

Written Statement for the Record on Behalf of the
American Association for Dental, Oral, and Craniofacial Research
for the
Senate Labor, Health and Human Services, and Education Appropriations Subcommittee
Regarding
FY 2027 Department of Health and Human Services Appropriations

National Institutes of Health (NIH)	\$51.3 billion
National Institute of Dental and Craniofacial Research (NIDCR)	\$570 million

The American Association for Dental, Oral, and Craniofacial Research thanks Chair Moore Capito, Ranking Member Baldwin, and the members of the Senate Labor-HHS Subcommittee, for the opportunity to submit testimony in support of the **National Institutes of Health (NIH) and the National Institute of Dental and Craniofacial Research (NIDCR)**. As you consider Fiscal Year 2027 funding, we urge you to preserve critical investments in NIH and NIDCR and all federal agencies and programs that promote oral health research, prevention, and workforce infrastructure.

We recognize the constrained fiscal environment facing Congress; however, sustained investment in biomedical research yields both measurable and downstream benefits. NIH-supported research drives innovation across the biomedical ecosystem, accelerates the translation of basic science into clinical applications, reduces long-term health care costs through improved prevention and treatment strategies, and contributes substantially to economic productivity. Empirical analyses demonstrate that each dollar invested in NIH research generates at least \$2.57 in economic activity while supporting nearly 400,000 high-skilled jobs nationwide.¹

NIDCR, as the third oldest institute within NIH, plays a central role in advancing fundamental and translational research that improves oral health and further uncovers its connection to systemic health. As the world's largest institution dedicated exclusively to dental, oral, and craniofacial research, NIDCR supports science that generates critical insights into pain biology and management—including non-opioid therapeutic pathways—temporomandibular disorders (TMD), tissue engineering and regenerative medicine, and the development of new diagnostic approaches.

A defining component of NIDCR's portfolio has been its long-standing investigation into the oral microbiome and its links to systemic disease. Foundational work supported by NIDCR has been instrumental in advancing current understanding of inflammation as a unifying biological pathway underlying a broad spectrum of chronic conditions.

NIDCR-supported scientists are currently investigating how microbes populate the oral landscape², which is important because some microbes can lead to common oral diseases such as dental caries (tooth decay), periodontitis (gum disease), and oral cancer. In fact, three of the 20 most prevalent diseases are related to oral health: untreated dental caries in adult teeth (#1), severe periodontitis

¹ United for Medical Research, [NIH's Role in Sustaining the U.S. Economy](#) (2026 update, based on FY2025 data).

² <https://www.nidcr.nih.gov/news-events/nidcr-news/2024/exploring-mouths-microbial-wonders>

(#11), and untreated dental caries in baby teeth (#17)³. Today, untreated oral diseases affect an estimated 3.5 billion people worldwide,⁴ nearly half of the world's population. Disruptions to the oral microbiota are also associated with systemic conditions such as diabetes, dementia, and heart disease.

Recent NIDCR-funded studies further demonstrate that oral microbial communities can serve as predictive and diagnostic biomarkers for a range of oral and systemic diseases, with implications for immune function, disease susceptibility, and health outcomes across populations. Continued progress requires sustained, predictable federal investment in a dedicated institute that integrates advanced and established research approaches to better understand links between oral health and chronic disease.

Beyond these specific scientific advances, NIDCR plays a unique role within the NIH by bridging disciplines such as microbiology, immunology, bioengineering, and behavioral science to address complex health challenges. Oral health is closely linked to overall health across the lifespan, influencing conditions ranging from cardiovascular disease and diabetes to adverse pregnancy outcomes. NIDCR-supported research not only advances scientific understanding but also informs clinical practice, public health interventions, diagnostics, and prevention strategies—particularly for underserved populations disproportionately affected by oral diseases.

Beyond NIDCR's scientific advances, the value of oral health research is also evident in its downstream economic and population-level effects. Oral diseases that go untreated often escalate into more serious and costly conditions that require avoidable emergency care. Emergency department visits for non-traumatic dental conditions are estimated to cost approximately \$1,500–\$2,000 per visit, whereas preventive dental care typically ranges from \$100–\$200⁵ drastically increasing overall health system spending. Emergency dental care also disrupts education (school absences), employment (decreased productivity), and military readiness, underscoring the broader economic and national security value of sustained federal support for oral health research.

To maintain the momentum of biomedical innovation and the research enterprise, we respectfully **recommend that the Subcommittee provide at least \$570 million for NIDCR and a total of \$51.3 billion for the NIH base budget in FY 2027.** It is equally critical that all appropriated NIH funds be spent in accordance with congressional intent to ensure optimal allocation and impact.

We also wish to express strong opposition to policies that would impose arbitrarily determined caps on facilities and administrative or “indirect” research costs. Such a policy would compromise the infrastructure necessary to conduct complex biomedical research and severely diminish the United States' global scientific leadership. Similarly, proposals to require NIH to forward fund all research grants would introduce significant inefficiencies into the grants management system and materially

³ GBD 2016 Disease and Injury Incidence and Prevalence Collaborators 2017, *The Lancet*. 2017;390(10100):1211-59

⁴ World Health Organization, [Oral Health](#) (Mar. 14, 2023)

⁵ Agency for Healthcare Research and Quality (AHRQ), HCUP Statistical Brief No. 143, [Emergency Department Visits for Nontraumatic Dental Conditions in the United States](#)

reduce the total number of meritorious projects that can be supported, thereby constraining scientific discovery.

Finally, we are deeply concerned about ongoing NIH understaffing and delayed appointments of members to NIH Institute and Center (IC) Advisory Councils, as well as the NIH Council of Councils, which is creating significant bottlenecks in the biomedical research approval process. Advisory Councils provide the legally required second level of review necessary for NIH grant approvals, meaning that without fully functioning Councils meeting on a regular basis, grants that have already received favorable peer review scores cannot proceed through the final funding approval process efficiently.

NIH Councils also provide critical guidance to IC leadership on research priorities, policies, and program direction. Without fully staffed Councils, NIH and IC Directors are missing an essential source of expert input. We urge the Committee to encourage HHS and NIH leadership to promptly restore and fully staff these Councils so that appropriated research funding can be awarded in a timely and predictable manner and critical scientific progress is not unnecessarily delayed.

Thank you for your consideration and for your continued commitment to advancing biomedical research in the service of public health.
