Dear Chairs Lowey and DeLauro and Ranking Members Granger and Cole:

The undersigned organizations, as supporters of the Friends of National Institute of Dental and Craniofacial Research (FNIDCR), respectfully request that as you and your colleagues prepare to negotiate a final spending bill for fiscal year (FY) 2020 that you fund the National Institutes of Health (NIH) and the National Institute of Dental and Craniofacial Research (NIDCR) at levels equal to or more than the Senate’s proposals of $42.08 billion and $486.756 million, respectively.

We are grateful for the increases provided to NIH and NIDCR in FY 2019, and we urge Congress to continue its support for these critical research agencies by providing steady and predictable increases that will allow for meaningful growth.

NIH is a driver of science and innovation. The myriad research initiatives, programs and networks supported by NIH are among the most valuable investments made on behalf of the American people. Each day, NIH-supported research contributes not only to our understanding about living systems, but also of how that knowledge can be applied to improve society’s health and well-being. Part of the NIH enterprise, NIDCR is the largest institution in the world dedicated exclusively to research to improve dental, oral and craniofacial (skull and face) health.

We have already seen remarkable returns on our investments in oral health research. Fluoride in water and dental sealants have led to a precipitous drop in tooth decay among children and have resulted in
more Americans keeping more of their teeth for longer.¹ Scientists have also discovered promising linkages between gum (periodontal) disease and heart disease, stroke, diabetes and pancreatic cancer. In fact, since the 1950s, estimates reveal that the total federal investment in NIH-funded oral health research has saved the American public at least $3 for every $1 invested.²

Yet, even with the NIDCR’s many contributions to citizens’ oral and overall health, oral diseases and conditions remain a prevalent and costly part of our society, and troubling disparities persist. For example, dental caries, though largely preventable, remain the most common chronic condition of children (aged 6 to 11) and adolescents (aged 12 to 19), and oral disorders are the seventh greatest health expenditure among U.S. adults. Furthermore, Hispanic and non-Hispanic black children are more likely to have untreated dental caries.³ At a macro level, in 2017 the United States spent more than $129 billion on dental and oral health care and recent projections suggest that annual U.S. spending on dental care will reach $192 billion by 2026.⁴

These pressing public health issues are just some of the areas that NIH and NIDCR are working to address. NIDCR-funded researchers are also contributing to the knowledge base surrounding pain biology and management; regenerative medicine to replace bone and oral tissues lost or damaged by cancer and other diseases or trauma; salivary diagnostics and their potential to quickly and effectively detect a range of diseases and conditions; and the social, behavioral and genetic underpinnings of oral health disparities.

This year represents an important opportunity to further spotlight dental, oral and craniofacial research’s contributions and demonstrate its value in light of the U.S. Surgeon General’s commission of a 2020 Report on Oral Health, a much-needed update to the seminal “Oral Health in America” report from 2000. The 2000 report taught many that oral health is more than healthy teeth and gums; it is essential to health and well-being. This report, which is being developed primarily by NIDCR, represents an important step in documenting the progress in oral health since 2000 and conveying a vision for the future.

NIDCR’s basic, clinical, and translational research represent a critical component in our nation’s research enterprise and are integral to helping Americans achieve better health. We greatly appreciate your leadership thus far to ensure the highest possible funding at NIH and NIDCR, and we urge you to continue making funding for this research a priority in final FY 2020 spending legislation.

If you have any questions or require additional information, please contact Lindsey Horan at lhoran@aadr.org.

¹ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4212322/
³ https://www.cdc.gov/mmwr/volumes/66/wr/mm6609a5.htm
Sincerely,

A. T. Still University - Missouri School of Dentistry & Oral Health
Adenoid Cystic Carcinoma Research Foundation
American Association for Dental Research
American Association of Oral and Maxillofacial Surgeons
American Behcet’s Disease Association (ABDA)
American Dental Association
American Dental Education Association
Dental Trade Alliance
Ear Community Organization
FACES: The National Craniofacial Association
Fibrous Dysplasia Foundation
Greater Tampa Bay Oral Health Coalition
International Foundation for Autoimmune & Autoinflammatory Arthritis (IFAAA)
International Pemphigus and Pemphigoid Foundation
Loma Linda University School of Dentistry
Lupus and Allied Diseases Association
Moebius Syndrome Foundation
National Foundation for Ectodermal Dysplasias
New York University College of Dentistry
Sjogren's Syndrome Foundation
Soft Bones, Inc., The US Hypophosphatasia Foundation
Support For People With Oral And Head And Neck Cancer (SPOHNC)
The Ohio State University, College of Dentistry
The Oral Cancer Foundation
The Procter & Gamble Co
University at Buffalo, School of Dental Medicine
University of California, Los Angeles School of Dentistry
University of Connecticut School of Dental Medicine
University of Florida College of Dentistry
University of Iowa College of Dentistry
University of Michigan School of Dentistry
University of Nebraska Medical Center College of Dentistry
University of North Carolina Adams School of Dentistry
University of Rochester Eastman Institute of Oral Health
University of Texas School of Dentistry at Houston
University of the Pacific, Arthur A. Dugoni School of Dentistry