

2025 AADOCR/ADEA/FNIDCR Advocacy Day

Congressional Visit Talking Points

**This document is intended to serve as a guide for your congressional visits. You are not expected to recite all of these talking points. Instead, we encourage you to use the examples as prompts to make the case for increased federal funding for dental, oral, and craniofacial research and incorporate your own first-hand experiences.*

INTRODUCTION

- Thank you for taking the time to talk with us today.
- My name is [REDACTED] and I'm representing the [choose one] [American Association for Dental, Oral, and Craniofacial Research] OR [American Dental Education Association] OR [Friends of National Institute of Dental and Craniofacial Research (NIDCR)].
- I live in [CITY/STATE], and [if applicable], I am a constituent of [LEGISLATOR NAME].
- I am a [PROFESSION] at [INSTITUTION], where I [brief description of your research/studies].

FY 2026 APPROPRIATIONS (Also see Oral Health Community Letter)

- We are grateful to Congress for its longstanding bipartisan support and investment in federal research, which has fueled America's global leadership in science and biomedical innovation.
- We hope Congress will return to regular order this year and **pass a full-year government spending bill for Fiscal Year (FY) 2026 and avoid more continuing resolutions (CRs).**
- For FY 2026, we ask that your boss support adequate resources for oral health research and training programs, and the entire federal research and science enterprise.
- Specifically, we are asking for at least **\$51.3 billion for NIH; \$520.2 million for NIDCR; \$43.7 million for HRSA's Title VII Oral Health Training & Workforce Programs; and \$20.2 million for CDC's Division of Oral Health.**

NIH

- Our federal investment in NIH supports more than 300,000 researchers in labs across the country so they can continue conducting research on the most promising strategies to promote patient well-being and overcome existing and emerging health threats. It also ensures that America remains a world leader in medical research.
- In addition to the health benefits to patients that medical research promotes, investment in NIH has a multiplier effect on local economies. According to a new report by United for Medical Research, every \$1 spent by NIH in research funding generates \$2.56 of economic activity.
- Imposing arbitrarily determined caps on NIH facilities and administrative (indirect) costs threatens scientific progress. These costs encompass essential expenditures including the upkeep of laboratories, management of data security, administrative support that facilitates operational efficiency, adherence to safety regulations, and many other necessary costs.
- We strongly oppose efforts to consolidate NIH Institutes and Centers (ICs). Each IC conducts targeted, focused research in its own area of expertise. They provide specialized training programs for the next generation of researchers and ensure there is a robust research community investigating how to advance health in every area of the body.

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NIDCR (Also see NIDCR talking points document)

- NIDCR is the largest oral health research organization in the world; providing the scientific knowledge and evidence base for clinical decision-making by 200,000 U.S. dental practitioners.
- NIDCR advances fundamental knowledge about dental, oral, and craniofacial health and disease, and translates those findings into prevention, early detection, and treatment strategies that improve the overall health of all Americans.
- NIDCR addresses numerous public health challenges including dental caries, periodontal disease, craniofacial birth defects, and related public health issues, such as orofacial pain and opioid use, temporomandibular disorders (TMDs), oral cancers, and health disparities.
- [Share your personal story; how NIDCR has helped advance your career or field of study]

HRSA ORAL HEALTH TRAINING PROGRAMS (Also see HRSA talking points document)

- HRSA's Oral Health Training and Workforce Programs increase the number of dentists and dental hygienists in the workforce by providing training to students and residents in general, pediatric, public health dentistry and dental hygiene.
- The programs play a key role in delivering primary oral health care services, particularly in rural and other underserved communities where there are severe dental provider supply shortages. There are now more than 7,000 dental HPSAs (Health Professional Shortage Areas) in the U.S. covering 60 million people. More than 10,100 additional oral health practitioners are needed to meet this need.
- HRSA provides grants for pre-doctoral education for dental and hygiene students and post-doctoral training programs for dentists. Its Dental Faculty Loan Repayment Program helps attract and retain dental faculty through loan repayment and continuing education opportunities.

BACKGROUND: CDC DIVISION OF ORAL HEALTH

- CDC's Division of Oral Health (DOH) supports state health departments to help reduce cavities and oral disease among vulnerable populations. It invests in oral health promotion interventions like school-based dental sealants and water fluoridation programs and has developed infection prevention and control guidelines for dental settings.
- The DOH has helped reduce health disparities through evidence-based community preventive interventions that also provide access to clinical preventive services. CDC's investment in state health agencies helps reduce the incidence of oral disease in underserved communities.
- The DOH only has the resources to fund oral disease prevention programs in 20 states, leaving 30 states without the resources needed to meet the oral health needs of the population.

