



April 7, 2022

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

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

The Honorable Patty Murray
Chairwoman
Appropriations Subcommittee on Labor,
Health and Human Services, Education
and Related Agencies
U.S. Senate
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Appropriations Subcommittee on Labor,
Health and Human Services, Education
and Related Agencies
U.S. Senate
Washington, DC 20510

Dear Chairs DeLauro and Murray and Ranking Members Cole and Blunt:

On behalf of the American Dental Association, the American Academy of Pediatric Dentistry, the American Dental Education Association, and the American Association for Dental, Oral and Craniofacial Research, we respectfully request your support for funding of programs vital to dentistry and oral health in Fiscal Year 2023 (FY 2023). We thank you for your commitment to dentistry and oral health over the years, and we urge Congress to continue its support of programs critical to the nation's oral health.

Public health investments in quality dental care, dental workforce diversity and training, oral health literacy, disease prevention, and dental research lead to improved oral health outcomes. The modest programmatic increases we are requesting, together with the continuation of programs, will help achieve the goal of ensuring optimal oral health for all Americans.

The Centers for Disease Control and Prevention (CDC) Division of Oral Health is a much-needed and highly valued source of support for state health departments to help reduce oral health disparities through evidence-based community preventive interventions that also provide access to clinical preventive services. Because of your commitment to the Division, its contributions to CDC's response to the pandemic have successfully guided the dental community in times of uncertainty. However, as we look ahead to rebuild and expand a strong public health infrastructure, we ask for your continued support in strengthening the Division's ability to serve

more communities. Currently, the Division is equipped to support only 20 states, leaving 30 states and territories without adequate resources to build and expand their oral health infrastructure. The CDC's investments in state and territorial health agencies have helped to significantly reduce the incidence of oral disease in underserved communities. For example, CDC's support to expand community water fluoridation have helped reduce tooth decay by 25% in children and adults. In order to expand the Division's core activities and capacity to build a public health infrastructure for a post-COVID environment, additional funding is needed to reach more states, tribes, and territories with resources to advance critical preventive services, data collection, and health promotion activities to prevent or minimize oral disease.

Title VII general and pediatric dental residency programs within the Health Resources and Services Administration (HRSA) provide primary oral health care services in some of the nation's most remote and underserved locations. HRSA's Title VII dental residency programs are the only federal programs focused on improving the supply, distribution, and diversity of the dental workforce. In Academic Year 2019-2020, grantees of the Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program trained 11,121 dental and dental hygiene students in pre-doctoral training degree programs; 494 dental residents and fellows in advanced primary care dental residency and fellowship training programs; and 256 dental faculty members in faculty development activities and programs.¹ By providing advanced training opportunities to oral health professionals, the program plays a critical role in preparing a dental workforce to meet the nation's changing health care needs. Title VII pathway initiatives like HRSA's Health Careers Opportunity Program (HCOP) are also crucial to the development and growth of a diverse health care workforce. Recent challenges in the recruitment and retention of the dental workforce threaten both the health of dental practices and the health of American patients who rely on an adequate dental workforce for access to oral health care. According to ADA's Health Policy Institute (HPI), 40% of dentist owners said that vacancies in their offices are limiting their practice's ability to see more patients. This much-needed program creates a pathway for recruitment and provides economically disadvantaged youth with the necessary skills to successfully apply for, enter, and graduate from schools of health professions or allied health professions.

The National Institute of Dental and Craniofacial Research (NIDCR), one of 27 Institutes and Centers of the National Institutes of Health (NIH), is the largest institution in the world exclusively dedicated to researching ways to improve dental, oral, and craniofacial health for all. Investments in NIDCR-funded research during the past half-century have led to improvements in oral health for millions of Americans and continue to show promise in areas encompassing pain biology and management, regenerative medicine, oral cancer, and in assessing the efficacy of a human papillomavirus (HPV) vaccine for oral and pharyngeal cancers. NIDCR is also one of the NIH institutes that has prioritized the critical research needed in the fight against COVID-19. To date, despite not receiving any additional COVID-19 funding as other NIH institutes did, NIDCR has funded approximately \$3.9 million in high-impact research that established the role of the oral cavity in transmitting the virus through saliva. Additional funding would continue these research efforts and promote advancements to improve oral and overall health for all Americans.

