



THE VOICE OF
DENTAL EDUCATION

**Testimony of the American Dental Education Association
Submitted for the Record
Subcommittee on Labor, Health and Human Services, Education,
and Related Agencies
Committee on Appropriations
United States Congress**

The American Dental Education Association (ADEA) represents all 66 U.S. dental schools, 700 dental residency training programs, nearly 600 allied dental programs, as well as more than 12,000 faculty who educate and train the nearly 50,000 students and residents attending these institutions. ADEA submits this testimony for the record and for your consideration as you begin prioritizing fiscal year 2017 appropriation requests.

ADEA's dental schools' clinics and extramural dental school facilities provide care to more than 3 million patients annually. America's dental schools are one of the nation's largest oral health care safety nets, providing more than \$74 million in uncompensated health care annually to the uninsured and under-insured.

ADEA's academic dental institutions educate and train future oral health providers and dental and craniofacial researchers. As one of the largest safety-net providers of dental care in the United States, these dental schools provide significant care to the uninsured and underserved populations. Given the fact that research has proven that there is an indivisible link between good oral health and overall health, it is imperative that adequate funding be provided to programs that facilitate access to dental care and continues

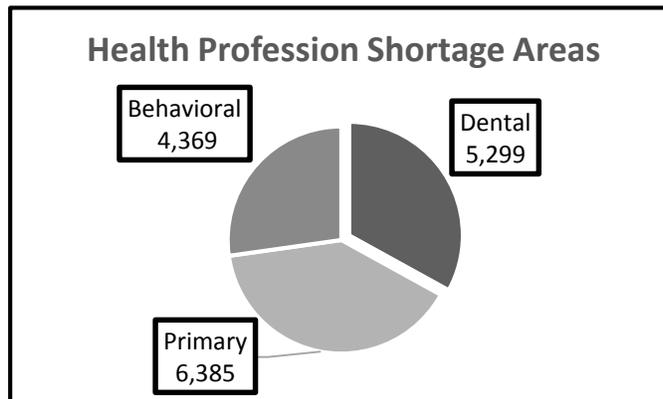
cutting-edge dental and craniofacial research which seeks to reduce the burden of oral disease.

ADEA urges you to adequately fund and protect funding for Title VII of the Public Health Service Act and the National Institute of Dental and Craniofacial Research (NIDCR). Title VII, through its various grants and programs, facilitates access to dental care to millions of Americans and NIDCR fosters globally recognized cutting-edge dental and craniofacial research.

Specifically, we are requesting funding for the following: 1) Title VII of the Public Health Service Act; 2) National Institute of Dental and Craniofacial Research (NIDCR); 3) Centers for Disease Control and Prevention (CDC), Division of Oral Health; 4) Ryan White HIV/AIDS Treatment and Modernization Act, Part F: Dental Reimbursement Program (DRP) and the Community-Based Dental Partnerships Program.

As you deliberate funding for FY 2017, ADEA respectfully makes the following funding requests:

I. \$35.9 million: Title VII, Section 748, Public Health Service Act



The dental programs in Title VII, Section 748 of the Public Health Service Act, provide critical training in general, pediatric and public health dentistry and dental hygiene. Support for these programs will help ensure an adequately prepared dental workforce. The funding supports predoctoral dental education and postdoctoral pediatric, general and public health dentistry residency

training. The investment made by Title VII not only educates dentists, dental therapists and dental hygienists, but also expands access to care for underserved communities since much of the care is provided in community-based settings located in health profession shortage areas.

Additionally, Section 748 addresses the shortage of professors in dental schools with the dental faculty loan repayment program and faculty development courses for those who teach pediatric, general or public health dentistry and dental hygiene. There are currently more than 200 open, budgeted faculty positions in dental schools. These two programs provide schools with assistance in recruiting and retaining faculty. ADEA is increasingly concerned that with projected restrained funding, the dental research community will not be able to grow and that the pipeline of new researchers will not meet future need.

