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American Association for Dental Research Written Testimony
House Appropriations Subcommittee on Labor, Health and Human Services, Education and
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 2020, which include at least **\$41.6 billion for the National Institutes of Health** and – within NIH – **\$492 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 the difficult budget decisions Congress faces, and we appreciate that lawmakers have recognized the value that health research and public health programs provide for the health and well-being our nation. We also recognize that for these past increases across non-defense programs, such as scientific research, to become a reality, Congress has made three two-year deals to provide relief from austere budget caps set in the Budget Control Act of 2011.

By raising the budget caps and providing funding increases for science, members of Congress have allowed the research community to more effectively carry out their missions and meet today's needs, and we hope that trend will continue in fiscal year 2020. Despite these critical increases, the federal research enterprise continues to play "catch up" after years of lost purchasing power due to inflation, sequestration, and other budget cuts. As the Committee drafts appropriations legislation for the coming fiscal year, AADR urges Members to prioritize federal research, which improves the health of Americans and supports economic growth.

NIDCR—the largest institution in the world dedicated exclusively to research to improve dental, oral and craniofacial health—is among the many research institutions delivering on their promise to the American people. The Institute's research contributes to the oral and overall health of the nation, helps to reduce the societal costs of dental care and enhances the evidence base for the dental

profession. We have already seen remarkable returns on our investments in oral health research. Fluoride in water and dental sealants have led to a precipitous drop in tooth decay among children and have resulted in more Americans keeping more of their teeth for longer.¹ Since the 1950s, the total federal investment in NIH-funded oral health research has saved the American public **at least \$3 for every \$1 invested**; we cannot afford to shortchange these programs moving forward.

In 2018, NIDCR celebrated its 70th anniversary. This milestone provided an important point of reflection and set the stage for NIDCR's future – a milestone that was particularly timely given the U.S. Surgeon General's commission of a 2020 Report on Oral Health in America. NIDCR is the lead contributing agency on the report, working alongside the U.S. Public Health Service's Oral Health Coordinating Committee, the Centers for Disease Control and Prevention (CDC), and other stakeholders. This report—beyond its findings on the state of oral health in America and their implications—holds the same promise that the first report did in 2000: raising the visibility of oral health, putting oral health in the context of overall health, and underscoring the necessity of investing in scientific research to further improve oral health for all Americans.

Oral health, too often considered on its own, is integral to overall health. 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. However, the oral cavity can also serve as a window into other potential health issues and as a place for important scientific discovery. Researchers have discovered important linkages between periodontal (gum) disease and heart disease, stroke, diabetes and pancreatic cancer. As one example, a team of intramurally- and extramurally-funded NIDCR scientists established that there is a link between rheumatoid arthritis and periodontal disease via a common oral bacterium that causes inflammation in both diseases.²

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4212322/>

² www.ncbi.nlm.nih.gov/pubmed/27974664

The research being conducted at and supported by NIDCR impacts the lives of millions of Americans. From research into how aerosols from e-cigarette vapors affect the oral microbiome to research into the prevention and treatment of HPV-related oropharyngeal cancer, which has risen significantly in recent decades, NIDCR-funded scientists are helping us to respond to visible public health concerns.

Of course, NIDCR's research is not only important from a public health and policy perspective, but it is also important from a patient perspective. NIDCR's portfolio encompasses a wide range of diseases and conditions that impede quality of life, are physically debilitating, and create a major financial and social burden. The Institute conducts research on complex systemic diseases that have a major oral health component, including TMJ; autoimmune disorders, such as Behcet's and Sjögren's Syndrome; and rare diseases, such as Cleidocranial Dysplasia (CCD).

During the 2019 AADR and Friends of National Institute of Dental and Craniofacial Research Advocacy Day on Capitol Hill, participants heard from Mr. Gaten Matarazzo, star of the Netflix series *Stranger Things*, who was born with Cleidocranial Dysplasia (CCD). Mr. Matarazzo cofounded "CCD Smiles," a patient advocate group, with Dr. Kelly Wosnik, and the two delivered powerful testimony about what it was like to live with a rare condition and how they have learned through their interactions with the CCD community that it is not uncommon for individuals with CCD to be undiagnosed or misdiagnosed for years. Theirs are not isolated stories. NIDCR's research is helping to establish the knowledge base to better understand rare conditions, develop treatments that are most effective for those affected, and get the latest evidence and resources into the hands of those who need it most.

This is an important point in time for dental, oral and craniofacial research. From the commission of the 2020 Surgeon General's report to the latest statistics on youth use of e-cigarettes and the opioid epidemic, dental, oral and craniofacial research are imperative to solving some of the nation's most pressing public health issues. We implore 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 do this effectively, Congress will need to work together to develop a long-term solution to our nation's debt and deficit that does not rely on cuts to non-defense discretionary spending. Most immediately, this will entail Congress offering relief from the Budget Control Act caps to allow for these meaningful investments in science. Equally important, though, Congress must pass regular appropriations bills, on time, rather than rely on the continuing resolutions that have become so commonplace in our federal budget process. The increased dependence on these short-term spending measures not only undermines the budget process, but it also negatively affects federal agencies and programs, including these federal agencies' grant recipients.

Budget trends, including continuing resolutions and attempts to increase defense spending at the expense of non-defense discretionary spending, add uncertainty in already uncertain times for federal research spending. We hope that moving forward Congress will build on the momentum from fiscal year 2018 and continue to provide federal research institutions with predictable and sustained funding.

In addition to supporting NIH, AADR urges Members to fund the full continuum of federal research – from discovery to delivery. Research across the continuum is complementary and will allow us to maximize our investments. Alongside our NIH requests, our members urge you to provide **\$25 million for the CDC's Division of Oral Health, \$40.673 million for the Title VII Health Resources and Services Administration (HRSA) programs** training the dental health workforce, **\$460 million for the Agency for Healthcare Research and Quality (AHRQ)**, and **\$175 million in budget authority for the National Center for Health Statistics (NCHS)**.

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.