

United States Senate

WASHINGTON, DC 20510

October 24, 2023

Mandy Cohen, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Carole Johnson
Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Cohen and Administrator Johnson,

We greatly appreciate the work both of your organizations have done to advance oral health, and want to further those efforts to ensure all states and territories can have a state oral health program. Oral health is an integral component of overall health and well-being, affecting our ability to eat, speak, smile, and express emotions, among other functions. Poor oral health can have detrimental impacts such as pain, inflammation, and infections that can spread throughout the body. Furthermore, poor oral health is closely linked with chronic diseases, poor school performance, and limited employment opportunities.

In fiscal year (FY) 2023, Congress appropriated \$20.25 million for the Centers for Disease Control and Prevention's Division of Oral Health, which provides for the Cooperative Agreements made to 20 states at an average of \$370,000 per year for up to five years. While this was an improvement over the 16 states awarded in 2013, it still left the majority of states without public oral health infrastructure funding. The Health Resources and Services Administration's (HRSA) State Oral Health Workforce Improvement grant has been a valuable resource for states in their efforts to tackle Health Professional Shortage Areas. While states that receive consistent HRSA funding show demonstrable improvements in access to dental care, only two-thirds of states currently benefit from a HRSA workforce grant. In FY 2023, HRSA's State Oral Health Workforce Improvement Grant program was funded at \$14.998 million, providing support to 33 non-competing continuation grants and 4 competitive awards.

The current funding structure for both agencies stands in contrast to the federal funding available for behavioral health and chronic diseases such as diabetes and heart disease, which is allocated in a manner that ensures support for all states. The limited availability of grants for oral health puts states without such funding at a disadvantage, hindering support for evidence-based prevention activities like community water fluoridation and dental sealant programs, as well as initiatives for workforce development and innovation.

To better equip Congress in making informed decisions about future funding for these programs, We respectfully request that your respective agencies provide a plan for expanding your oral health grant programs. This plan should include an estimated amount of appropriations needed to scale these programs to all states and territories, either as part of your FY2025 Congressional Budget Justification or in a separate report to Congress. Should you not currently have the ability to provide such an assessment, we request that you explain in your response any obstacles, including any statutory or resource impediments, that prevent you from doing so.

We look forward to your prompt attention to this critical issue. It is imperative that we understand the resources needed to expand these crucial programs to every state, thereby reducing health disparities and improving the well-being of all Americans.

Sincerely,



Benjamin L. Cardin
United States Senator



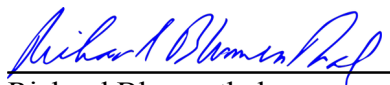
Cory A. Booker
United States Senator



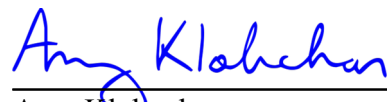
Chris Van Hollen
United States Senator



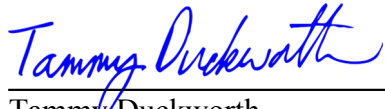
Debbie Stabenow
United States Senator



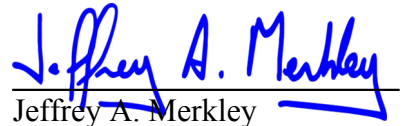
Richard Blumenthal
United States Senator



Amy Klobuchar
United States Senator



Tammy Duckworth
United States Senator



Jeffrey A. Merkley
United States Senator

cc: Hon. Xavier Becerra, Secretary of the Department of Health and Human Services
Sen. Patty Murray, Chair, Senate Committee on Appropriations
Sen. Susan Collins, Vice Chair, Senate Committee on Appropriations