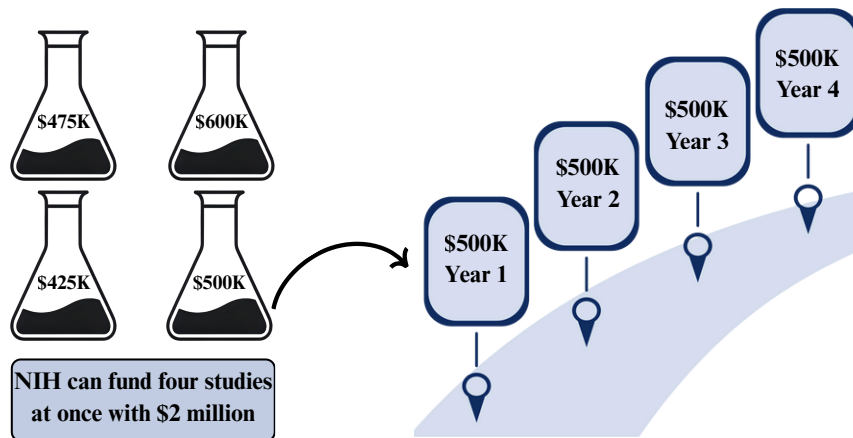
**F&A costs:** Specialized core facilities and shared research lab equipment

**F&A costs:** Costs of federal, state, and local regulatory compliance, including research security requirements, conflicts of interests reporting, and human and animal safety review boards

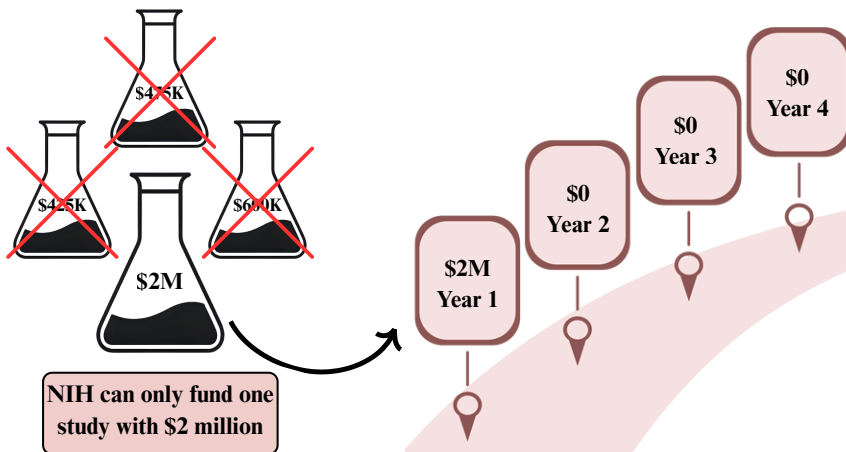
# Increased Use of Multi-Year Funding Reduces Chances of Research Ideas Being Funded, Postponing Cures & Therapies

*In the FY26 President's Budget, OMB required NIH to substantially increase the number of multi-year awards (or forward fund awards) instead of funding grants one year at a time.*

Typically, NIH pays out each four year grant (e.g., \$2 million) one year at a time (e.g., \$500,000) as the research is conducted.



Under the new OMB policy to increase the use of multi-year funding, NIH obligates the entire cost of the \$2 million grant in the first year, but cannot fund the other three grants.



**The widespread use of this multi-year funding policy leads to:**

- Unfunded promising research proposals;
- Reduced support for early-career researchers;
- Decreased chances of securing an NIH grant (i.e., lower success rates); and
- Weakened accountability and oversight of federal investments.

