On behalf of the American Association for Dental Research (AADR), I am pleased to submit testimony describing AADR’s funding requests for fiscal year 2019, which include at least $39.3 billion for the National Institutes of Health, including funds provided to the agency through the 21st Century Cures Act for targeted initiatives, and – within NIH – $492 million for the National Institute of Dental and Craniofacial Research (NIDCR).

AADR is grateful to Congress for providing a substantial funding increase for federally-funded research, including for NIH and NIDCR, in fiscal year 2018. We recognize this increase was possible due to the generous new budget cap increases established within the Bipartisan Budget Act of 2018 passed earlier this year, and we greatly appreciate the work of members of Congress to enact that legislation and provide much-needed relief for non-defense programs. Over the years, the federal research enterprise has seen losses in purchasing power due to inflationary losses, sequestration and budget cuts. Fortunately, by demonstrating the commitment to federal research via the funding increases set forth in the fiscal 2018 omnibus, members of Congress are allowing members of the research community to begin to play catch up and build on the promise of their work.

NIDCR is the largest institution in the world dedicated exclusively to research to improve dental, oral and craniofacial health. The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person’s overall health and well-being. Left untreated, oral diseases and poor oral conditions make it difficult to eat, drink, swallow, smile,
communicate and maintain proper nutrition. Scientists also have discovered important linkages between periodontal (gum) disease and heart disease, stroke, diabetes and pancreatic cancer. Investments in NIDCR funded research during the past half century have led to improvements in oral health for millions of Americans through its impact on areas such as community water fluoridation; the implementation of dental sealants to reduce cavities in children; and emerging opportunities to assess the efficacy of a human papilloma virus (HPV) vaccine for oral and pharyngeal cancers.

As a result of these investments, today over 210 million Americans are benefiting from community water fluoridation. Absent advances in oral health research in the fight against dental caries (tooth decay) and periodontal disease, there would be an additional 18.6 million Americans aged 45 or older who have lost all of their natural teeth. Perhaps most striking is that since the 1950s the total federal investment in NIH-funded oral health research has saved the American public at least $3 for every $1 invested.

Despite these improvements, however, treating oral health conditions remains extremely costly —with the nation spending $124.4 billion on dental services in 2016. While tooth decay and gum disease are the most prevalent threats to oral health, complete tooth loss, oral cancer and craniofacial birth defects, such as cleft lip and palate, impose massive health and economic burdens on Americans.

Right now, NIDCR is funding research across a range of areas to continue improving Americans’ oral and overall health. These include point-of-care diagnostics that use saliva to test for conditions and infections, such as HIV, HPV, substance abuse and oral cancer; e-cigarette studies to investigate the effects of aerosols from e-cigarette vapors on the oral microbiome, oral epithelia and wound healing; a diverse precision medicine portfolio that
includes research on cancer, craniofacial developmental disorders, and salivary diagnostics; research related to early detection, prevention and treatment of **HPV-related oropharyngeal cancer**; and much more.

From a patient perspective, the research at NIDCR has impacted millions of patients with a wide range of conditions that impede quality of life, are physically debilitating, and create a major financial and social burden. NIDCR conducts research on complex systemic diseases that have a major oral health component, including TMJ, ectodermal dysplasias and autoimmune disorders, such as Behcet’s and Sjögren’s Syndrome, as well as birth defects, such as cleft lip and cleft palate, which affect roughly 7,000 babies in the United States each year and are among the most common birth defects. Through its research into the basic science needed to better understand these diseases and conditions; the discovery of biomarkers for better diagnosis and clinical care; and the development of new and improved tools for management and treatment, NIDCR has provided hope for these patients and their families and is improving the outlook for future generations.

As we look toward the future, AADR asks Congress to build upon this foundation by continuing to provide sustained and adequate investments across the federal research continuum. To do this effectively, Congress will need to work together to develop a long-term solution to our nation’s debt and deficit that does not rely on cuts to non-defense discretionary spending and, importantly, pass regular appropriations bills rather than to rely on the continuing resolutions that have become so commonplace in our federal budget process. The increased dependence on these short-term spending measures not only undermines the budget process, but it also negatively affects federal agencies and programs, including these federal agencies’ grant recipients.
There are a range of repercussions for federal agencies and those who depend on them when continuing resolutions take effect. To begin, continuing resolutions affect federal grants award funding. NIH, as one example, often issues non-competing research and research training grant awards “at a level below that indicated on the most recent Notice of Award (generally up to 90% of the previously committed level).” Additionally, according to a 2009 report on continuing resolutions from the Government Accountability Office, agencies reported that these short-term budget measures resulted in inefficiencies in their work. The inefficiencies cited included an inability to fill positions, the delay of contracts and increased workloads as a result of entering into new contracts or exercise contract options.

This trend – coupled with other macro budget issues, such as attempts to increase defense spending at the expense of non-defense discretionary spending – produces additional uncertainty in already uncertain times for federal research spending. Our hope is that moving forward Congress will build on the unprecedented momentum generated in the fiscal year 2018 omnibus legislation and continue to provide NIH, NIDCR and other federal research institutions with predictable and sustained funding.

Increasing the appropriation for NIDCR will improve the oral health of the nation, reduce societal costs of dental care and enhance the scientific evidence base for the dental profession. Specifically, increased funding would enable NIDCR to expand its portfolio of work on immunotherapies for oral cancer; research on cleft lip and cleft palate; and address oral health disparities among the aging population.

In addition to the research being conducted at NIH, AADR urges you to fund the full continuum of federal research – from discovery to delivery – that will allow us to maximize our investments. Our members urge you to provide $20 million for the Centers for Disease
Control and Prevention (CDC) Division of Oral Health, $40.673 million for the Title VII Health Resources and Services Administration (HRSA) programs training the dental health workforce, $454 million for the Agency for Healthcare Research and Quality (AHRQ), and $175 million in budget authority for the National Center for Health Statistics (NCHS).

Thank you for the opportunity to submit this testimony. We stand ready to answer any questions you may have.