

Re: Hearing to Consider the Nomination of Robert F. Kennedy, Jr., of California, to be Secretary of Health and Human Services on January 29, 2025

January 28, 2025

The Honorable Mike Crapo
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
221 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Crapo and Ranking Member Wyden,

As the leading authority on oral health in the United States, the American Dental Association (ADA), representing over 159,000 dentists, would like to highlight several key policy issues that we believe should be prioritized by the incoming Secretary of the Department of Health and Human Services (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.

Community Water Fluoridation

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. Recent studies making news headlines were conducted outside of the U.S. in areas with higher levels of naturally occurring fluoride in the water at levels more than double the U.S. recommendations. Even the National Toxicology Program (NTP) monograph acknowledged that studies of fluoride exposure at recommended U.S. levels have not reliably demonstrated effects on cognitive development and did not establish fluoride as affecting IQ. 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 studies 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, improving oral health outcomes, particularly for underserved communities and contributing to significant cost savings in dental treatment.

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.

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. This funding is also critical to the work of the ADA Forsyth Institute and the 74 dental schools nationwide, which rely on NIDCR support to advance science, foster innovation, and stabilize tuition costs for dental education. We urge continued and expanded funding for this critical institute to address oral health as part of systemic 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.

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 health equity research to address 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.

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 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.

Centers for Medicare & Medicaid Services (CMS)

Expanding Medicaid adult dental benefits is essential to improving access to care for vulnerable populations, reducing healthcare costs, and addressing health disparities. The ADA urges HHS to prioritize policies that integrate oral health into overall healthcare delivery. Additionally, the ADA has long championed the establishment of Chief Dental Officer roles within CMS to ensure oral health remains central to policymaking and program coordination. Standardizing dental coverage under Medicare Advantage plans and including adult dental benefits as an essential health benefit under the Affordable Care Act (ACA) are further steps to improve access.

Indian Health Service (IHS)

The ADA calls for increased funding and modernization of the IHS dental program to address workforce shortages and improve care for American Indian and Alaska Native communities. Expanding loan repayment programs and making them tax-exempt would enhance recruitment and retention efforts. Addressing facility upgrades and electronic health records would further improve care delivery.

Dental and Medical Interoperability

The ADA supports integrating dental records into federal interoperability standards to improve care coordination. We encourage HHS to prioritize incentives for dental health information technology adoption and update HIPAA-mandated transaction standards to reduce administrative burdens. Streamlining these processes would allow dental providers to focus more on patient care.

Public Health Service (USPHS) and Health Resources and Services Administration (HRSA)

The ADA collaborates with USPHS to promote recruitment and retention of dental professionals for underserved communities. We also support elevating the Chief Dental Officer position to a two-star admiral rank to provide parity with medical leadership. Additionally, partnerships with HRSA to address workforce shortages and promote oral health equity remain a top priority.

Opioid Crisis and Substance Abuse

The ADA works with HHS and the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote safe prescribing practices, including education on

opioid prescribing tailored to dentistry. Continuing education and resources for providers are essential to balancing pain management with preventing misuse.

Food and Drug Administration (FDA)

The ADA partners with the FDA to ensure the safety and efficacy of dental devices and drugs, while advancing public education on topics like sugar consumption and tobacco cessation. The ADA Forsyth Institute is developing first-of-its-kind standards for artificial intelligence (AI) applications in the dental marketplace, which often serve as the foundation for FDA adoption, and we look forward to collaborating with the FDA on adopting these standards.

The ADA looks forward to collaborating with the incoming Secretary and HHS leadership to advance these priorities and improve oral health for all Americans. We are confident that together we can promote evidence-based policymaking and address the critical oral health challenges facing our nation.

Sincerely,

/s/

Brett Kessler, D.D.S.
President

/s/

Raymond A. Cohlma, D.D.S.
Executive Director