RESIDENT EDUCATION DEFERRED INTEREST ACT

- Finally, we request that your boss co-sponsor the *Resident Education Deferred Interest Act*, introduced in the House (H.R. 2028) by Reps. Brian Babin, DDS (R-TX) and Chrissy Houlahan (D-PA), and in the Senate (S. 942) by Senators Jacky Rosen (D-NV) and John Boozman (R-AR).

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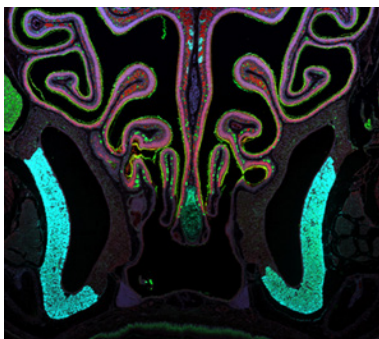
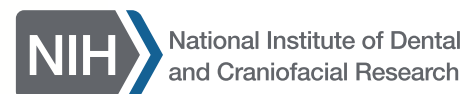
Congressional Visit Talking Points

- The “REDI Act” would allow borrowers to qualify for interest-free deferment on their federal student loans while they are in a medical or dental residency program (when they are *least* able to afford payments on the principal of their loan).
- This bipartisan legislation does not provide any loan forgiveness or reduce a borrower’s original loan balance. It simply helps alleviate the loan debt burden medical and dental residents face.
- The bill will save residents tens of thousands of dollars in interest on their loans, address dental workforce shortages, and encourage more dentists to open practices in underserved areas.

CONCLUSION

- Thank you again for taking the time to meet with us today. AADOCR and ADEA staff will be following up with your office on these important issues.

Fiscal Year 2023 HIGHLIGHTS Across the Institute



About Us

At the National Institute of Dental and Craniofacial Research (NIDCR), our mission is to advance fundamental knowledge about dental, oral, and craniofacial health and disease and translate these findings into prevention, early detection, and treatment strategies that improve overall health for all individuals and communities across the lifespan.

How We Accomplish Our Mission

NIDCR **supports scientists at all stages of their careers**, from pre-college students to independent researchers, and **funds cutting-edge basic, translational, and clinical research** to **create the scientific foundation** for oral health policy and practice. NIDCR **shares research findings** and **health information** with the public, health care professionals, researchers, and policy makers to promote oral health for all.

Leading the Way to Improve Oral Health

The **NIDCR Strategic Plan 2021-2026** charts a course for supporting science that advances oral health for all.

The **Oral Health in America: Advances and Challenges** report is a far-reaching examination of the nation's oral health, including calls to action for addressing persistent oral health challenges.



NIDCR Recent Accomplishments

- Partnered with the **Helping to End Addiction Long-term® (HEAL) Initiative** to speed up scientific solutions for oral complications arising from pharmacotherapies used to treat opioid use disorders.
- Piloted projects and enrolled study participants in the **Sjögren's Team for Accelerating Medicines Partnership (STAMP)** through the Accelerating Medicines Partnership® Autoimmune and Immune-Mediated Diseases (AMP® AIM) Program. The goal is to understand the biology of Sjögren's disease, an autoimmune disorder, to identify new biomarkers and therapeutic targets.
- Released over 1,000 data sets through a collaborative world-wide project, **FaceBase**, a hub for data-intensive research on face and skull development. The recently renewed FaceBase program will expand community outreach, training, and educational resources.

FACTS ABOUT NIDCR

- Largest funder of oral health research in the world, with an annual budget of more than **\$520 million**
- Funds approximately 785 grants, 350 trainees, and 220 organizations
- Provides 63% of NIH's funding to dental schools in the United States
- Supports 82% of NIH awardees who have dental or oral health-related degrees
- Awards 44% of its extramural budget to dental schools
- Funds research that provides the evidence base for clinical decision-making by over 200,000 dental professionals in the United States

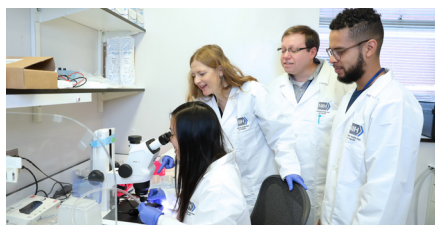
Supporting the Next Generation of Oral Health Researchers

NIDCR invested over **\$27 million** to support **research training and career development programs** spanning the career stages of scientists to help build a vibrant community of researchers.