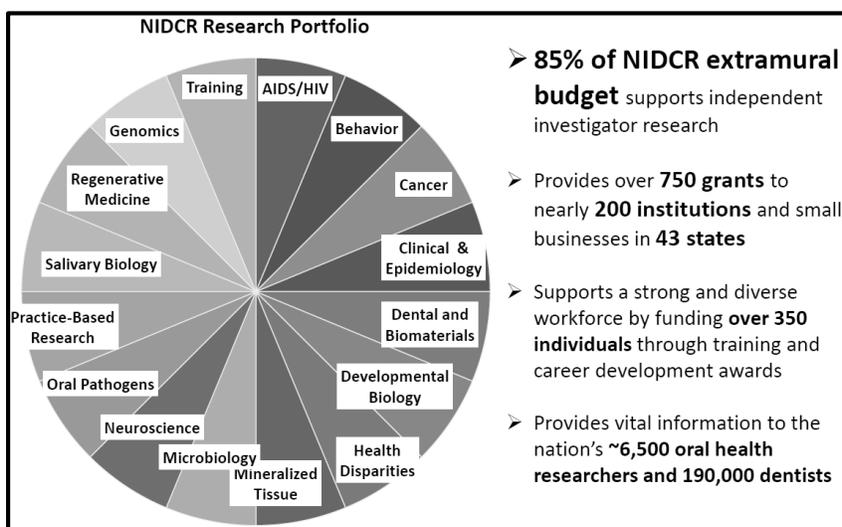
Title VII Diversity and Student Aid programs play a critical role in diversifying the health professions student body and, thereby, the health care workforce. For the last several years, these programs have not received adequate funding to sustain the progress necessary to meet the challenges of an increasingly diverse U.S. population.

We are pleased that the budget request this year contained funding for the Health Careers Opportunity Program (HCOP). This program provides a vital source of support for dental professionals serving underserved and disadvantaged patients by providing a pipeline for individuals from these populations. This unique workforce program encourages young people from diverse and disadvantaged backgrounds to explore

careers in health care generally and dentistry specifically. ADEA requests that this program continue to be funded.

ADEA is most concerned that the Administration did not request any funds for the Area Health Education Centers (AHEC) program. This vital program is targeted at enhancing high quality, culturally competent care in community-based Interprofessional clinical training settings. The infrastructure development grants and point of service maintenance and expansion grants ensure that patients from underserved populations receive quality care and that health professionals receive training with diverse populations. ADEA strongly encourages the Committee to continue funding the vitally important AHEC program.

II. \$452 million: National Institute of Dental and Craniofacial Research (NIDCR)



Dental research serves as the foundation of the profession of dentistry. Discoveries stemming from dental research have reduced the burden of oral diseases, led to better dental health for millions of Americans and uncovered important links between oral and systemic health. ADEA and dental school researchers are grateful

for the increase NIDCR received in FY 2015, however the increased funding was allocated to required NIH-wide initiatives. The requested increase will provide for a six percent real growth to ensure continued growth of the *Precision Medicine Initiative* and progress to meet the goals outlined in the 21st Century Cures Act and the Biomedical Innovation Agenda legislation currently being debated by Congress. Through NIDCR grants, dental researchers in academic dental institutions have enhanced the quality of the nation's dental and overall health. Dental researchers are poised to make dramatic breakthroughs, such as restoring natural form and function to the mouth and face as a result of disease, accident, or injury; and diagnosing systemic disease (such as HIV and certain types of cancer) from saliva instead of blood and urine samples. These breakthroughs and countless others, which continue America's role as a global scientific leader, require adequate funding.

III. \$19 million: Centers for Disease Control and Prevention (CDC)
Division of Oral Health

The CDC Division of Oral Health expands the coverage of effective prevention programs. The Division increases the basic capacity of state oral health programs to accurately assess the needs of the state, organize and evaluate prevention programs, develop coalitions, address oral health in state health plans and effectively allocate resources to the programs. This strong public health response is needed to meet the challenges of dental disease affecting children and vulnerable populations. The current path of decreased funding will have a significant negative effect upon the overall health and preparedness of the nation's states and communities.

IV. \$18 million: Ryan White HIV/AIDS Treatment and Modernization Act, Part F:
Dental Reimbursement Program (DRP) and Community-Based Dental Partnerships Program

Patients with compromised immune systems are more prone to oral infections like periodontal disease and tooth decay. The Dental Reimbursement Program (DRP) is a cost-effective federal/institutional partnership providing partial reimbursement to academic dental institutions for costs incurred in providing dental care to people living with HIV/AIDS. Simultaneously, the program provides educational and training opportunities to dental students, residents and allied dental students. However, DRP reimbursement only averages 26% of the dental schools' unreimbursed costs. The current reimbursement rate is unsustainable. Adequate funding of the Ryan White Part F programs will help ensure that people living with HIV/AIDS receive necessary oral health care.

ADEA thanks you for your consideration of these funding requests and looks forward to working with you to ensure the continuation of these critical programs to ensure the health and well-being of the nation.

Please use ADEA as a resource on any matter pertaining to dental education and training of the dental workforce under your purview. For additional information contact: Yvonne Knight, J.D., ADEA Chief Advocacy Officer at Knighty@adea.org or (202) 513-1165.