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Related Agencies  
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On behalf of the American Association for Dental Research (AADR), I am pleased to submit testimony describing AADR's funding requests for fiscal year 2021, which include at least **\$44.7 billion for the National Institutes of Health** and – within NIH – **\$512 million for the National Institute of Dental and Craniofacial Research (NIDCR)**.

AADR is grateful to Congress for providing critical funding increases for most federally funded research, including for NIH and NIDCR, in previous years' funding cycles. We recognize that each year Congress is faced with difficult funding decisions. Yet, lawmakers continue to support these agencies and programs, signaling that lawmakers both recognize and value the role that scientific research and public health programs provide in improving the health and well-being of the nation.

Looking ahead to fiscal year 2021, AADR recognizes the challenges that Congress will face during the appropriations process. Not only will appropriators navigate fiscal 2021 appropriations in the midst of the emergency response to COVID-19, but they will also need to consider increasing the amount of funding available to non-defense discretionary (NDD) programs in fiscal 2021. Current budget legislation provides only a \$5 billion increase to divide among all NDD programs. While previous years' increases have helped make up lost purchasing power among federal agencies, we cannot afford to slow progress by underfunding federal agencies this coming year. We must continue to prioritize federal research, which improves the health of Americans and supports economic growth, or we risk sending our country backward.

NIDCR—the largest institution dedicated exclusively to research to improve dental, oral and craniofacial (skull and face) health—provides more than 700 competitive research and institutional training grants to around 200 U.S. universities, hospitals, research institutions and small businesses. The Institute also cultivates a strong and diverse workforce by funding more than 300 aspiring scientists through individual research training and career development awards. NIH’s reach expands even farther—with every state and almost every congressional district earning a share of NIH’s investment in biomedical research.<sup>1</sup> In fiscal year 2017, it is estimated that NIH’s extramural funding generated approximately \$68.8 billion in economic output nationwide.<sup>2</sup>

The economic influence of NIH and NIDCR, driven by their research portfolios, reveals how vital these federal research agencies are to our country’s progress and advancement; importantly, they are having a significant impact on the health and well-being of the American people.

Among AADR’s requests to the Labor-HHS, Education and Related Agencies Subcommittee for the coming fiscal year is to fund NIDCR at \$512 million. NIDCR is leading to “a world where dental, oral and craniofacial health and disease are understood in the context of the whole body,”<sup>3</sup>—an aim outlined in NIDCR’s 2030 strategic visioning initiative—and AADR has appreciated the regular increases to NIDCR’s budget over the past several years. While Congress’ support for NIDCR has allowed the Institute to expand into research areas, including regenerative medicine, salivary diagnostics and the oral microbiome, NIDCR’s funding has not

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<sup>1</sup> United for Medical Research report on NIH’s role in sustaining the U.S. Economy. 2018 Update. [http://www.unitedformedicalresearch.com/advocacy\\_reports/nihs-role-in-sustaining-the-u-s-economy-2018-update/](http://www.unitedformedicalresearch.com/advocacy_reports/nihs-role-in-sustaining-the-u-s-economy-2018-update/)

<sup>2</sup> NIH’s Role In Sustaining The U.S. Economy: 2018 Update Authored by Dr. Everett Ehrlich” Dr. Everett Ehrlich, United for Medical Research, 2018. <http://www.unitedformedicalresearch.com/wp-content/uploads/2017/03/NIH-Role-in-the-Economy-FY2016.pdf>

<sup>3</sup> <https://www.nidcr.nih.gov/research/research-priorities-nidcr-2030>

kept pace with the increases provided to NIH. Indeed, NIDCR needs to expand its research portfolio in the public interest to understand how coronavirus locates in salivary and nasal secretions (craniofacial origin) to spread among people as well as how to create lasting immunity, or at least temporary resistance. The requested fiscal year 2021 amount would bring NIDCR funding into alignment with the overall NIH request and allow NIDCR to build on its myriad successes in fulfilling its mission to improve dental, oral and craniofacial health.

Oral health—too often considered in isolation—is integral to overall health. The research being conducted at, and supported by, NIDCR impacts the lives of millions of Americans. Most readily apparent in someone’s day-to-day life, oral health can affect activities that may be taken for granted: the ability to eat, drink, swallow, smile, communicate or maintain proper nutrition. The oral cavity can also serve as a window into other potential health issues like COVID-19 and as a site for important scientific discovery.

Among its contributions, NIDCR-supported research helps reduce the societal costs of dental care and enhance the evidence base for the dental profession. Additionally, the Institute is supporting research that will address some of the day’s most pressing public health concerns, including non-opioid treatments for pain and the oral health effects of e-cigarettes.

Beyond the broader, highly relevant public health issues, NIDCR is also improving the lives of patients across the country. NIDCR’s portfolio encompasses a wide variety of basic, translational and clinical research and research training related to craniofacial disorders. For example, NIDCR research into craniofacial disorders aims to understand the underlying biology of craniofacial development, translate knowledge into treatment, and invest in well-known genetic disorders, such as cleft lip and palate, and rare diseases, such as Behcet’s Disease, Fibrous Dysplasia and Cleidocranial Dysplasia. These and other diseases and conditions affecting

or connected to the craniofacial tissues and organs will be addressed to improve quality of life, reduce physical debilitation, and mitigate a major financial and social burden.

The Institute's research examines the mechanisms underlying these conditions and seeks to develop new treatments and therapies for patients. Among NIDCR's contributions in this space is the FaceBase Consortium, which began in 2009 with I I research and technology grants that seek to compile the biological instructions to both construct parts of the human face and define the genetics underlying developmental disorders, such as cleft lip and palate. Now in its third phase, FaceBase is helping to achieve its goal of generating and disseminating datasets to facilitate research; it is a one-stop shop for researchers, clinicians and patients containing extensive data on facial development.

The possibilities for NIDCR to use dental, oral and craniofacial research to improve health and well-being is vast. We believe many of these opportunities will be highlighted in the forthcoming release of the U.S. Surgeon General's Report on Oral Health, a much-needed update to the seminal "Oral Health in America" report from 2000. NIDCR is the lead federal agency working with the Surgeon General to produce the report, which will document the progress in oral health since 2000 and convey a vision for the future, including identifying challenges and opportunities for research. The 2000 report shifted perspectives among the public and policymakers by showing that oral health goes beyond healthy teeth and gums and that it is essential to our general health and well-being. We believe the 2020 report can have a similar impact.

As a research-centered association, AADR recognizes that public health programs and federal research are complementary; a discovery in one area benefits another. Therefore, AADR encourages Congress, in addition to supporting NIH and NIDCR, to support all federal

research—from discovery to care delivery—in fiscal year 2021. Complementing our NIH requests, our members urge you to provide **\$29 million for the CDC’s Division of Oral Health, \$41 million for the Title VII Health Resources and Services Administration (HRSA) programs** that train the dental health workforce, **\$471 million for the Agency for Healthcare Research and Quality (AHRQ)**, and **\$189 million for the National Center for Health Statistics (NCHS)**.

Finally, AADR implores Congress to use this opportunity and momentum to provide dental, oral and craniofacial research with the resources it needs to continue making a difference to all our citizens.

Thank you for the opportunity to submit this testimony. We stand ready to assist the Congress in any way we can and to answer any questions you may have.