

Statement for the Record of the
American Dental Association
American Dental Education Association
American Academy of Pediatric Dentistry
American Association for Dental, Oral, and Craniofacial Research
for
Senate Labor, Health and Human Services, and Education Appropriations Subcommittee
Regarding
FY 2026 Department of Health and Human Services Appropriations

CDC Division of Oral Health	\$20,250,000
HRSA Oral Health Training	\$43,673,000 (no less than \$13.5M each for Pediatric and General Dental Residencies)
National Institute of Dental and Craniofacial Research	\$520,163,000

On behalf of the oral health community, we thank Chairwoman Moore Capito, Ranking Member Baldwin, and the members of the Senate Labor-HHS Subcommittee, for the opportunity to submit testimony in support of key programs aimed to expand access to oral healthcare. As you consider Fiscal Year 2026 (FY 2026) funding, we urge you to preserve critical investments in oral health research, prevention, and workforce infrastructure.

We commend the Subcommittee for its steadfast commitment to advancing oral health; however, challenges persist and any reduction in funding would undermine our nation’s ability to defend against chronic disease and lead in the next generation of treatments for oral diseases and their broader systemic health implications. We respectfully request the Subcommittee’s continued support for key programs within Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), and the National Institute of Dental and Craniofacial Research (NIDCR) that are vital to improving the oral health of all Americans.

CDC Division of Oral Health (DOH)

We are deeply concerned about the Administration’s recent actions to terminate DOH staff along with proposals in the President’s FY 2026 budget to eliminate the Division’s mission and budget. The Division plays a leading role in equipping states with evidence-based strategies to prevent and manage oral disease – particularly among vulnerable populations. Oral diseases, including cavities, periodontal disease, and oral cancers, can progress over time and impact individuals across the lifespan, resulting in significant personal, societal, and financial burdens. Studies have shown that about 34 million school hours and 92 million work hours are lost yearly due to unplanned or emergency care, roughly \$46 billion in productivity is lost yearly due to untreated oral diseases.¹ The CDC Division of Oral Health empowers state and territorial health programs with essential tools such as oral disease surveillance systems, medical-dental integration support, school-based

¹ CDC Division of Oral Health: [About the Division of Oral Health | National Center for Chronic Disease Prevention and Health Promotion \(NCCDPHP\) | CDC](#)

preventive programs, infection prevention and control guidelines for dental settings, and public health workforce training. Its community water fluoridation efforts alone have led to a 25 percent reduction in tooth decay among both children and adults.² Dismantling this Division would erode decades of hard-fought public health achievements and jeopardize the ability to address the growing links between oral health and chronic diseases such as cardiovascular disease and diabetes. Continued investment is critical to protect and advance the oral health of our nation.

We therefore request that FY 2026 funding for CDC Division of Oral Health be maintained at no less than \$20,250,000 to ensure the continuation of its mission and core functions.

Centers for Medicare and Medicaid Services (CMS)

Recognizing that oral health is vital to overall health, CMS has long maintained a Chief Dental Officer (CDO) position to support the integration of oral health across the agency's programs. In 2021, the position was elevated to the Office of the Administrator, reaffirming CMS's commitment to ensuring that oral health remains central to its broader health care mission. The CDO plays a vital role in shaping and coordinating oral health policy across Medicare, Medicaid, CHIP, and the Marketplace, and in guiding agency leadership on the intersection of dental and medical care.

Under the leadership of the CDO, CMS has made significant progress in strengthening access to oral health services and improving outcomes. These efforts have included ensuring that oral health is considered across all CMS programs, supporting the inclusion of appropriate oral health care quality measures in both the Medicaid Child and Adult Core Sets and the Marketplace Quality Rating System, ensuring the adoption of HIPAA standard claim transactions and coding systems for dental services, and providing feedback to Medicare Advantage leads on issues related to supplemental dental benefits. Together, these initiatives have improved the consistency of dental benefit coverage and enhanced coordination across CMS programs, ultimately reducing unnecessary emergency department use and supporting better overall health outcomes.

We appreciate the Subcommittee's support for oral health leadership within CMS, including its continued investment in the Chief Dental Officer role. However, recent actions suggest a potential diminishment of this position, which is deeply concerning. Weakening the CDO role risks undermining years of progress toward more integrated and effective oral health policy. We therefore urge that the Chief Dental Officer position remain within the Office of the Administrator and continue to serve as a strategic leader guiding the development and implementation of oral health programs across CMS. As the agency considers reforms under the Make America Healthy Again (MAHA) initiative and other proposals, the insight and coordination provided by the CDO will be critical to ensuring that oral health is not left behind.

We respectfully request that the Chief Dental Officer position be retained within the CMS Administrator's Office and continue guiding oral health efforts across Medicare, Medicaid, CHIP, and the state exchange marketplace.