Mentoring and Career Development Opportunities

NIDCR Dual Degree Dentist Scientist Predoctoral to Postdoctoral Transition Award provides support and mentorship to dual degree graduates transitioning from predoctoral student to postdoctoral scholar.



Research Across the United States

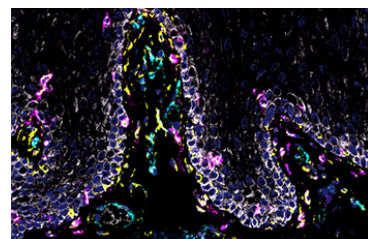
NIDCR invested over **\$412 million** to support biomedical research at universities, dental schools, medical schools, and small businesses, primarily in the United States. Examples of current and future initiatives include:

- **Advancing Oral Health Across the Lifespan: A Workshop**, a National Academies of Sciences, Engineering, and Medicine (NASEM) workgroup co-sponsored by NIDCR, explores innovative practices and models for advancing oral health in the United States across the lifespan.
- **Advancing Precision Imaging for Enhanced Diagnosis and Treatment of Oral Lesions** aims to enhance accuracy, detection, diagnosis, and personalized treatment of oral lesions.
- **Collaborative Science to Achieve Disruptive Innovations in Dental, Oral and Craniofacial Research** supports transdisciplinary research teams that address questions with the potential to advance dental, oral, and craniofacial research.
- **NIDCR Award for Sustaining Outstanding Achievement in Research (SOAR)** provides long-term support for outstanding mid-career investigators to conduct innovative research with potential for improving dental, oral, and craniofacial health.
- **Developing Salivary Components as Therapeutics for Oral Health** encourages interdisciplinary research that harnesses the functional components of saliva towards therapeutics to restore the health of the oral cavity.

Research on the NIH Campus

NIDCR invested over **\$75 million** to support basic, translational, and clinical intramural research and training on the NIH campus, which includes the state-of-the-art NIH Clinical Center Dental Clinic that serves NIH's unique patient populations. Some examples include:

- The **Dental Clinic Research Core** supports research to develop diagnostics and treatments for dental, oral, and craniofacial diseases, including salivary gland disorders and craniofacial anomalies.
- **Periodontal Disease Research** explores the underlying mechanisms that trigger gum disease. One recent study uncovered that gum cells detect changes in mouth microbiome composition that may trigger inflammation and gum disease.



WHY AMERICA NEEDS A STRONG INDEPENDENT NIDCR



On June 14, 2024, House Energy & Commerce Committee Chair Cathy McMorris Rodgers released a [Framework for Discussion to Reform the National Institutes of Health](#) (NIH).

The proposal includes structural reforms that would consolidate the NIH's 27 Institutes and Centers (ICs) into 15 newly renamed entities, including eliminating the National Institute of Dental and Craniofacial Research (NIDCR) and consolidating its operations under a newly created "National Institute of Neuroscience and Brain Research".

AADOCR opposes the proposed consolidation for the following reasons:

The Critical Role of NIDCR

- *Established to Address a National Health Crisis:* NIDCR was signed into law by President Harry S. Truman in 1948 (originally named the National Institute of Dental Research), in response to an epidemic of tooth decay in the United States that adversely affected the oral health, overall health, and military readiness of the Nation. It was a matter of national security, and its mission remains critical today.
- *Continuing Health Burden:* While progress has been made since 1948, today oral diseases and conditions continue to place an undue health burden on the American people, particularly vulnerable populations. As noted in a recent *New England Journal of Medicine* perspective by D'Souza, Collins and Murthy:
 - 47% of U.S. adults 30 years of age or older have periodontal disease.
 - Oropharyngeal cancer associated with human papillomavirus (HPV) has become more prevalent than HPV-associated cervical cancer, with men more than five times as likely to be affected as women.
 - Nine out of 10 adults 20 to 64 years of age have had dental caries, a figure that hasn't meaningfully changed during the past 20 years.
 - Caries in permanent teeth still rank among the most common childhood diseases.
 - Untreated carious lesions cause pain and infections in bone and soft tissues.
- *Economic Impact:* The latest CMS health expenditures data shows Americans spent \$174 Billion on dental care in 2023, with a much higher percentage of that coming directly out of pocket compared to the rest of health care.
- *A Singular Mission:* NIDCR is the Nation's primary dental, oral, and craniofacial (DOC) biomedical and behavioral research and research training organization, advancing fundamental knowledge about dental, oral, and craniofacial health and disease, disease prevention, early detection, and treatment strategies – benefitting individuals and communities across the lifespan.

