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March 5, 2025

Honorable Robert F. Kennedy Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Kennedy,

As the leading authority on oral health in the United States, the American Dental Association (ADA), representing over 159,000 dentists across the country, writes to highlight several key health policy issues that we believe should be prioritized during the Trump Administration, specifically by the Department of Health and Human Services (HHS).

Oral health is a critical component of overall health and addressing the challenges in this area will lead to significant improvements in the well-being of millions of Americans as well as supporting the $478 billion annual economic impact of the nation's economy.

For more than 160 years, the ADA has been the leading voice in advancing dentistry and promoting good oral health. As the largest and oldest dental organization globally, the ADA sets standards for clinical excellence, education, and advocacy. Our mission is to help dentists succeed while advancing public health, guided by core values of integrity, excellence, and evidence-based care. The ADA was also recently named the nation's leading professional association in self-regulating according to a recent survey commissioned by APCO Worldwide.

The ADA Forsyth Institute (AFI), established in 1910, is a world leader in oral and craniofacial research, driving innovation and scientific discovery that shapes the future of dental care and public health. From developing new treatments to pioneering research on the links between oral and systemic health, AFI remains at the forefront of dental research, shaping the future of patient care and improving oral health worldwide. As the Make America Healthy Again (MAHA) Commission investigates the root causes of chronic illness, the ADA looks forward to contributing evidence-based research on the intersection of oral health and chronic disease. Oral health can be essential to preventing and managing chronic conditions and is at the heart of the administration's health priorities.

The ADA's Health Policy Institute (HPI) complements this work as a leading authority on oral health research and policy analysis. With a mission to inform decision-makers through credible data and insights, HPI tracks critical trends in oral health, dental care access, and the economics of the dental profession. By providing reliable, evidence-based information to policymakers, researchers, and the public, HPI ensures that oral health is recognized as a key element of overall health policy, ultimately improving health outcomes for millions of Americans. The ADA shares the administration's commitment to research transparency and scientific integrity and ADA's HPI and AFI provide independent, peer-reviewed research to

inform health policy decisions. We support efforts to expand open-access health data and ensure rigorous, unbiased research in oral health.

Department of Health and Human Services
The ADA is committed to advancing public health through improved oral health policies and practices. This letter outlines the ADA's priorities across the agencies and programs under the jurisdiction of the HHS. These priorities reflect the ADA's mission to improve access to care, integrate oral health into broader healthcare systems, and promote evidence-based approaches to public health challenges.

In addition to addressing key areas directly under HHS oversight, such as Medicaid, Medicare, and public health initiatives, this letter also discusses broader issues of interest where HHS plays an influential role. The ADA seeks to engage with HHS to ensure evidence-based policymaking and collaboration across these important topics.

For example, in response to the opioid crisis, the ADA has been a strong advocate for the inclusion of dental providers in Prescription Drug Monitoring Programs (PDMPs). By collaborating with the Department of Justice (DOJ) and HHS, the ADA works to ensure that dentists have the tools and training necessary to prescribe opioids safely while preventing misuse. At the same time, the ADA remains committed to maintaining access to appropriate pain management treatments for dental patients.

The ADA also partners with HHS on a variety of critical public health initiatives, including efforts to integrate oral health into primary care and maternal and child health programs. These collaborations aim to improve access to oral healthcare and elevate oral health as a priority in overall health policy. Additionally, the ADA is focused on advancing oral health literacy through joint initiatives with the department, recognizing that informed patients are better equipped to maintain their oral and systemic health.

Lowering the rates of tooth decay attributable to unhealthy diets is another priority for the ADA, particularly by addressing excessive sugar consumption. The ADA looks forward to actively participating in HHS's sugar reduction efforts, including contributing to the development of Healthy People 2040 and the Dietary Guidelines for Americans 2025–2030. By promoting dietary changes and reducing sugar intake, the ADA aims to support broader public health goals while preventing oral diseases linked to diet.

The ADA also recognizes that community water fluoridation continues to be a subject of public discussion, with varying perspectives on its effectiveness. As the leading authority on oral health, the ADA supports the practice of community water fluoridation at levels recommended by the U.S. Public Health Service (USPHS). Decades of rigorous, peer-reviewed scientific research have demonstrated that water fluoridation is a safe, effective, and equitable method for preventing tooth decay across populations.