## Immediate Implications: Fewer Ideas Pursued, Slowing Medical Progress

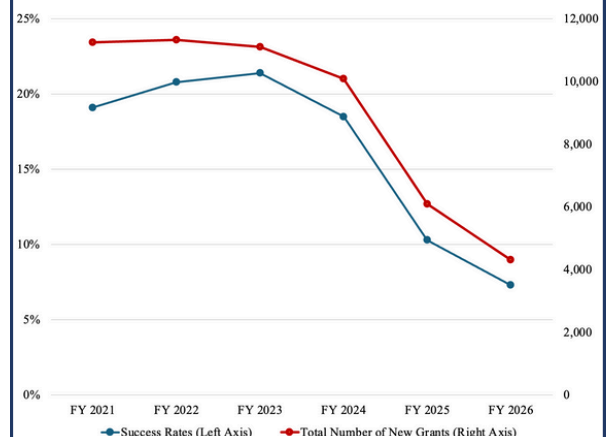


Agency-wide, NIH awarded thousands of fewer grants in FY25 compared to FY24.



The National Cancer Institute awarded ~300 fewer grants in FY25, only funding 400 instead of the anticipated 700.

## NIH Grant Proposal Success Rates & Total Number of New Grants from FY21-26 President's Budget



Success rates and new grants plummeted in FY25 due to massive increases in multi-year funding – the NIH CJ estimates a greater drop in FY26 due to continued multi-year funding plus proposed budget cuts.



**To curb this policy, the FY26 Senate L/HHS bill limited the number of multi-year awards to no more than NIH made in FY24.**

Sources: CLS Objects to Multi-year funding proposal. Coalition for Life Sciences.; NIH FY 2026 CJ Overview. National Institutes of Health.; Lowy: Forward-funding policy forced NCI to drastically reduce RPG awards funded for FY25. Cancer Letter.; After lagging far behind, NIH now seems on pace to spend its entire \$47 billion budget by Sept. 30. Stat News. FY2026 Labor-HHS-Education and Related Agencies Appropriations Full Committee Manager's Package.; Senate Appropriations Committee

# The Economic Impact of Proposed Cuts to the NIH Budget

On April 3, the White House released its budget request for Fiscal Year 2027. It contains a proposed \$5.787 billion cut to the budget for the National Institutes of Health (NIH), which is a 12.3% decrease compared to the agency’s current FY2026 budget. While it’s impossible to predict the long-term consequences for health and quality of life of such a significant funding decrease, it is possible to estimate its immediate economic impact.

United for Medical Research (UMR) used its recently released [economic analysis](#) for FY2025 as a baseline and calculated the impact that a 12.3% cut would have on the jobs and economic activity supported by NIH research funding.

**Compared to FY2025, a 12.3% cut to the NIH budget could mean a loss of nearly 50,000 jobs and \$11.58 billion in economic activity nationwide. These losses would be felt in every area of the country, with 26 states potentially losing more than \$100 million each in economic activity.**

## After a Decade of Economic Impact Driven by Strong NIH Funding, A Dramatic Drop

	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2027	CHANGE FY25-FY27
<b>Total NIH appropriations</b>	\$32.31 billion	\$34.30 billion	\$37.31 billion	\$39.31 billion	\$41.69 billion	\$42.94 billion	\$45.18 billion	\$47.68 billion	\$47.35* billion	<b>\$47.49* billion</b>	<b>\$41.43 billion</b>	<b>-\$6.06 billion</b>
<b>NIH research funds awarded, U.S.</b>	\$24.59 billion	\$26.10 billion	\$28.05 billion	\$30.82 billion	\$34.65 billion	\$35.73 billion	\$36.68 billion	\$37.81 billion	\$36.94 billion	<b>\$36.58 billion</b>	<b>\$32.08 billion</b>	<b>-\$4.5 billion</b>
<b>NIH research grants awarded, U.S.</b>	52,470	54,128	57,110	59,421	61,993	62,996	64,657	65,454	64,359	<b>58,795</b>	<b>N/A</b>	<b>N/A</b>
<b>Total jobs supported, U.S.</b>	332,225	337,419	347,247	365,122	393,370	387,774	399,620	412,041	407,782	<b>390,863</b>	<b>342,787</b>	<b>48,076</b>
<b>Total economic activity, U.S.</b>	\$63.07 billion	\$66.35 billion	\$70.66 billion	\$76.96 billion	\$85.81 billion	\$87.68 billion	\$90.17 billion	\$92.89 billion	\$94.58 billion	<b>\$94.15 billion</b>	<b>\$82.57 billion</b>	<b>-\$11.58 billion</b>