For your consideration, below is a table delineating our specific programmatic funding requests for FY 2023, with comparisons to the FY 2020, FY 2021, and FY 2022 enacted funding levels. We are also requesting that the report language below accompany your FY 2023 Labor-HHS-Education-Appropriations bill.

¹ Department of Health and Human Services, *FY 2022 Justification of Estimates for Appropriations Committees*. <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2022.pdf>

We look forward to meeting with your staff to discuss these critical programs. In the meantime, if you have any questions, please contact Jennifer Fisher with ADA at fisherj@ada.org; Scott Litch with AAPD at slitch@aapd.org; Timothy Leeth with ADEA at leetht@adea.org; or Yehuda Sugarman with AADOCR at ysugarman@iadr.org.

Sincerely,

American Dental Association
American Academy of Pediatric Dentistry
American Dental Education Association
American Association for Dental, Oral, and Craniofacial Research

FY 2023 Funding Requests for Federal Oral Health Programs
Supported by the American Dental Association, American Academy of Pediatric
Dentistry, American Dental Education Association and the American Association
for Dental, Oral and Craniofacial Research

Program	FY 2020 Final	FY 2021 Final	FY 2022 Final	FY 2023 Request
CDC – Division of Oral Health	\$19,500,000	\$19,500,000	\$19,750,000	\$35,000,000
HRSA Title VII General and Pediatric Dental Residencies	\$12,000,000 each	\$12,000,000 each	\$12,000,000 each	\$14,000,000 each
Dental Faculty Loan Repayment			See report language below	See report language below
Total	\$40,673,000	\$40,673,000	\$40,673,000	\$46,000,000
HRSA – Maternal Child Health – Special Projects of Regional and National Significance	\$5,250,000	\$5,250,000	\$5,250,000	\$5,250,000
HRSA – Area Health Education Centers	\$41,250,000	\$43,250,000	\$45,245,000	\$50,250,000
HRSA – Health Careers Opportunity Program	\$15,000,000	\$15,000,000	\$15,450,000	\$25,000,000
HRSA - Ryan White Dental (Part F)	\$13,122,000	\$13,122,000	\$13,414,000	\$18,000,000
NIH – National Institute of Dental and Craniofacial Research	\$477,429,000	\$484,867,000	\$501,231,000	\$540,000,000

Report Language

CMS Comprehensive Dental Care —The Committee notes that States have flexibility to determine dental benefits for adult Medicaid enrollees and, while most states provide at least emergency dental services for adults, only about half of States currently provide a comprehensive mix of dental care. Additionally, States alter their adult coverage with little to no oversight, making it nearly impossible to rely on the program in the long-term. This leaves patients and dentists confused and frustrated, not knowing what to expect year-to-year. The Committee urges CMS to study the benefit of establishing comprehensive dental coverage for adults and submit recommendations to Congress within 180 days of the date of enactment of this Act regarding policies to increase coverage of, and access to, comprehensive dental benefits for adults in State Medicaid programs

HRSA Chief Dental Officer —The Committee is disturbed to learn that despite its directive to have HRSA ensure that the Chief Dental Officer (CDO) is functioning at an executive level authority with resources and staff to oversee and lead all oral health programs and initiatives across HRSA, no such authority has been delegated. The Committee urges HRSA to hire a CDO and restore the position with executive level authority and resources to oversee and lead HRSA dental programs and initiatives as well as have a role within oral health across the agency. 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, and oral health stakeholder organizations. The Committee requests an update as part of the fiscal year 2024 Congressional Justification on how the CDO is serving as the agency representative on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.

HRSA Oral Health Training Oral Health Training and Dental Faculty Loan Repayment Program — The Committee provides \$46,000,000 for Training in Oral Health Care programs, which includes not less than \$14,000,000 for General Dentistry Programs and not less than \$14,000,000 for Pediatric Dentistry Programs. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants initially awarded in fiscal year 2020 and dental faculty loan repayment program (DFLRP) grants initially awarded in fiscal years 2021 and 2022. The Committee directs HRSA to initiate a new DFLRP grant cycle with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

HRSA Set-Asides for Oral Health within SPRANS — The Committee includes a set-aside within the Special Projects of Regional and National Significance of \$250,000 to continue 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*. The Committee encourages the Chief Dental Officer to continue to direct the design, monitoring, oversight, and implementation of these projects.