The ADA is mindful of the concerns raised about fluoridation and acknowledges the importance of open, science-based dialogue to address questions and misperceptions. It is critical that decisions regarding public health measures like water fluoridation are based on the highest levels of scientific rigor and transparency. The ADA is committed to engaging in

such discussions, ensuring that the most credible evidence is brought forward to evaluate and guide policies.

Fluoridation is one of the most extensively studied public health measures, and its benefits have been endorsed by numerous reputable organizations, However, the ADA recognizes the value of continuous scientific review. The ADA welcomes funding for randomized controlled trials on the health and safety of fluoride exposure at levels recommended for community water fluoridation in the United States (0.7 mg/L). The ADA also welcomes opportunities to engage with stakeholders to explore questions about its safety and effectiveness.

In the absence of credible, scientifically sound evidence that warrants a shift in policy, the ADA remains confident in its support for community water fluoridation. This long-standing public health measure continues to play a vital role in reducing tooth decay and improving oral health outcomes, particularly for underserved communities.

The ADA looks forward to collaborating with the Department of Health and Human Services to address concerns, evaluate emerging research, and ensure that public health decisions related to fluoridation uphold the principles of evidence-based policymaking and transparency.

The ADA urges HHS to ensure that nondiscrimination policies under Section 1557 and Section 504 are implemented in a manner that minimizes administrative burdens on dental providers while maintaining equitable access to care. We encourage the Department to work with providers to develop practical solutions that balance compliance with operational realities in small and large dental practices.

Additionally, we strongly urge HHS to ensure that oral health programs, including those related to access, research, workforce development, and public health initiatives, are not included in agency reductions as part of the recent Office of Management and Budget (OMB) memo on workforce optimization. The elimination or consolidation of these essential programs would significantly hinder access to dental care and negatively impact public health outcomes.

The ADA is concerned about HHS's recent decision to rescind the Richardson Waiver, which for more than five decades has ensured public participation in rulemaking processes. By eliminating this requirement, HHS could significantly reduce transparency in critical regulatory decisions that impact dental providers, patients, and the broader healthcare system. Public comment periods have been an essential avenue for stakeholders to provide input on policies and without this safeguard, there is a heightened risk that regulatory changes will be made without adequate input from those directly affected. We urge HHS to reconsider this decision and maintain transparency and stakeholder engagement in the rulemaking process. We also welcome the opportunity to discuss alternative ideas to ensure transparency and stakeholder engagement with you.

Centers for Medicare & Medicaid Services (CMS)
The ADA collaborates frequently with CMS on operational issues impacting dentists and their patients, advocating for policies and programs that improve access to quality dental

care while streamlining regulatory compliance for providers. Recognizing that oral health can be an integral part of overall health, the ADA strongly supports Medicaid adult dental coverage expansion. This expansion is essential to closing gaps in access to care, particularly for vulnerable populations, and reducing long-term healthcare costs by preventing dental issues from escalating into more serious medical conditions, such as cardiovascular disease, diabetes complications, and preventable emergency room visits. Moreover, access to comprehensive Medicaid adult dental benefits has been associated with improved employment opportunities for beneficiaries, as better oral health contributes to increased confidence, employability, and overall well-being, further supporting the connection between health coverage and economic participation.

With CMS recognizing the importance of oral health representation within CMS, the ADA has championed the position of a Chief Dental Officer (CDO) within the CMS Administrator's Office. This role ensures oral health issues remain a central focus in CMS policymaking and operations, enhancing coordination between CMS programs and the broader healthcare system. By embedding dental expertise at the highest levels of CMS decision-making, the ADA aims to ensure the profession continues to meet the evolving demands of healthcare delivery, regulatory compliance, and patient care. The ADA is encouraged by CMS's recognition of oral health's critical role in overall health and expects this commitment to continue, with the CDO position playing an integral part in shaping policies that prioritize access to oral healthcare and improved health outcomes.

The ADA has also been a consistent advocate for including adult dental coverage as an essential health benefit under the Affordable Care Act (ACA). Doing so would better align oral health with broader healthcare delivery models, recognizing its critical role in medical treatments and overall wellness. Through its ongoing collaboration with CMS, the ADA has actively contributed to policies that now provide coverage for dental services required prior to cancer therapies, organ transplants, and cardiac procedures. These changes not only improve outcomes for patients undergoing complex treatments but also reduce systemic costs by mitigating complications associated with untreated oral health conditions.

