



The Honorable Roy Blunt
Chairman
Labor, Health and Human Services, Education,
and Related Agencies Subcommittee
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Labor, Health and Human Services, Education,
and Related Agencies Subcommittee
Committee on Appropriations
United States Senate
Washington, DC 20510

March 2, 2016

Dear Chairman Blunt and Ranking Member Murray:

On behalf of our 158,000 American Dental Association members, our 9,300 American Academy of Pediatric Dentistry members, our 21,000 dental school faculty and staff members of the American Dental Education Association, and our 3,700 dental researcher members of the American Association for Dental Research across the country, we write to respectfully request your consideration for funding a number of programs important to dentistry and oral health.

Dental access, prevention, care and research initiatives are leading to improved oral health across the country. The modest programmatic increases we are requesting, together with the continuation of programs the president has proposed to eliminate, will allow more Americans to have access to improved oral health care.

For your consideration, below is a table delineating our specific programmatic funding requests for fiscal year 2017, with comparisons to the FY 2016 enacted funding levels and the president's FY 2017 budget request. We are also requesting the report language included below to accompany your FY 2017 Labor-HHS-Education-Appropriations bill.

We understand the difficult task you face as you put together the FY 2017 Labor-HHS-Education-Appropriations bill in the current environment of tight budget constraints, and we greatly appreciate your consideration of our requests.

We look forward to meeting with your staff to discuss these important programs. In the meantime, if you have any questions, please contact Janice Kupiec with ADA at kupiecj@ada.org; Scott Litch with AAPD at slitch@aapd.org; Yvonne Knight with ADEA at knighty@adea.org; or Carolyn Mullen with AADR at cmullen@iadr.org.

Sincerely,

American Dental Association
American Academy of Pediatric Dentistry
American Dental Education Association
American Association for Dental Research

Enclosure

**FY 2017 Funding Requests for Federal Oral Health Programs
Supported by the American Dental Association, American Academy of Pediatric Dentistry and the
American Dental Education Association**

Program	FY 16 omnibus	FY 17 President's request	FY 17 dental groups request
CDC – Division of Oral Health	\$18,000,000	\$18,000,000	\$ 19,000,000
HRSA Title VII General and Pediatric dental residencies	\$10,000,000 each		\$10,000,000 each
Dental faculty loan repayment	\$875,000		
TOTAL	\$35,873,000	\$ 35,873,000	\$ 35,873,000
HRSA –MCH - SPRANS	\$5,000,000	\$0	\$ 5,250,000
HRSA - AHECs	\$ 30,250,000	\$0	\$ 30,250,000
HRSA - HCOPS	\$ 14,189,000	\$14,189,000	\$ 14,189,000
HRSA- Ryan White Dental (Part F)	\$ 13,122,000	\$ 13,122,000	\$ 18,000,000
NIH - NIDCR	\$413,396,000	\$413,396,000	\$452,000,000

Report Language request:

HRSA – Chief Dental Officer

The Committee is disturbed to learn that despite its directive in report 110-231, to establish a Chief Dental Officer (CDO) position, HRSA has not maintained the appointment. The Committee understands that since the beginning of 2012 the position has been downgraded to Senior Dental Advisor and moved several layers below HRSA leadership and decision makers. This has occurred in spite of the Administration’s commitment in 2010 to establish the Oral Health Initiative which highlighted several HRSA initiatives to improve access to oral health care, especially for needy populations. The Committee directs HRSA to restore the position of HRSA Chief Dental Officer with executive level authority and resources to oversee and lead HRSA dental programs and initiatives. 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, oral health stakeholder organizations, etc.

SPRANS Oral Health project

The Committee has included \$250,000 for 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.”

FY 2017 Dental Title VII (Section 748) Report Language

Oral Health Training.-The Committee includes not less than \$10,000,000 for General Dentistry programs and not less than \$10,000,000 for Pediatric Dentistry programs. The agency is directed to provide continuation funding for predoctoral and postdoctoral training grants initially awarded in FY 2015, and for Section 748 Dental Faculty Loan Program grants initially awarded in FY 2016.

NIDCR Report language request:

Biomaterials is an important section of biomedical research for practicing dentists. The Committee urges NIDCR to increase its focus and resources on the development and innovation of dental materials.

FY 17 CDC Division of Oral Health report language

The Committee has provided additional funding for the Division of Oral Health to use to distribute new waterline safety guidelines to dentist offices and clinics, to conduct follow up research where needed, and to work with professional organizations to educate dentists and dental students of such guidelines.

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. In 2013, a total of 41,464 patients were treated under the DRP and there was a total of \$32,387,629 in unreimbursed cost. 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 fiscal year 2013 it covered only 26 percent of dental schools' documented costs, this level of reimbursement may be unsustainable. Therefore, the Committee has included not less than \$18,000,000 for the DRP in 2017.