HRSA Action for Dental Health — With the enactment of the Action for Dental Health Act of 2018, the Committee encourages HRSA to expand oral health grants for innovative programs under PHS Act Section 340G (42 USC Section 256g) to include Action for Dental Health activities. The Action for Dental Health program helps reduce barriers to dental care through oral health education, prevention, and the establishment of dental homes for underserved populations

HRSA Area Health Education Centers (AHEC) Oral Health Projects — The Committee encourages HRSA to support 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 encourages HRSA to work with programs that have already been initiated by some State dental associations to refer emergency room patients to dental networks.

HRSA Maternal, Infant, and Early Childhood Home Visiting Program — The Committee recognizes that good oral health is an important component for improving the health and well-being of children and families. The Committee encourages HRSA to explore opportunities to integrate oral health in the agency's Home Visiting Program and provide the home visitors with the training to become a Community Dental Health Coordinator. The Committee also encourages HRSA to work with oral health initiatives such as Community Dental Health Coordinators that have already been initiated by dental organizations to provide dental education, community-based prevention, care coordination, and patient navigation to children and vulnerable families.

HRSA Health Center Dental Services — The Committee recognizes the importance of Health Centers in providing comprehensive primary and preventive health services to the nation's underserved communities. Health Centers provide dental services for many who would otherwise face barriers to dental care. The Committee is aware that some Health Centers have partnered with Community Dental Health Coordinators (CDHCs) to provide patients with greater access to dental care. CDHCs provide community-based prevention, care coordination, and patient navigation to underserved populations in rural, urban, and Native American communities. The Committee encourages HRSA to work with Health Centers to expand their work in this area.

HRSA 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. 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 FY 2020, DRP covered only 36 percent of the total non-reimbursed costs requested by 59 participating institutions. This level of reimbursement is unsustainable. Therefore, the Committee has included not less than \$18,000,000 for the DRP for FY 2023.

NIDCR SARS-CoV-2 — The Committee thanks NIDCR for its commitment to prioritizing research that seeks to answer critical questions related to the novel coronavirus. The Institute's research into minimizing infection risk in dental environments, improving SARS-CoV-2 detection in saliva, the role of periodontal disease in COVID-19 complications and exploring mechanisms of viral entry into the tissues of the oral cavity, along with other NIDCR-supported research, have played a critical role in combatting COVID-19.

NIDCR Surgeon General's Report on Oral Health — The Committee greatly appreciates NIDCR's contributions to the U.S. Surgeon General's 2021 Report on Oral Health. The Committee encourages NIDCR to utilize the findings of the 2021 Report to identify gaps across dental, oral, and craniofacial research and to prioritize research in these areas.

NIDCR Dental Restorative Materials — To help address one of the U.S. commitments under the Minamata Convention on Mercury, the Committee encourages NIDCR to conduct additional research on durable mercury-free dental restorative materials.

Supported by the American Dental Association, American Academy of Pediatric Dentistry, and the American Dental Education Association

Report Language

CMS Medicaid Dental Audits — The Committee has raised concerns in past reports that failure to use professional guidelines or established state Medicaid manual parameters in the auditing process can result in inaccurate and unreasonable Medicaid dental audits, negatively impacting dentist participation in the program and patient access to care. Responses to date from agency leadership to these concerns have been disappointing. While State Medicaid agencies (SMA) have significant responsibility in managing provider audits, the Committee directs that the CMS Center for Program Integrity take two important steps in collaboration with the American Academy of Pediatric Dentistry and the American Dental Association: (1) issue guidance to SMAs concerning best practices in dental audits; and (2) develop standardized training for dental auditors. This includes utilizing auditors and reviewers who are of the same specialty (or equivalent education) as the dentist being audited. The Committee requests an update as part of the fiscal year 2024 Congressional Justification on how CMS has implemented these steps.