The ADA continues to work with CMS to increase transparency of dental coverage under Medicare Advantage plans. This includes advocating for improving transparency around enrollee-level claim data on utilization plan transparency on the consumer side to ensure beneficiaries have access to comprehensive dental services without administrative barriers. Additionally, the ADA has called for targeted efforts to improve access to dental services in rural and underserved areas, leveraging telehealth and innovative care delivery models to reach patients who face geographic or logistical challenges.

The ADA also advocates for simplifying the administrative burden on dental providers participating in federal programs, including the adoption of standardized billing and coding practices to improve efficiency. Through these and other efforts, the ADA works to strengthen the partnership between CMS, dental professionals, and patients, ensuring that the oral health needs of all Americans are addressed effectively and equitably.

Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC)

The ADA has partnered with ASTP/ONC to advance dental interoperability and the integration of dental and medical records. Seamless data exchange between dental and medical providers is essential for delivering coordinated care and improving patient outcomes. This means that the Code on Dental Procedures and Nomenclature (CDT) should have parity with other standard procedure terminologies. In addition, the ADA represents the dental profession in standards organizations such as X12 and HL7 that develop and maintain national data exchange standards.

The ADA continues to advocate for policies that break down the barriers preventing health information exchange, ensuring that dental providers are fully integrated into broader healthcare systems. We were particularly encouraged by the publication of the United States Core Data for Interoperability (USCDI) Version 5 and the accompanying Office of the National Coordinator for Health Information Technology (ONC) Standards Bulletin for July of 2024, which included the CDT in the Corrected Applicable Standard Reference for Procedures. We recognize that all stakeholders need time to plan, prepare, and implement and that there may be significant costs involved in the adoption or modification of new data classes and elements. However, delayed implementation will continue to impede national interoperability, and health information software's limited ability to accurately represent dental procedures will continue to have a direct impact on patients, providers, and quality reporting. We stand ready to assist your office as you work towards giving CDT parity with other standard terminology in the procedures data element.

The ADA encourages the ASTP/ONC to consider updating USCDI standards to USCDI v5 by establishing an expiration date of January 1, 2028 for USCDI v3. Furthermore, we ask the agency to consider establishing a regular and predictable cadence for updating the USCDI standard in § 170.213.The ADA continues to support Assistant Secretary for Technology Policy (ASTP)/ONC certification for dental vendors and to encourage America's dentists to consider obtaining ASTP/ONC-certified health information technology (HIT). However, it remains the case that most dental practices use electronic dental records and practice management systems that are unlikely to be ASTP/ONC-certified. Thus, connecting changes in standards to the ASTP/ONC Certification Program would not benefit most dental providers nor would it remove barriers to the exchange of dental clinical or administrative data. We encourage ASTP/ONC to consider offering other incentives to dental vendors and dental practices that use HIT that would better facilitate the exchange of dental clinical or administrative data.

Updating HIPAA-mandated transactions and operating rules is crucial. The current mandated versions are outdated and fail to reflect changes in healthcare technology. The updated versions of these standards will streamline administrative processes, decrease costs associated with healthcare payments, improve data quality, and better accommodate new healthcare services and delivery models. These updates will ensure efficient and accurate data exchange between healthcare providers and payers while maintaining patient privacy.

The ADA has worked with industry stakeholders and standard-setting organizations to make changes that reflect the business needs of our profession. An update to the named versions will ensure these improvements reduce the burden on providers. Furthermore, an update to

a more recent version of these standards will deliver enhancements to our members and other industry stakeholders who need to support their evolving business processes and data requirements and federal and state rulemaking activities in a timely manner, demonstrating our commitment to keeping pace with the rapidly evolving healthcare landscape.

Furthermore, the ADA believes that updating the mandated standards will reduce costs significantly. The CAQH Index is the industry source for tracking health plans, provider adoption of fully electronic administrative transactions, and the opportunity for future savings. This report estimates that the dental industry could see a savings of 2.1 billion annually.

National Institutes of Health (NIH)
Restoring trust in the research enterprise and protecting funding for the National Institute of Dental and Craniofacial Research (NIDCR) as a separate and unique institute within NIH is of paramount importance. As the largest institution in the world exclusively dedicated to researching ways to improve dental, oral, and craniofacial health, NIDCR has been instrumental in advancing scientific discovery and public health. Its contributions include breakthroughs in pain biology and management, reducing opioid use, temporomandibular disorders (TMD), regenerative medicine, and the development of early diagnostics and HPV vaccine efficacy for oral and pharyngeal cancers. These investments have directly improved oral health for millions of Americans and contributed to broader systemic health outcomes.

