



April 12, 2021

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 Research, we respectfully request your support for the Fiscal Year 2022 (FY 2022) funding of programs vital to dentistry and oral health. 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.

Greater public health investments in quality dental care, dental workforce training, pipeline diversity, 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. The CDC's investments in state and territorial health agencies and core initiatives like community water fluoridation and school-based dental sealant programs have helped to significantly reduce the incidence of oral disease among children and adults. For example, community water fluoridation reduces tooth decay by 25% in children and adults. Currently, CDC only has enough funding to support infrastructure grants in 20 states, leaving 30 states and numerous tribes and territories without adequate resources for their oral health programs. In order to expand the Division's core activities and capacity to build a public health infrastructure equipped for a post-COVID environment, more funding is needed to support additional states, tribes, and territories with the foundation to develop and implement 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 2018-2019, grantees of the Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program trained 10,356 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 261 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 Pipeline diversity initiatives like HRSA's Health Careers Opportunity Program (HCOP) are also crucial to the development and growth of a diverse health care workforce, including in dentistry. This much-needed program 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 exclusively dedicated to researching ways to improve dental, oral, and craniofacial health. 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, 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, NIDCR has funded approximately \$3.9 million in immediate and high-impact research to protect and ensure the safety of personnel and patients in dental practices during the COVID-19 pandemic, and the Institute will soon release the second round of funding related to COVID-19.² While research needs related to COVID-19 are pressing, the challenges of the pandemic have caused research agencies to shift resources away from non-pandemic research. Therefore, we request that, in addition to the requested funding increases for NIDCR, Congress also provide emergency supplemental funding for federal agencies to support the nation's research enterprises as well as COVID-19-related expenses that touch both pandemic and non-pandemic research. Additional resources are needed to allow for

¹ Department of Health and Human Services, *FY 2021 Justification of Estimates for Appropriations Committees*. <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf>

² National Advisory Dental and Craniofacial Research Council - January 2021. National Institutes of Health, 2021. <https://videocast.nih.gov/watch=38984>.

the recovery of pre-pandemic research and support the next generation of scientists.

For your consideration, below is a table delineating our specific programmatic funding requests for FY 2022, with comparisons to the FY 2019, FY 2020, and FY 2021 enacted funding levels. We are also requesting that the report language included below accompany your FY 2022 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; Timothy Leeth with ADEA at leetht@adea.org; or Lindsey Horan with AADR at lhoran@aadr.org.

Sincerely,

American Dental Association
American Academy of Pediatric Dentistry
American Dental Education Association
American Association for Dental Research

**FY 2022 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 Research**

Program	FY 2019 Final	FY 2020 Final	FY 2021 Final	FY 2022 Request
CDC – Division of Oral Health	\$19,000,000	\$19,500,000	\$19,500,000	\$30,000,000
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
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 HealthEducation Centers	\$38,250,000	\$41,250,000	\$43,250,000	\$50,250,000
HRSA – Health Careers Opportunity Program	\$14,189,000	\$15,000,000	\$15,000,000	\$20,000,000
HRSA - Ryan WhiteDental (Part F)	\$13,122,000	\$13,122,000	\$13,122,000	\$18,000,000
NIH – National Institute of Dentaland Craniofacial Research	\$461,781,000	\$477,429,000	\$484,867,000	\$520,000,000

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, less than half of States currently provide comprehensive dental care. The Committee urges CMS to study the benefit of 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.

CMS Chief Dental Officer. — The Committee is pleased that CMS is moving forward to fill the Chief Dental Officer position, which has been vacant since October 2017. This left a significant gap of clinical oral health expertise within CMS. Medicaid provides oral health services to millions of people across the country, including vulnerable populations such as children (including those with special health care needs), pregnant women, and disabled adults. A licensed dentist clinician is an invaluable resource to CMS's growing oral health strategy to expand access to care.

HRSA Chief Dental Officer. —The Committee is disturbed to learn that despite its directive in House Report (116-450) 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 directs HRSA to restore the authority of HRSA CDO 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 2023 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 2018 and 2021. The Committee directs HRSA to initiate a new pre-doctoral grant cycle, and 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 Programs.— 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 Public Health Service 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 Centers as Primary Dental Homes.—The Committee recognizes the importance of Health Centers in providing integrated care to the nation's underserved communities. Health Centers serve as a primary dental home 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 2018, DRP covered only 38 percent of the total non-reimbursed costs requested by 51 participating institutions. This level of reimbursement is unsustainable. Therefore, the Committee has included not less than \$18,000,000 for the DRP for FY 2022.

NIDCR SARS-CoV-2.—The Committee thanks NIDCR for its commitment to prioritizing research to answer critical research questions related to the novel coronavirus. The Institute's research into high-impact areas such as transmission risk in dental environments is critical for the nation to continue fighting COVID-19 and to ensure everyone is as safe as possible.

NIDCR Surgeon General's Report on Oral Health.—The Committee greatly appreciates NIDCR's contributions to the U.S. Surgeon General's 2020 Report on Oral Health. The Committee anticipates the final release of the report and encourages NIDCR to utilize the findings of the 2020 Report to identify research gaps across dental, oral, and craniofacial research and to pursue research opportunities to fill those gaps.

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 2023 Congressional Justification on how CMS has implemented these steps.