\*Number does not include funding for ARPA-H

Significantly, these economic figures don’t factor in the future return on the research that NIH funding supports — **lives saved and improved; discoveries and innovations** that lead to new technologies and companies; a highly skilled **research workforce**; and the value that comes from maintaining **American leadership in biomedical research**. The negative impact of NIH budget cuts to these areas would unfold over years and decades to come.

Rather than cut the NIH budget, we need to ensure that it stays ahead of biomedical inflation. Fortunately, Congress recognizes the incredible return on investment of medical research funding and, in bipartisan fashion, has consistently provided strong support for NIH. UMR will continue our tradition of working with members of Congress and the Appropriations committees to ensure that steady, predictable funding for the NIH remains a national priority.

*This analysis was performed by Ron Horst, Inforum, on behalf of United for Medical Research using UMR’s FY2025 analysis as the baseline for calculations.*



# The Impact of a 12.3% NIH Budget Cut on State Economies

	FY2025 NIH Awards Disbursed (\$M)	FY2027 Estimate NIH Awards Disbursed (\$M)	FY2025 Total Jobs	FY2027 Estimate Jobs	FY2027 Estimate Jobs Lost	FY2025 Total Economic Activity (\$M)	FY2027 Estimate Economic Activity (\$M)	FY2027 Estimate Lost Economic Activity (\$M)
Alabama	351.6	308.4	4,048.1	3,550.2	-497.9	865.8	759.3	-106.5
Alaska	16.3	14.3	302.8	265.6	-37.2	64.8	56.8	-8.0
Arizona	397.1	348.2	5,437.6	4,768.8	-668.8	1,166.4	1,023.0	-143.5
Arkansas	95.3	83.6	1,333.9	1,169.9	-164.1	267.5	234.6	-32.9
California	5,243.9	4,598.9	54,325.7	47,643.6	-6,682.1	14,070.9	12,340.2	-1,730.7
Colorado	579.5	508.2	6,802.5	5,965.8	-836.7	1,623.1	1,423.4	-199.6
Connecticut	825.7	724.1	6,997.0	6,136.4	-860.6	1,878.1	1,647.1	-231.0
Delaware	94.4	82.8	700.8	614.6	-86.2	222.1	194.7	-27.3
District of Columbia	206.0	180.7	444.4	389.7	-54.7	406.0	356.0	-49.9
Florida	928.3	814.1	14,982.0	13,139.2	-1,842.8	2,981.8	2,615.0	-366.8
Georgia	788.6	691.6	11,623.3	10,193.6	-1,429.7	2,316.2	2,031.3	-284.9
Hawaii	66.7	58.5	901.9	791.0	-110.9	188.7	165.5	-23.2
Idaho	30.1	26.4	602.2	528.1	-74.1	125.4	110.0	-15.4
Illinois	1,255.8	1,101.3	14,871.4	13,042.2	-1,829.2	3,592.4	3,150.5	-441.9
Indiana	409.2	358.9	4,803.4	4,212.6	-590.8	1,100.9	965.5	-135.4
Iowa	197.4	173.1	2,182.5	1,914.1	-268.4	484.8	425.2	-59.6