The ADA strongly supports maintaining the specialized focus of NIDCR as an independent entity within NIH. Consolidation of NIH's 27 Institutes and Centers (ICs) into 15 newly renamed centers, as has been proposed, risks eroding the depth of expertise and innovation that comes from targeted research efforts. Such restructuring would likely dilute the capacity of individual ICs to conduct focused, high-impact research tailored to their unique areas of expertise. For NIDCR, this could undermine its ability to drive advances in dental and craniofacial health, an area that remains critically underfunded and underrepresented in federal research compared to its significance in overall health.

While the ADA welcomes a robust discussion about the adequacy and integrity of the federal research apparatus, any reforms must be evidence-based and informed by scientific expertise. Structural changes of this magnitude must not be undertaken without a thorough, open, and transparent process that includes input from a diverse range of stakeholders. This includes current and former NIH staff, the broader research community, professional organizations like the ADA, and other key healthcare and scientific experts. Without such input, there is a significant risk of unintended consequences that could undermine public trust and the effectiveness of NIH's mission.

The ADA also welcomes opportunities to discuss responsible stewardship of federal research funds. Efforts to root out waste, fraud, and abuse are laudable, but must be driven by a deliberative process with involvement from research institutions with intimate knowledge of America's research infrastructure. Advancing cost-cutting measures in isolation, such as imposing arbitrarily determined caps on indirect costs, could cripple the research enterprise in U.S. and endanger America's global leadership in innovation.

In addition, the ADA emphasizes the need for continued and increased investment in NIDCR. Dental, oral, and craniofacial research is at the intersection of multiple critical public health issues, including chronic pain management, systemic disease prevention, and health disparities. Expanded funding would allow NIDCR to explore new frontiers in regenerative medicine, precision health approaches, and addressing gaps in care for underserved populations.

The ADA remains committed to working with NIH leadership, Congress, and the administration to ensure that any proposed changes enhance, rather than hinder, the ability of NIH and NIDCR to fulfill their missions. The ADA firmly believes that maintaining NIDCR's distinct identity and focus is essential for advancing oral health research and innovation, ultimately improving the health and well-being of all Americans.

Health Resources and Services Administration (HRSA)
The ADA champions the position of the Chief Dental Officer (CDO) within the HRSA Administrator's Office to keep oral health issues at the forefront of policy discussions and to coordinate all dental-related programs within HRSA. Addressing dental workforce shortages and promoting oral health equity are key priorities for the ADA. In collaboration with HRSA, the ADA supports loan repayment programs and scholarships that incentivize dental professionals to serve in rural and other underserved areas. Title VII oral health training grants and the National Health Service Corps have been instrumental in expanding the dental workforce, and the ADA continues to push for increased funding and resources to ensure these programs reach areas most in need.

Indian Health Service (IHS)
The ADA has strongly advocated for increased support for the IHS to enhance dental care for American Indian and Alaska Native communities. Serving over 2.5 million people, IHS faces critical challenges, including workforce shortages and outdated facilities.

The demand for dental care remains significant due to the high prevalence of dental disease among American Indian/Alaska Native communities. The ADA has called for greater funding for dental services, modernizing equipment, improving electronic health records and expanding the dental workforce. For instance, the American Dental Association has prioritized fully funding the Indian Health Professions account, which provides loan repayment, the Service's best recruitment tool, for providers who work in Indian Country. While there are over 1300 vacancies for health care professionals within the IHS including a dentist vacancy of 25 percent, the IHS is still unable to fund more than 450 loan repayment applications from health care professionals. It would take $18,000,000 to fund these loan repayment applications, yet the Administration requested only a $684,000 increase in its FY 2025 budget request. The ADA also requested significant increases in funding for medical diagnostic equipment, while supporting significant new funding to modernize IHS's electronic health record.

Additionally, the ADA supports expanding the IHS Loan Repayment Program, which provides financial incentives to attract dental professionals to underserved areas and has advocated for tax exemptions on these repayments to further boost recruitment. The IHS is currently paying more than $9 million in taxes for these programs. If the loan repayment and scholarship programs were made tax-free, it would enable the Service to fund 218 more

providers without increasing the Indian Health Professions account. This is in line with the National Health Service Corps and other federal loan repayment programs that all enjoy tax-free status. However, this must be authorized by Congress.