² CDC Division of Oral Health (2023). <https://www.cdc.gov/fluoridation/basics/anniversary.htm>

HRSA Oral Health Training and Chief Dental Officer (CDO)

Title VII General Practice and Pediatric Dental programs are essential to expanding and distributing the dental workforce, particularly in underserved and remote areas. In the 2022-2023 academic year alone, these programs supported over 5,500 dental students and professionals, delivering care to over one million patients. According to the FY 2025 HRSA budget justification, nearly 70 percent of program graduates serve in these communities, with another 20 percent working in primary care settings like Federally Qualified Health Centers.³ Continued support is critical to maintaining and growing this impact.

HRSA's Dental Faculty Loan Repayment Program is key to addressing the dental faculty shortage by helping academic institutions recruit and retain qualified faculty. This program ensures new dentists are trained to meet the evolving needs of the nation.

The Oral Health Training cluster also includes workforce improvement grants that have supported more than thirty states in addressing unique access and workforce challenges.⁴ Difficulties persist in recruiting and retaining dental staff impairing the stability of dental practices and patient access to care. According to ADA's Health Policy Institute (HPI), more than one-third of dentists are actively recruiting dental hygienists and dental assistants, with nearly 90 percent finding it extremely difficult.⁵ These staffing shortages limit patient access, particularly in underserved communities.

We therefore urge the Subcommittee to reject the proposed elimination of the Title VII oral health training cluster and to fund at no less than \$43,673,000 for FY 2026 to preserve and strengthen the nation's oral health workforce.

We are deeply concerned about the elimination of HRSA's Chief Dental Officer (CDO) position, a decision we view as both shortsighted and counterproductive to the advancement of oral health. The CDO plays a central role in guiding oral health programs and initiatives across the agency. Removing this role significantly threatens HHS' ability to address national oral health challenges – particularly in preparing the future dental workforce and expanding access to care.

This position must be restored with executive-level authority and the resources to provide strategic oversight and coordination of oral health efforts across all HRSA's programs, regardless of how the agency is restructured. Restoring and elevating this position is essential to safeguarding the future of oral health.

³ Department of Health and Human Services: [FY 2025 HRSA Justification of Estimates for Appropriations Committees](#). March 2024

⁴ Department of Health and Human Services: [FY 2024 HRSA Justification of Estimates for Appropriations Committees](#). March 2023

⁵ [Health Policy Institute: Economic Outlook and Emerging Issues in Dentistry](#). November 2023

National Institutes of Health (NIH)/National Institute of Dental and Craniofacial Research (NIDCR)

We recognize the difficult budget decisions facing Congress this year, but we urge you to consider both the tangible and intangible benefits of investment in biomedical research – spurring medical discoveries that save and improve lives as well as reducing long-term health care expenditures and stimulating our economy. Every dollar invested in NIH research returns \$2.56 to the economy and sustains jobs in communities nationwide.⁶

We are also deeply concerned about the proposed consolidation of the NIH’s 27 Institutes and Centers (ICs). Such a restructuring would dilute the specialized expertise that allows each IC to conduct targeted, focused research on complex diseases and conditions. Eliminating ICs, which have built up decades of institutional memory and tailored research agendas, could lead to a loss of the deep specialization that drives progress in health research and product innovations.

We urge the Subcommittee to protect funding for the NIDCR, the third oldest NIH institute, as a separate and unique institute. NIDCR’s work uncovering the link between the oral microbiome and systemic diseases has been a critical part of its research portfolio for nearly its entire existence. Much of what we know today about the role of inflammation in overall health is built on research supported by NIDCR.

Recent NIDCR-funded science shows that oral microbiota can help predict or identify a diverse range of oral and systemic diseases that not only disrupt an individual’s immune system but jeopardize the health and resilience of future generations. Further research in this area is needed but requires the existence of a dedicated institute with sustained federal investment so that it can continue utilizing advanced technologies and traditional research methods to better understand the association between oral health and chronic conditions.

While we welcome a robust discussion about the structure of the federal research system, any reforms must be evidence-based, transparent, and shaped by engagement with a diverse set of stakeholders. Additionally, we strongly oppose arbitrarily determined caps on indirect costs, which would severely weaken the nation’s research enterprise and global competitiveness.

We therefore urge the Subcommittee to protect the investments and integrity of the research enterprise and for FY 2026 to provide at least \$520.16 million for the NIDCR as a separate and unique institute, and a total of \$51.3 billion for the NIH base budget overall (not including ARPA-H) and ensure that funds are spent as Congress intended.

Oral health is a critical component of overall health and well-being, and a healthy oral health system contributes significantly to the national economy—generating an estimated \$478 billion annually. We urge the Subcommittee to reject proposed funding cuts and instead prioritize strategic investments that sustain and advance the nation’s oral health infrastructure.

Thank you for your consideration and your continued commitment to the health of all Americans.

⁶ United for Medical Research: [NIH Role in Sustaining US Economy FY 2024-2025](#). March 2025