

April 30, 2026

The Honorable Robert Aderholt
Chair
Subcommittee on Labor-HHS-Education
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Shelley Moore Capito
Chair
Subcommittee on Labor-HHS-Education
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor-HHS-Education
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Labor-HHS-Education
Committee on Appropriations
U.S. Senate
Washington, DC 20510

Dear Chairs Capito and Aderholt and Ranking Members Baldwin and DeLauro:

On behalf of the undersigned dental organizations, we write to urge you to continue to support oral health infrastructure across the U.S. Department of Health and Human Services (HHS) including critical investments in oral health workforce, research, and prevention.

Oral health is the foundation to overall body health; there are strong connections between oral disease and other systemic health conditions such as cardiovascular disease, diabetes, and pregnancy and birth complications. Oral health is a critical component of overall health and is foundational to individual well-being and the strength of our economy, which benefits from the \$478 billion annual economic impact of oral health.

The President's budget proposal includes cuts to the HHS oral health infrastructure that would put the health of Americans at risk and harm preventative health efforts. Cuts to the federal agencies and programs that advance oral health would weaken prevention, research, and access-to-care efforts that are important to improving health outcomes nationwide.

The following programs must be preserved and supported at no less than current funding and staffing levels to continue making progress in addressing chronic oral disease across the U.S.

National Institutes of Health (NIH)

The National Institute of Dental and Craniofacial Research (NIDCR), as the third oldest institute within NIH, plays a central role in advancing fundamental and translational research that improves oral health and further uncovers its connection to systemic health. As the world's largest institution dedicated exclusively to dental, oral, and craniofacial research, NIDCR supports science that

generates critical insights into pain biology and management, temporomandibular disorders (TMD), tissue engineering and regenerative medicine, and the development of new diagnostic approaches. Preserving investments in NIH and NIDCR is critical to driving innovation, reducing long-term health care costs, and improving health outcomes. It is equally critical that Congress reject attempts to impose arbitrarily determined caps on “indirect” research costs and mandates that require NIH to forward fund all research grants, policies that would result in thousands of fewer grants being awarded and promising research proposals unable to be funded severely diminishing the United States’ global scientific leadership.

Centers for Disease Control and Prevention Division of Oral Health

The Division of Oral Health (DOH), located within the Centers for Disease Control and Prevention’s (CDC) National Center for Chronic Disease Prevention and Health Promotion, supports states and territories in reducing cavities and oral disease rates among vulnerable populations. Oral diseases, which range from cavities to gum diseases to oral cancers, progress and become more complex over time, affecting people at every stage of life, and creating a significant personal and financial burden on individuals and healthcare systems. Studies have shown that about 34 million school hours and 92 million work hours are lost yearly due to unplanned or emergency care, and nearly \$46 billion is lost yearly due to untreated oral disease.¹ The DOH supports states and territorial health programs, oral disease surveillance, school-based preventive care, medical-dental integration, infection prevention and control guidelines for dental settings and workforce training in public health. Its investment in oral health infrastructure has helped to reduce disease incidence, notably through efforts such as expanding safe levels of community water fluoridation, which reduces tooth decay by at least 25% in children and adults.²

Health Resources and Services Administration

The Health Resources and Services Administration (HRSA) Title VII General Practice and Pediatric dental programs are essential to expanding and distributing the dental workforce, particularly in underserved and remote geographic areas. In the 2022-2023 academic year alone, these programs supported over 5,500 dental students and professionals, delivering care to over 1 million patients. Continued support is critical to maintaining and growing this impact. The future of our nation’s health care workforce also depends on a robust faculty to guide them. The Dental Faculty Loan Repayment Program is key to addressing the dental faculty shortage in the U.S. by helping academic institutions recruit and retain qualified faculty. Through Title VII, this program ensures new dentists are trained to meet the evolving needs of the nation.

Centers for Medicare and Medicaid Services

Oral health coverage and payment policy within Medicare, Medicaid, CHIP, and the Marketplace have a direct effect on access to care for millions of children, older adults, people with disabilities,

¹ DC Division of Oral Health: [About the Division of Oral Health | National Center for Chronic Disease Prevention and Health Promotion \(NCCDPHP\) | CDC](#)

² Ibid.

and low-income families. The Centers for Medicare and Medicaid Services (CMS) also plays an important role in advancing quality measurement, program integrity, administrative simplification, and medical-dental integration across federal health programs. For these reasons, CMS should maintain strong, senior-level oral health leadership and expertise.

We urge the Committee to encourage CMS to maintain a clearly identifiable Chief Dental Officer with appropriate clinical expertise, agency-wide visibility, and sufficient authority to advise CMS leadership on oral health matters across centers and offices. This role should be supported by adequate staff capacity and cross-center coordination mechanisms so that oral health perspectives are systematically incorporated into rulemaking, guidance, demonstrations, oversight activities, quality measurement, health information technology, and stakeholder engagement.

Thank you for your consideration of these recommendations. If you have any questions, please contact Jennifer Fisher at Fisherj@ada.org.

Sincerely,

American Academy of Pediatric Dentistry
American Dental Association
Academy of General Dentistry
American Academy of Oral and Maxillofacial Pathology
American Academy of Periodontology
American Association for Dental, Oral, and Craniofacial Research
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Public Health Dentistry
American Dental Education Association
American Society of Dentist Anesthesiologists
American Student Dental Association
ASTDD Foundation, Inc.
National Network for Oral Health Access
Society of American Indian Dentists