

The Honorable Tom Cole
Chairman
Labor, Health and Human Services,
Education, and Related Agencies
Subcommittee
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Labor, Health and Human Services,
Education, and Related Agencies
Subcommittee
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

February 9, 2015

Dear Chairman Cole and Ranking Member DeLauro:

On behalf of our 158,000 ADA members, our 9,300 AAPD members, our 19,000 dental school faculty and staff members of ADEA, and our 3,500 dental researcher members of AADR 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 better oral health.

For your consideration, below is a table delineating our specific programmatic funding requests for fiscal year 2016, with comparisons to the fiscal year 2015 enacted funding levels and the President's fiscal year 2016 budget request. We are also requesting the below report language to accompany your Fiscal Year 2016 Labor-HHS-Education Appropriations bill.

We understand the difficult task you face as you put together the Fiscal Year 2016 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 Mary Dietrich with ADA at dietrichm@ada.org; Scott Litch with AAPD at slitch@aapd.org; Tim Leeth at leeth@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

Program	FY'15 enacted	FY'16 President's request	FY'16 dental groups request
CDC –Division of Oral Health	\$15,749,000	\$15,749,000	\$20,000,000
HRSA – Title VII General and Pediatric Dental Residencies And Dental Health Improvement Act funding	\$9M set-aside for general dentistry residencies \$10M set-aside for pediatric dentistry residencies		\$10M set-aside for general dentistry residencies \$10M set-aside for pediatric dentistry residencies
	\$33,928,000	\$33,928,000	\$35,000,000
HRSA—Maternal and Child Health - SPRANS	\$3,775,000	\$3,775,000	\$5,000,000
HRSA—Area Health Education Centers	\$30,250,000	0	\$30,250,000
HRSA—Health Careers Opportunity Program	\$14,189,000	0	\$14,189,000
HRSA—Ryan White Dental (part F)	\$13,122,000	\$13,122,000	\$18,000,000
National Institute of Dental and Craniofacial Research (NIDCR)	\$397,700,000	\$406,746,000	\$425,000,000

Report language:

Title VII – Dental Workforce

Sec. 748. The Committee provides \$35,000,000 for Training in General, Pediatric and Public Health Dentistry, with not less than \$10,000,000 for general dentistry programs and not less than \$10,000,000 for pediatric dentistry programs. The increased funding will expand training opportunities for advanced training for dentists, provide funding for faculty loan repayment programs so that HRSA can initiate a new grant cycle, and help increase the number of pediatric dentists needed to care for newly insured children.

SPRANS oral health

The Committee has included \$5,000,000 for oral health initiatives under SPRANS to increase the number of states who receive funding for strengthening oral health infrastructure that addresses the comprehensive oral health needs of pregnant women and infants most at risk, such as MCHB's Perinatal and Infant Oral Health Quality Improvement grant program.

AHEC

The Committee has included additional funding for AHEC oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee is aware that some state dental associations have already initiated programs to refer ER patients to dental networks. HRSA is urged to work with those programs.

CDC- Division of Oral Health

The Committee has included funding to allow the Division of Oral Health to increase state oral health infrastructure grants, expand national surveillance activities and community prevention programs. The Committee is aware that 20 states were approved but unfunded in the last state infrastructure grant cycle. The Committee has also included funding to allow the DOH to support clinical and public health interventions that target pregnant women and young children at highest risk for dental caries. A recent study demonstrates such approaches can result in cost-savings to state Medicaid programs. We further encourage CDC to work across the Department of Health and Human Services to improve coordination of oral health surveillance that reliably measures and reports health outcomes.

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 23 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 2014.

Health Careers Opportunity Program--The Health Careers Opportunity Program (HCOP) seeks to increase the diversity of the health professions workforce by providing grants that improve the recruitment and enhance the academic preparation of students from economically and educationally disadvantaged backgrounds into the health professions. Greater diversity among health professionals is associated with improved access to care for underserved populations, greater patient choice and satisfaction, and better patient-clinician communication. In recent academic years, the program has supported more than 260 grants and more than 13,600 trainees annually, half of which are underrepresented minorities and more than three quarters come from financially and/or educationally disadvantaged backgrounds.

The Committee has provided \$14,189,000 to continue the program as authorized. It believes that the program as currently structured holds the greatest promise to reach high school, baccalaureate, post-baccalaureate, and graduate students to attract them to the health professions to care for underserved populations, in both rural and urban areas, as originally intended by Congress.