Why Elimination is a Step Backward

- *Erosion of Expertise:* Institutes dedicated to specific organs, body functions, and diseases help foster a research community focused in that area. They provide specialized training programs for the next generation of researchers, build expertise, offer mentorship opportunities from experts in the field, and ensure that there is a robust research community investigating how to advance health in every area of the body. Eliminating ICs that have decades of knowledge and specific research agendas will result in a loss of prioritization, hinder scientific advancement and lead to adverse health outcomes.

- *Implications for the Dental Profession:* NIDCR is one of just two institutes that specifically supports a profession, the other being the National Institute of Nursing Research. A strong independent NIDCR is vital to the oral health of the American people and to America's dental schools. Research and scholarly activity are the foundation of the dental profession.
- *Impact on Public Health Leadership:* Eliminating an independent NIDCR and attempting to consolidate its scientific aims under a broader neuroscience and brain research context will dilute its original focus and undermine its entire mission. Further, eliminating an independent NIDCR would threaten the United States' position as the world's leader in dental, oral, and craniofacial health research.
- *Unique Complexity of Oral Health:* As an entry to the body, the oral cavity and microbiome represents a distinct and complex ecosystem with unique functions and challenges. Having a dedicated institute centered on this region is essential to ensure research into areas such as tooth development, gum disease, orofacial pain, and craniofacial birth defects.
- *Loss of Targeted Funding:* Eliminating NIDCR and attempting to consolidate its unique Mission under a broader focused institute would also remove a dedicated funding structure for DOC research. Consolidation risks a reduction in funding and prioritization, jeopardizing progress made over decades.

Oral diseases and conditions place an undue health and economic burden on the American people. NIDCR is the nation's primary and only dental, oral, and craniofacial biomedical and behavioral research and research training organization dedicated to reducing and eliminating these burdens. Progress is being made, but eliminating an independent NIDCR will significantly dampen if not stop this progress all together. The American people deserve better.

As recently stated in a 2024 U.S. Senate Resolution commemorating the 75th anniversary of the NIDCR, "The United States Senate declares that the National Institute of Dental and Craniofacial Research is a vital, venerable, and essential component of the National Institutes of Health and America's overall public health and science strategy".

FY 2026 Funding Request for the Health Resources and Services Administration's Title VII Oral Health Training and Workforce Programs

Appropriations Request	Amount
FY 2025 Final Appropriations	\$42,673,000
FY 2026 ADEA Appropriations Request	\$43,673,000

The demand for dentists is projected to grow 5% from 2023 to 2033;¹ for dental hygienists, the demand is projected to grow 9% during the same period.² Even if the number of oral health providers grows, significant unmet need for oral health care persists.

The Oral Health Training and Workforce Programs, administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), are helping to close the dental access gap. These programs increase access to oral health services by increasing the number of oral health care providers, with a special focus on expanding the oral healthcare workforce in underserved and rural areas. Over 59 million people live in the 7,067 designated Dental Health Professional Shortage Areas (HPSAs) nationally.³ The following examples show how HRSA is helping to improve the nation's oral health.

Offering loan repayment to encourage professional service in high-need areas. HRSA's National Health Service Corps (NHSC) program offers loan repayments and scholarships to health professionals, including dentists and dental hygienists who practice in a dental HPSA. In FY24, 873 dentists and 357 registered dental hygienists were in the NHSC Loan Repayment Program, and 263 dental students were awarded NHSC dentist scholarships.⁴

Attracting and retaining dental and allied dental faculty. The Dental Faculty Loan Repayment Program increases the number of dental and dental hygiene faculty in the workforce by aiding dental and dental hygiene education and training programs' efforts to attract and retain dental and dental hygiene faculty through loan repayment. HRSA conducted a six-year evaluation of the Dental Faculty Loan Repayment Programs and found that, between academic years 2016 and 2022, awardees provided \$12.2 million in loan repayments, which relieved an average of 43% of student loan debt for oral health professionals. In exchange for this assistance, 148 dentists and dental hygienists provided 424 years of clinical care and didactic service as full-time dental faculty.⁵

Supporting and encouraging the oral health profession. HRSA provides scholarships and loans to disadvantaged students. HRSA is also cultivating the dental pipeline through programs like the Health Careers Opportunity Program, which provides students from disadvantaged backgrounds opportunities to develop the skills needed to enter the health professions.