The ADA commends your recent decision to rescind the layoff orders for the IHS, ensuring the continuation of vital dental and healthcare services for American Indian and Alaska Native communities. This action averts potential disruptions in care and demonstrates a commitment to addressing the unique health challenges faced by these populations. The ADA looks forward to collaborating with HHS to further strengthen and expand dental health resources within IHS, aiming to reduce oral health disparities and improve overall health outcomes in tribal communities.

U.S. Public Health Service (USPHS)
The ADA has long collaborated with the U.S. Public Health Service (USPHS) to support and strengthen dental care initiatives, particularly in underserved communities. Through this collaboration, the ADA works on improving access to care, promoting community dental health programs, and addressing critical public health challenges, such as the promotion of community water fluoridation and oral health education. The ADA also collaborates with the USPHS to advocate for enhanced recruitment and retention of dental professionals in public health roles, ensuring that communities lacking access to oral health services are adequately served. This partnership is essential for improving oral health outcomes and reducing health disparities across the country. Additionally, the ADA supports elevating the rank of the Chief Dental Officer of the USPHS to a two-star admiral, establishing parity with their medical counterpart, ensuring that dental health is prioritized and has strong representation within its leadership.

Centers for Disease Control and Prevention (CDC)
Preventing oral diseases is a priority for the ADA, particularly through education and community-based interventions. Investments by the CDC Division of Oral Health have significantly reduced oral disease among rural and underserved populations, notably through expanded community water fluoridation, reducing tooth decay by 25 percent. The ADA aims to continue working with the CDC Division of Oral Health to enhance school-based cavity prevention programs, bolster oral disease surveillance systems at the national and state levels, support technical assistance for grantees, and expand the practice of community water fluoridation.

Substance Abuse and Mental Health Services Administration (SAMHSA)
The ADA is committed to preventing and treating alcohol and drug addiction and facilitating the lifelong journey of recovery for those who suffer. Toward that end, the ADA aims to continue working with SAMHSA to promote judicious prescribing of opioid pain medications; support for implementation of the Lorna Breen Act, expand the use of screenings, brief interventions, referrals for treatment (SBIRT); bolster recovery community support services; and overcome the stigma associated with addiction and recovery. This includes developing continuing education modules for controlled substance prescribers.

We applaud SAMHSA's continued support for the Providers Clinical Support System, which has helped the ADA offer free continuing education webinars on safe and effective opioid prescribing for dental pain. The ADA-produced webinars are free, convenient to access and

tailored to pain management in dentistry. Additionally, participants are eligible for one hour of continuing education credit for each webinar completed.

Food and Drug Administration (FDA)
The ADA works with the FDA to ensure regulations governing the use of dental devices and drugs—including dental amalgam, tooth aligners and whiteners, and fluoride-containing products—are based on the highest levels of peer-reviewed evidence that can withstand scientific scrutiny. The ADA also champions efforts to foster more judicious prescribing of opioid pain medications; educate the public about the oral health risks of excessive sugar consumption; and strictly regulate tobacco products.

We appreciate FDA's financial support to develop acute pain management guidelines for dentistry. The guidelines were developed jointly by the ADA Science and Research Institute (now the ADA Forsyth Institute), the University of Pittsburgh School of Dental Medicine, and the Center for Integrative Global Oral Health at the University of Pennsylvania School of Dental Medicine.

The ADA applauds the FDA's longstanding recognition and use of ANSI/ADA standards, which set standards for the safety and effectiveness of dental products. Additionally, AFI is developing the first-of-its-kind standards for Artificial Intelligence (AI) applications in dental marketplace and looks forward to working with the FDA to adopt these standards.

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As you begin your tenure as Secretary of Health and Human Services, the ADA is eager to serve as a trusted partner and resource for your team. Oral health is a cornerstone of overall health, and we stand ready to collaborate on policies and initiatives that will improve access to care, enhance public health, and support the dental workforce across the country.

To that end, we would appreciate the opportunity to meet with you and your leadership team to discuss how we can work together on these priorities. While this letter highlights key priorities for us, we recognize there will be further opportunities to engage on additional areas of mutual interest. We welcome the chance to work closely with your team to ensure that oral health remains a central part of the nation's healthcare agenda. Please feel free to reach out to our Senior Vice President of Government and Public Affairs, James Schulz, at schulzj@ada.org or 202-789-5167 to discuss these issues further and arrange a meeting.

Sincerely,

/s/

Brett Kessler, D.D.S.
President

/s/

Elizabeth Shapiro, D.D.S., J.D., C.A.E.
Interim Executive Director