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May 13, 2025 *Delivered electronically*

Statement for the Record Submitted by the American Academy of Pediatric Dentistry (AAPD) before the Senate Health, Education, Labor, and Pensions Committee hearing, titled "Hearing on the Fiscal Year 2026 Department of Health and Human Services Budget."

The American Academy of Pediatric Dentistry (AAPD) appreciates the opportunity to submit this statement for the record for the Senate Health, Education, Labor, and Pensions Committee's May 14, 2025, "**Hearing on the Fiscal Year 2026 Department of Health and Human Services Budget**." The AAPD was founded in 1947 and is the leading national advocate dedicated exclusively to children's oral health, representing nearly 12,000 pediatric dentists across the U.S. Pediatric dentists provide care to millions of our nation's infants, children, adolescents, and persons with special health care needs, and are the primary contributors to professional education programs and publications on pediatric oral health.

The AAPD opposes the White House budgetary and programmatic changes currently underway and additional budgetary changes anticipated, following staff firings, reductions in force (RIF), and office closures at the Department of Health and Human Services (HHS). We call on the HELP Committee, Congress and the Administration to change course and take the following actions to immediately ensure access to oral health services for all of America's children:

- Support HRSA Title VII Pediatric Dental/Primary Care Dental Workforce and Faculty Development Programs
- Support Necessary Oral Health Public Health Measures – Access to Safe Levels of Fluoride and Healthy Nutrition
- Maintain Dental Programs and Chief Dental Officers Within Federal Health Agencies

Support Title VII – Protecting and Expanding the Dental Workforce

Pediatric dentists are the backbone of the pediatric oral health care delivery system, helping to ensure all children have access to high quality comprehensive dental services. Access to dentists is especially critical for underserved populations that face health disparities.

Title VII, section 748 of the Public Health Service Act (PHSA) is up for re-authorization in 2025 and supports pediatric dentistry health care workforce education and training through grants and contractual agreements with institutions to support predoctoral (dental school) education and post-doctoral residency programs and a Dental Faculty Loan Repayment Program (DFLRP), among other efforts. A dentist trainee learns advanced diagnostic and surgical procedures along with unique care techniques and skills for working with children, such as child psychology and behavior guidance; child development; and caring for patients with disabilities. Since children's oral health is an important part of overall health, pediatric dentists often work with pediatricians, other physicians, and dental specialists. The Title VII program is an essential resource in meeting the unmet oral health needs for many families and addressing the national

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shortage of pediatric dentists. The program serves to build a diverse, culturally competent health professions pipeline and a workforce that meets the needs of individuals in both rural and urban underserved communities. As we face nationwide shortages in the health professions, investment through Title VII programs in the dental workforces creates a robust network of providers who are trained to serve some of the most vulnerable patients in our country. Title VII provides pediatric dentistry training programs, supporting more dental and dental hygiene students to enter the field prepared to serve and support the unique needs of children in underserved communities throughout the country. In addition to directly supporting dental residency training and placement of dentists in underserved communities, the program also supports a dental faculty loan repayment program, incentivizing dental professionals to train future practitioners who are able to then meet the needs of underserved communities. The program may support loan repayment contracts over five years to recruit and retain faculty. Full-time faculty members are eligible for repayment of 10, 15, 20, 25 and 30 percent of their student loan balance (principal and interest) for each year of service while they provide dental care in an underserved community.

Recent reports indicate that 69 percent of graduates treat medically underserved communities, with an additional 20 percent contributing to primary care settings, such as Federally Qualified Health Centers, following completion of the oral health training program.

We urge the Committee to support the Title VII program's re-authorization in 2025, recognizing that the program is making a significant impact in the recruitment of dentists to serve underserved communities as well as developing new and needed pediatric and general practice dental faculty.