¹ Bureau of Labor Statistics. Occupational Outlook Handbook. Healthcare, Dentists. Revised Aug. 29, 2024. Accessed March 19, 2025. At: <https://www.bls.gov/ooh/healthcare/dentists.htm#tab-6>

² Bureau of Labor Statistics. Occupational Outlook Handbook. Healthcare, Dental Hygienists. Revised Aug. 29, 2024. Accessed March 19, 2025. At: <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm#tab-6>

³ Kaiser Family Foundation. Dental Health Professional Shortage Areas (HPSAs). Timeframe: Dec. 31, 2024. Accessed March 19, 2025. At: <https://www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁴ Health Resources and Services Administration. Bureau of Health Workforce field Strength and Students and Trainees Dashboards, Student and Trainee Dashboard. Dentists and Registered Dental Hygienists. Revised Sept. 30, 2024. Accessed March 19, 2025. At: <https://data.hrsa.gov/topics/health-workforce/field-strength>

⁵ HRSA Dental Faculty Loan Repayment Program Evaluation. 2023. Accessed March 19, 2025. At: <https://efaidnbmnnnibpcjpcglclefindmkaj/https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/dental-faculty-lrp-outcomes.pdf>

Dental Residents' Student Loan Debt Burden

The REDI Act (S. 942/H.R. 2028)

The *Resident Education Deferred Interest (REDI) Act* is bipartisan legislation introduced by Senators Jacky Rosen (D-NV) and John Boozman (R-AR) and Representatives Brian Babin (R-TX) and Chrissy Houlahan (D-PA). The bill provides a reasonable way to alleviate the unprecedented student loan debt burden faced by dental and medical residents and will help ensure a financially sustainable future for our healthcare workforce.

What the REDI Act does:

- Ensures that medical and dental residents qualify for an interest-free deferment on their federal student loans until after their residency is completed.
- Suspends both payments and interest accrual during the deferment period, preventing additional debt accumulation.

Why legislation is needed:

- 78% of dental graduates leave school with an average student debt of \$312,000.
- Interest rates are excessively high. Many borrowers face 9.5%–10.5% interest rates on federal Direct Unsubsidized Stafford and Grad PLUS Loans.
- Many new dentists enter low or unpaid residencies. For new dentists who pursue additional training or academic careers with lower salaries, immediate loan repayment is unrealistic.
- Current deferment options are inadequate. While some borrowers can apply for temporary deferment or forbearance, interest continues to accrue, adding thousands of dollars to their debt—an unfair financial penalty for those pursuing residency training or academic careers. As a result, total repayment amounts can double or even triple the original loan balance.

How the REDI Act strengthens the dental workforce:

- Reducing financial barriers will encourage more young dentists to practice in rural and underserved communities.
- Dentists will be more likely to consider education, research, and public health careers.
- Dental residents will have equal access to interest-free loan deferment, reducing financial barriers to advanced training.

Please cosponsor and support the *Resident Education Deferred Interest (REDI) Act* to relieve the financial burden on future healthcare professionals and improve access to dental care.

Fluoride

FAST FACTS

Fluoride is a natural substance that is found in rocks, soil, and water. It prevents tooth decay in children and adults.

Fluoride helps keep teeth healthy by:

- Stopping the growth of bacteria that cause cavities
- Strengthening tooth enamel
- Reversing early tooth decay by replacing and preventing the loss of minerals that make teeth healthy



The U.S. Public Health Service recommends 0.7 parts per million of fluoride in drinking water, or about 3 drops of fluoride in a 55-gallon barrel, to prevent tooth decay.



Today, the majority of the U.S. population receives fluoridated water.*

73%



* Decisions about water fluoridation are made at the state or local level.

You can get fluoride by:

- Drinking local tap water that has fluoride in it
- Using fluoride toothpaste/ mouth rinse
- Getting varnish/gel at the dentist's office
- Taking a dietary supplement



After adding fluoride to the community water supply, tooth decay decreased in both children and adults, and complete tooth loss in older adults became much less common.



1940s



2014

Tooth Decay
in U.S. Schoolchildren



1960-62



2017-19

Complete Tooth Loss in
U.S. Adults Ages 65-74

At about age 2 (or sooner if a dentist or doctor suggests it), brush your child's teeth with a tiny amount of fluoride toothpaste.



For children aged 3 to 6, parents should put the toothpaste on the brush. Use only a pea-sized amount of fluoride toothpaste. Encourage your child to spit out the toothpaste rather than swallow it.



Additional resources



National Institute of Dental
and Craniofacial Research