Kansas	143.2	125.6	1,672.1	1,466.5	-205.7	395.6	347.0	-48.7
Kentucky	231.4	202.9	2,663.9	2,336.2	-327.7	604.9	530.5	-74.4
Louisiana	200.3	175.7	2,860.6	2,508.8	-351.9	554.2	486.0	-68.2
Maine	120.3	105.5	1,377.7	1,208.2	-169.5	280.4	245.9	-34.5
Maryland	2,136.8	1,874.0	19,129.7	16,776.8	-2,353.0	4,679.4	4,103.8	-575.6
Massachusetts	3,410.6	2,991.1	28,367.3	24,878.1	-3,489.2	7,639.7	6,700.1	-939.7
Michigan	1,001.2	878.0	11,370.3	9,971.7	-1,398.5	2,550.7	2,237.0	-313.7
Minnesota	725.0	635.8	7,735.3	6,783.8	-951.4	1,791.8	1,571.4	-220.4
Mississippi	57.7	50.6	925.3	811.5	-113.8	185.8	163.0	-22.9
Missouri	882.1	773.6	8,542.1	7,491.4	-1,050.7	2,074.0	1,818.9	-255.1
Montana	50.3	44.1	672.5	589.8	-82.7	132.8	116.4	-16.3
Nebraska	140.9	123.6	1,771.9	1,554.0	-217.9	364.6	319.7	-44.8
Nevada	41.9	36.7	1,001.0	877.8	-123.1	221.9	194.6	-27.3
New Hampshire	144.8	127.0	1,242.6	1,089.8	-152.8	349.6	306.6	-43.0
New Jersey	465.4	408.2	5,806.4	5,092.2	-714.2	1,513.5	1,327.4	-186.2
New Mexico	133.0	116.7	1,379.4	1,209.8	-169.7	309.6	271.5	-38.1
New York	3,500.6	3,070.0	29,293.8	25,690.6	-3,603.1	8,251.9	7,236.9	-1,015.0
North Carolina	1,713.2	1,502.5	18,537.3	16,257.2	-2,280.1	4,285.9	3,758.8	-527.2
North Dakota	20.9	18.4	339.4	297.7	-41.7	77.2	67.7	-9.5
Ohio	1,007.6	883.7	12,236.4	10,731.3	-1,505.1	2,627.8	2,304.6	-323.2
Oklahoma	165.3	145.0	2,477.4	2,172.6	-304.7	465.5	408.2	-57.3
Oregon	420.9	369.2	4,482.6	3,931.2	-551.4	1,021.4	895.7	-125.6
Pennsylvania	2,268.4	1,989.4	21,319.5	18,697.2	-2,622.3	5,454.6	4,783.7	-670.9
Rhode Island	241.8	212.0	1,954.7	1,714.3	-240.4	503.2	441.3	-61.9
South Carolina	259.2	227.3	3,572.4	3,133.0	-439.4	749.5	657.3	-92.2
South Dakota	28.8	25.3	431.7	378.6	-53.1	89.9	78.9	-11.1
Tennessee	826.3	724.6	9,555.2	8,379.9	-1,175.3	2,224.4	1,950.8	-273.6
Texas	1,888.2	1,656.0	29,254.9	25,656.5	-3,598.4	6,150.8	5,394.3	-756.6
Utah	299.2	262.4	4,234.9	3,714.0	-520.9	821.8	720.7	-101.1
Vermont	52.4	46.0	495.2	434.2	-60.9	120.5	105.7	-14.8
Virginia	614.5	538.9	6,843.1	6,001.4	-841.7	1,698.1	1,489.2	-208.9
Washington	1,264.3	1,108.8	11,537.4	10,118.3	-1,419.1	3,056.0	2,680.1	-375.9
West Virginia	50.3	44.1	641.8	562.8	-78.9	140.5	123.2	-17.3
Wisconsin	576.6	505.7	6,555.5	5,749.2	-806.3	1,365.2	1,197.3	-167.9
Wyoming	11.6	10.2	222.0	194.7	-27.3	45.3	39.7	-5.6
<b>50 states plus DC</b>	<b>36,580.9</b>	<b>32,081.5</b>	<b>390,862.7</b>	<b>342,786.6</b>	<b>-48,076.1</b>	<b>94,153.0</b>	<b>82,572.2</b>	<b>-11,580.8</b>

