June 13, 2017

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

Dear Chairman Cole and Ranking Member DeLauro:

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 needed fiscal year 2018 funding of programs important to dentistry and oral health.

Dental access, prevention, care and research initiatives are leading to improved oral health across the country. The modest programmatic increases we are requesting, together with the continuation of programs the president has proposed to eliminate, will allow more Americans to have access to improved oral health care.

The Administration’s fiscal year 2018 budget proposes drastic cuts that could have serious repercussions for oral health access and research. Completely eliminating Title VII general and pediatric dental residency programs within the Health Resources and Services Administration (HRSA), as well as funds for the agency’s dental faculty loan repayment program, would negatively impact oral health access. Residency training programs for pediatric and general dentistry provide primary oral health care services in some of the nation’s most remote and underserved locations. The Administration claims that these programs have not demonstrated a significant impact on the effectiveness of the oral health workforce. However, the FY 17 HRSA budget justification indicates that in 2015-2016, oral health training programs helped train 3,835 dental and dental hygiene students in pre-doctoral training, 435 primary care dental residents and fellows, and 946 dental faculty members in faculty development.

Also, the unprecedented 20 percent cut in the National Institutes of Health (NIH) budget would dramatically reduce the effectiveness of our nation’s premier health research facility. As an independent agency within NIH, the National Institute of Dental and Craniofacial Research (NIDCR) is the largest institution in the world dedicated exclusively to research 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 through areas such as community water fluoridation; the use of dental sealants to reduce cavities in children; and emerging opportunities to assess the efficacy of a human papilloma virus (HPV) vaccine for oral and pharyngeal cancers. Any cuts would undermine this research and advancements to improve oral health for all Americans.
For your consideration, below is a table delineating our specific programmatic funding requests for fiscal year 2018, with comparisons to the FY 2017 enacted funding levels and the president’s FY 2018 budget request. We are also requesting that the report language included below accompany your FY 2018 Labor-HHS-Education-Appropriations bill.

We understand the difficult task you face as you put together the FY 2018 Labor-HHS-Education-Appropriations bill in the current environment of tight budget constraints, and we greatly appreciate your consideration of our requests.

We look forward to meeting with your staff to discuss these important 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 leethe1@adea.org; or Christopher Fox with AADR at cfox@iadr.org.

Sincerely,

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

Enclosure
<table>
<thead>
<tr>
<th>Program</th>
<th>FY 17 dental groups request</th>
<th>FY 17 Omnibus</th>
<th>FY 18 Presidents Request</th>
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<td>CDC – Division of Oral Health</td>
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**Report Language Requests:**

**HRSA – Chief Dental Officer**
The Committee is pleased that HRSA has restored the position of Chief Dental Officer (CDO) and looks forward to learning how the agency has ensured that the CDO is functioning at an executive level authority with resources to oversee and lead HRSA oral health programs and initiatives. The Committee would also like a report by March 2018 on how the CDO is serving as the agency representative on oral health issues to international, national, state, and/or local government agencies, universities, oral health stakeholder organizations, etc.

**HRSA – Dental Education Programs**

**Dental Title VII (Section 748)**
Oral health training – The Committee includes not less than $10,000,000 for General Dentistry programs and not less than $10,000,000 for Pediatric Dentistry programs. The agency is directed to provide continuation funding for pre-doctoral and postdoctoral training grants initially awarded in FY 2015, and for Section 748 Dental Faculty Loan Program grants initially awarded in FY 2017 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/or community-based affiliated sites.
**SPRANS Oral Health project**
The Committee has included $5,250,000 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.”

**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. In 2013, a total of 41,464 patients were treated under the DRP and there was a total of $32,387,629 in unreimbursed cost. 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 fiscal year 2013 it covered only 23 percent of dental schools’ documented costs, this level of reimbursement may be unsustainable. Therefore, the Committee has included not less than $18,000,000 for the DRP in 2018.

**NIDCR**
The Committee is pleased that NIDCR is exploring approaches to prevent dental caries with probiotic therapy. The Committee encourages NIDCR to increase its investment in the development of new and improved biomaterials for use in clinical settings to also enhance the prevention and treatment of caries.