Support Necessary Oral Health Public Health Measures

Safe Community Water Fluoridation and Fluoridation Prescriptions and Products

Community water fluoridation has been lauded as one of the top 10 greatest public health achievements of the 20th century. The AAPD is alarmed by how it has recently become politicized and gravely misrepresented. Rhetoric and direct efforts at the federal level to cease the fluoridation of water supplies and availability of prescribed fluoride supplements – stripping that authority from local and state jurisdictions and physician and dentist prescribers – is wrong. **Just this week, on May 13, the FDA issued notice that it will pull fluoride supplements from the market effective October 2025, taking away a measure that dentists and physicians have long been able to use to help prevent dental caries.**[1] HHS Secretary Robert Kennedy, Jr has also stated that he plans to tell public health officials at the Centers for Disease Control and Prevention (CDC) to stop recommending the fluoridation of community drinking water as part of the Make America Healthy Again (MAHA) agenda. The AAPD emphasizes that doing this will mean the Administration will fail the American public as it relates to their oral health and significantly undercut its effort to address chronic disease by neglecting oral disease as the number one chronic disease in America. The connection between oral health and overall health and well-being, given oral disease's systemic connection to conditions like diabetes and cardiovascular disease, is well established and cannot be forgotten. We very much respect and appreciate Chairman Cassidy's recent expression of

[1] Food and Drug Administration (FDA). May 13, 2025. FDA Begins Action To Remove Ingestible Fluoride Prescription Drug Products for Children from the Market | FDA.

support for recommendations made by organized dentistry that fluoride remains an important preventive measure against cavities.

The AAPD is extremely concerned about the misinformation being spread to the people of the United States and the consequences of the cessation of water fluoridation and safely prescribed fluoride supplements. Much of the recent discourse from the Trump administration is based on incomplete information and a false interpretation of studies that contain inaccurate information or significantly limited information, undermining their usefulness and accuracy.

The U.S. experienced massive reductions in the prevalence of tooth decay in the years that followed its introduction in the 1950s and 1960s. Most people in the U.S. today have never seen nor personally experienced the severity of tooth decay that exists without fluoride. With an abrupt departure from water fluoridation and other fluoride access, our nation would undoubtedly experience a rapidly rising incidence of decay.

It is important that the Committee understand that the U.S. does not have the capacity in the oral health workforce to support the emergency, surgical, and restorative dental needs that would result from skyrocketing dental decay. There would be increased pain and suffering and more missed school and work.

In its almost century long use, water fluoridation and the use of fluoride supplements has been studied widely and the benefits and safety validated. Community water fluoridation and prescribed fluoride supplements remain the only ways to ensure that all people – especially those who are at greatest risk for dental disease and who have the fewest resources to maintain their oral health – can reap its cavity-preventing benefits. Dental teams, physicians, other health care professionals, and public health officials work together with patients and families to identify the various sources of fluoride being consumed or used and determine if they are sufficient for preventing cavities while not leading to issues like fluorosis. The AAPD remains committed to fluoride in water and the safe prescribing of fluoride supplements as a way to reach those most in need and to protect our nation's children, and we support continued research that can inform and update its optimal level over time.

As a nation, we have so much more work to do to ensure all people can get the dental care they need and achieve optimal oral health. Community water fluoridation and the safe prescribing of fluoride supplements have been proven safe, effective, equitable ways of helping us work toward that goal in the United States.

The AAPD urges the Committee to encourage and support continued program efforts at the CDC to support states and local communities with accurate data and information concerning safe community water fluoridation. We likewise urge the Committee to request that the FDA halt any effort to pull agency-approved safe supplements from the market this year.

Child Nutrition

We have an epidemic of dental disease among our nation's youngest children. Poor diet and low overall health literacy affect these disparities. Dentists observe children with diets high in sugar and refined carbohydrates that – without the benefit of early preventive care – contribute to early childhood caries.

Improving access to nutritious foods and reducing the consumption of sugary beverages is critical for children most at risk for dental decay, particularly those from low-income households. Diets high in sugar and low in essential nutrients like calcium, phosphorus, and vitamin D contribute significantly to the development of cavities and other oral health problems, creating a vicious cycle where malnutrition and dental disease reinforce each other. Research shows that undernourished children from low-income families have a higher risk of dental caries, especially when their diets are also high in sugar.

Innovative efforts that leverage HHS programs like Head Start and Women Infants and Children (WIC), collaborate with the National School Lunch Program (NSLP) and the Supplemental Nutrition Assistance Program (SNAP) to promote healthier food choices, and improve oral health literacy among families, can help break this cycle. School-based and community programs that engage parents, educators, and health professionals have proven effective in increasing children's knowledge about oral health, boosting healthy habits, and improving access to preventive care.

By integrating nutrition education and oral health promotion into HHS programs like Head Start and WIC and in collaboration with other food nutrition programs run through the U.S. Department of Agriculture like SNAP and NSLP, we can address both the root causes and consequences of poor oral health in vulnerable populations. The AAPD encourages efforts to support funding for each of these programs and support to establish innovative programming to improve oral health awareness and access to more nutritious options that improve oral health and well-being.

