



April 7, 2026

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

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

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

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

Dear Chairs Aderholt and Moore Capito, and Ranking Members DeLauro and Baldwin:

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 2027 (FY 2027). 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 oral health care, dental workforce diversity and training, oral health literacy, disease prevention, and dental research lead to improved oral health outcomes. Restoring senior-level dental leadership and technical expertise across the Department of Health and Human Services would ensure public health investments are effectively administered, coordinated, and accountable. 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.

CDC Division of Oral Health

Oral diseases, which range from cavities to oral cancers, progress and become more complex over time, affecting people at every stage of life, which creates a significant personal and financial burden on individuals and healthcare systems. Studies have shown that about 34 million school hours and 92 million work hours are lost yearly due to unplanned or emergency care, and nearly \$46 billion is lost yearly due to untreated oral disease.¹

The CDC Oral Health Program supports states and territories in tracking oral disease, implementing evidence-based strategies, and advancing prevention programs, including community water fluoridation and school-based dental sealants that help reduce oral disease before it starts. Studies show that fluoridation reduces tooth decay by at least 25 percent in children and adults.² CDC oral health investments also implement infection-control guidance that protects patients and providers, strengthens the dental public health workforce, and supports data systems that help policymakers target resources where they are needed most.

Restoring oral health leadership and expertise at CDC, paired with sustained funding, is essential to advancing the important work of CDC and its initiatives to improve oral health outcomes and reduce long-term costs for patients, providers, and the healthcare system.

HRSA Oral Health Training

Title VII oral health programs provide training in general, pediatric, and public health dentistry and dental hygiene and play a vital role in delivering primary oral health care services, particularly in some of the nation's more remote and underserved areas.

The only federal program of its kind that contributes to the supply, distribution, and diversity of the dental workforce, during the Academic Year (2022-2023), oral health training programs provided support to 5,540 dental and dental hygiene students and professionals.³ By offering advanced training opportunities, these programs are equipping the dental workforce to address the evolving health care needs of the nation while increasing access to care in underrepresented communities.

Recent reports indicate that 69 percent of graduates serve in medically underserved communities, with an additional 20 percent contributing to primary care settings, such as Federally Qualified Health Centers, following their completion of the oral health training program.⁴ Congress's continued support, along with dedicated oral health leadership, will enable a growing workforce to provide needed care to vulnerable patients.

NIDCR

The National Institutes of Health's (NIH) National Institute of Dental and Craniofacial Research (NIDCR) is the largest institution in the world exclusively dedicated to researching ways to improve dental, oral, and craniofacial health and better understanding the biological links between the mouth and the rest of the body, or the "oral-systemic connection." Its research has led to improvements in oral health for millions of Americans, including the development of new, non-addictive alternatives to opioids to treat acute and chronic pain conditions, advancements in regenerative medicine

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

² *ibid*

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

⁴ *ibid*

therapies, and salivary diagnostics that test for a variety of oral diseases and conditions.

We strongly support the existing NIH structure of 27 Institutes and Centers (ICs) that allows each IC to conduct targeted, focused research in its area of expertise. We applaud Congress for continuing to reject arbitrarily determined caps on facilities and administrative (indirect) costs, which jeopardize meritorious research that has higher fixed costs. Finally, we urge Congress to curb the expansion of forward-funding (multi-year) NIH grants, which have been shown to depress funding rates, shrink the total number of awards, and disproportionately harm early career investigators.

For your consideration, below is a table delineating our specific programmatic funding requests for FY 2027, with comparisons to the FY 2024, FY 2025, and FY 2026 enacted levels. We are also requesting that the report language below accompany the FY 2027 Labor-HHS-Education-Appropriations bill.

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; Hilary Malawer with ADEA at malawerh@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 2027 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 2024 Enacted	FY 2025 Enacted	FY 2026 Enacted	FY 2027 Request
CDC – Division of Oral Health	\$20,250,000	\$20,250,000	\$21,250,000	\$22,250,000
HRSA Title VII General and Pediatric Dental Residencies	\$13,000,000 each	\$13,000,000 each	\$13,500,000 each	\$14,000,000 each
Dental Faculty Loan Repayment				See Report Language
Total	\$42,673,000	\$42,673,000	\$43,673,000	\$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	\$47,000,000	\$47,000,000	\$47,000,000	\$47,000,000
HRSA – Health Careers Opportunity Program	\$16,000,000	\$16,000,000	\$15,000,000	\$16,000,000
HRSA - Ryan White Dental (Part F)	\$13,620,000	\$13,620,000	\$13,620,000	\$16,000,000
National Institute of Dental and Craniofacial Research	\$520,163,000	\$520,163,000	\$525,163,000	\$570,000,000

Report Language

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, and not less than \$15,000,000 for State Oral Health Workforce grants. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants, predoctoral dental grants, and dental faculty loan repayment program (DFLRP) grants. 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.

NIDCR Community Water Fluoridation. —The Committee acknowledges community water fluoridation (CWF) as one of the ten greatest public health achievements of the 20th century and is an effective, economical, and evidence-based intervention for the prevention of dental caries. Despite concerns that have been raised regarding fluoride exposure and its potential impact on human neurodevelopment and cognition, no study of fluoride exposures at CWF levels recommended in the U.S. has shown an association with lower I.Q. scores. The Committee encourages the Director of the NIDCR to support further research investigating any possible link between fluoride exposure from fluoridated water systems and human neurodevelopment, cognition, and other health outcomes.

NIDCR Oral Health Care. —The Committee reaffirms that oral health care and its maintenance are integral to the medical management of numerous diseases and medical conditions and that the lack of medically necessary oral healthcare heightens the risk of costly medical complications. The Committee appreciates the National Institutes of Health's (NIH) support for research that has demonstrated that oral health care is closely linked to the clinical success of other covered medical services and urges NIH to fund additional research in this area. Continued research on the causal mechanisms that link untreated oral microbial infections, and chronic conditions will provide clinical evidence that can be used to support coverage of medically necessary dental treatment in various benefit programs.

NIDCR Practice-Based Research Networks (PBRN). — The Committee commends NIDCR for extending practice-based research into dental school clinics, through the Practice-Based Research Integrating Multidisciplinary Experiences in Dental Schools (PRIMED) initiative, which serves as safety net providers and where oral health studies take place at the point of care. The program supports the creation of an academic multidisciplinary research culture as an integral part of dental education that will support life-long clinical research skills development and research experiences.

NIDCR Dental, Oral and Craniofacial Tissue Regeneration Consortium. — The Committee thanks NIDCR for establishing a multidisciplinary Dental, Oral and Craniofacial Tissue Regeneration Consortium (DOCTRC) that is accelerating the development of promising treatments to regenerate tissues of the head and face. The program supports the advancement of potential treatments from early laboratory research through clinical trials and commercialization, aiming to develop combination cell-, biologic-, and device-based products ready for FDA submission and clinical use.