UMR is a coalition of leading research institutions, patient and health advocates and private industry seeking strong and sustainable increases in funding for the National Institutes of Health to save and improve lives, advance innovation and fuel the economy. UMR members include: AdvaMed, Alzheimer's Association, American Association for Cancer Research, American Association for the Advancement of Science, American Cancer Society Cancer Action Network, American Society of Hematology, Association of American Cancer Institutes, Association of American Universities, Association of Public and Land-grant Universities, Harvard University, Johns Hopkins University, Massachusetts Institute of Technology, Northwestern University, Stanford University, Texas A&M University Health, Thermo Fisher Scientific, University of Pennsylvania, Vanderbilt University, and Vanderbilt Health.





## **S. 1677/H.R. 3277, the Ensuring Lasting Smiles Act (ELSA)**

Please become a cosponsor of the bipartisan *Ensuring Lasting Smiles Act (ELSA)*, led in the Senate by Senators Tammy Baldwin (D-WI) and Joni Ernst (R-IA) and in the House by Representatives Neal Dunn (R-FL-2) and Kim Schrier (D-WA-8).

Approximately 1 in every 33 babies born in the United States each year has a congenital anomaly, commonly referred to as a birth defect. Children born with congenital anomalies that affect the eyes, ears, teeth, mouth, or jaw are routinely denied coverage of medically necessary services by private insurers, leading to secondary health issues and leaving families without access to care.

Congenital craniofacial conditions may appear cosmetic, but they often impede daily functioning and may restrict a patient's ability to breathe, eat and speak. Corrective procedures allow these patients to grow and function normally.

Health insurers wrongfully categorize treatments for these body parts as cosmetic (not medically necessary) or as a non-covered service, even though those insurers claim to provide coverage for the treatment of congenital anomalies. Rarely are medically necessary treatments denied for children with other congenital anomalies such as a congenital heart condition or musculoskeletal issues.

The *Ensuring Lasting Smiles Act (ELSA)* is bicameral, bipartisan legislation that would clarify health coverage for children born with congenital anomalies and birth defects (e.g., cleft lip and cleft palate, missing dental structures) that affect their oral and overall health and well-being and require dental/oral restorative care. In particular, ELSA would clarify that the standard of care for individuals born with such abnormalities is to provide coverage for medically necessary dental surgery and treatment.

The *Ensuring Lasting Smiles Act* would address health insurance coverage denials and delays and ensure that children suffering from congenital craniofacial anomalies or birth defects get the treatment they need and deserve.

Specifically, the legislation would:

Ensure that all group and individual health plans cover outpatient and inpatient items and services related to the diagnosis and treatment of a congenital anomaly or birth defect that primarily impacts the appearance or function of the eyes, ears, teeth, mouth, or jaw;

Stipulate that such coverage include services and procedures that improve, repair, or restore function due to a congenital anomaly or birth defect, including treatment to any missing or abnormal body part that the treating physician determines is medically necessary. The bill makes clear that this includes adjunctive dental, orthodontic, or prosthodontic support; and excludes cosmetic procedures or surgery.

This common-sense bill would close these loopholes and ensure families receive the coverages they pay for and deserve for the duration of their treatment plan.

Passing ELSA would ensure that children born with congenital anomalies have access to the highest clinical standard of care and qualified providers, enabling them to see, hear, chew, swallow and speak - basic rights we take for granted and all deserve. Allowing children to access treatments in a timely manner avoids the long-term physiological and psychosocial injuries associated with delays in care.

In the 117th Congress, ELSA gained bicameral, bipartisan support from 62 Senate cosponsors and passed the House of Representatives with a 310-110 vote.

An expedited score from CBO has been requested for the 119th Congress. Clarification of the scope of the bill should address areas of uncertainty previously raised by CBO.