Maintain Dental Programs and Officers Within Federal Health Agencies

Centers for Disease Control and Prevention (CDC) – Division of Oral Health

For decades, the CDC Division of Oral Health administered critically important federal dental public health programs and activities that successfully prevent cavities, gum disease, and other serious oral health conditions. The Division provided vital support for state and territorial health departments to monitor oral disease across populations and implement evidence-based oral health interventions. The CDC Division has been responsible for supporting state health departments to develop, maintain, and support oral health programs benefitting low-income children. The Division of Oral Health has developed infection control guidelines to protect dental patients and funded specialty training for dental public health professionals and supported public education campaigns to encourage good oral hygiene. Additionally, the Division has supported public health data systems to support the use of preventive oral health services. This data is used to measure the nation's progress in advancing the public's oral health.

The AAPD urges the Committee to reauthorize and staff the CDC Oral Health program. The program is essential in the effort to prevent cavities, gum disease, and other painful and serious conditions by supporting dental education, data collection, school-based sealant care for low-income children, workforce development, and research into gaps in patient care.

Centers for Medicare and Medicaid Services

Recognizing that dental health is vital to overall health, in 2003, CMS appointed its first-ever Chief Dental Officer (CDO) to work across CMS centers and offices, a position re-established in

the CMS Office of the Administrator in 2021. Today the CDO supports the agency in advancing its oral health programs and policies through all of the health care marketplaces the agency oversees. There has been a tremendous effort undertaken by CMS to address oral health coverage and access during the CDO's tenure. CMS has worked to ensure medically necessary dental coverage is covered under Medicare and has taken strong steps toward improving access to dental surgeries for Medicare and Medicaid-eligible patients in an effort to reduce ER visits for dental health concerns, lower health care spending, and improve health and well-being.

The role is likewise essential for supporting the CMS Administrator and broader agency leadership in understanding how programmatic and policy changes impact U.S. dental businesses and oral health care delivery for beneficiaries under Medicare, Medicaid, CHIP and in the exchange marketplace. The CDO serves as a key bridge between medical and dental care for CMS leadership and states, enhancing coordination across CMS programs. This coordination and insight will be essential in support of the MAHA Initiative.

The AAPD requests that the Chief Dental Officer continue to work with the CMS Administrator and leadership throughout the agency to support oral health programs within Medicare, Medicaid, CHIP and the state exchange marketplace.

Health Resources and Services Administration

As referenced earlier, HRSA has been responsible for managing the Title VII dental workforce and faculty loan repayment programs up for reauthorization in 2025. To support these programs and many others that strengthen the oral health workforce throughout the agency, HRSA has had a Chief Dental Officer (CDO) within the Administrator's Office. The Trump Administration eliminated this position this year without explanation, leaving an immense voice in the coordination of all dental-related programs within the agency.

The AAPD emphasizes that dental loan repayment programs and scholarships that incentivize dental professionals to serve in rural and other underserved areas are critically important to building the dental workforce pipeline throughout the U.S. It is essential that these programs are maintained, grown, and have the support of a Chief Dental Officer to coordinate and manage the programs.

National Institutes of Health – National Institute of Dental and Craniofacial Research (NIDCR)

The AAPD strongly supports the work of the National Institute of Dental and Craniofacial Research (NIDCR) and urges Committee efforts to support NIDCR as a separate and unique institute within NIH. 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, addressing 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 and overall health for millions of Americans and contributed to broader systemic health outcomes.

The AAPD asks that the Committee support NIDCR as a separate and independent institute within NIH and not risk the loss of dedicated funding for oral health and

craniofacial research or the loss of expertise and research innovation that comes from targeted oral health research efforts.

Conclusion

The AAPD looks forward to working with the Committee to advance and address these critically important programs, issues and challenges. From working to ensure that every child in America – no matter where they live or their circumstances – has a dental home, to strengthening our dentist and dental team workforce, to reauthorizing oral health programs and strengthening oral health positions and resources that are critical to our oral health programmatic infrastructure, we stand ready to work with the Committee. For questions or further discussion, please contact AAPD's government relations representative, Julie Allen at Julie.Allen@PowersLaw.com or 202- 494-4115.