**Contact (Senate) Sen. Baldwin's or Sen. Ernst's office or (House) Rep. Schrier's or Rep. Dunn's office for more information.**

## List of Professional and Patient Organizations Supporting ELSA

(Hyperlinks are active when viewed on computer)

[American Association for Dental Oral and Craniofacial Research](#)

[Academy of General Dentistry](#)

[American Academy of Dermatology Association](#)

[American Academy of Facial Plastic and Reconstructive Surgery](#)

[American Academy of Neurology](#)

[American Academy of Ophthalmology](#)

[American Academy of Oral and Maxillofacial Pathology](#)

[American Academy of Oral and Maxillofacial Radiology](#)

[American Academy of Pediatrics](#)

[American Academy of Pediatric Dentistry](#)

[American Association of Oral and Maxillofacial Surgeons](#)

[American Association for Pediatric Ophthalmology and Strabismus](#)

[American Association of Orthodontists](#)

[American Association of Women Dentists](#)

[American Behcet's Disease Association](#)

[American Cleft Palate-Craniofacial Association](#)

[American College of Prosthodontists](#)

[American College of Surgeons](#)

[American Dental Association](#)

[American Prosthodontic Society](#)

[American Society for Dermatologic Surgery Association](#)

[American Society of Dentist Anesthesiologists](#)

[American Society of Maxillofacial Surgeons](#)

[American Society of Pediatric Otolaryngology](#)

[American Society of Plastic Surgeons](#)

[Association of Dental Support Organizations](#)

[Barth Syndrome Foundation](#)

[Born a Hero Research Foundation](#)

[Bridge the Gap - SYNGAP Education and Research Foundation](#)

[CCD Smiles](#)

[CDH International](#)

[Children's Hospital of Wisconsin](#)

[Colorado Rare](#)

[Costello Syndrome Family Network](#)

[Crane Dental Laboratory, Inc.](#)

[Dermatology Nurses' Association](#)

[Derma Care Access Network  
Ear Community, Inc.](#)

[EveryLife Foundation for Rare Diseases](#)

[Face-To-Face Colorado](#)

[FACES: The National Craniofacial Association](#)

[FD/MAS Alliance](#)

[Foundation for Ichthyosis and Related Skin Types, Inc. \(FIRST\)](#)

[Genetic Alliance](#)

[Georgia Prosthodontics](#)

[Gillette Children's Specialty Healthcare](#)

[International Pemphigus and Pemphigoid Foundation](#)

[Karen S McAndrew DMD, MS, PLC](#)

[Lawrence C. Wright Craniofacial Center at John R. Oishei Children's Hospital](#)

[Lupus and Allied Diseases Association](#)

[Lymphedema Advocacy Group](#)

[M-CM Network](#)

[March of Dimes](#)

[Moebius Syndrome Foundation](#)

[MyFace](#)

[National Association of Dental Laboratories](#)

[National Organization for Rare Disorders](#)

[Noah's Hope - Hope4Bridget  
Operation Smile](#)

[Ozark Prosthodontics](#)

[Pathways for Rare and Orphan Studies](#)

[Project Accessible Oral Health](#)

[Rare & Undiagnosed Network](#)

[rareLife Solutions](#)

[Smile Train](#)

[Soft Bones: The US Hypophosphatasia Foundation](#)

[Suey Morgan, DDS - Boston Medical Center](#)

[SunnyStrong](#)

[The APS Type 1 Foundation Inc.](#)

[The Marfan Foundation](#)

[The XLH Network, Inc.](#)

[The Sturge-Weber Foundation The TMJ Association, LTD.](#)

[University of Minnesota Cleft & Craniofacial Clinic](#)

[Usher IF Collaborative](#)

[Virginia Council of Nurse Practitioners](#)

[Wisconsin Speech-Language Pathology and  
Audiology Association \(WSHA\)](#)