May 19, 2026

Outside Witness Testimony Fiscal Year 2027 Appropriations

of

American Network Oral Health Coalitions (ANOHC)

prepared for

U.S. Senate Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

RE: FY 2027 Funding for the U.S. Department of Health and Human Services: Centers for Disease Control and Prevention and Health Resources and Services Administration

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Dear Chair Capito, Ranking Member Baldwin, and Members of the Subcommittee:

The American Network of Oral Health Coalitions (ANOHC) appreciates the opportunity to submit testimony regarding fiscal year (FY) 2027 funding for oral health programs within the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). ANOHC is the national membership organization representing state and territorial oral health coalitions across the United States, supporting their work in advancing evidence-based policies, prevention strategies, and systems improvements that strengthen oral health and overall health.

ANOHC respectfully urges the Subcommittee to provide $22.25 million in FY 2027 for CDC's Division of Oral Health and $46 million in FY 2027 for HRSA Oral Health Training programs. ANOHC further urges the Subcommittee to include report language directing CDC and HRSA to provide Congress with a plan and fiscal estimate for scaling oral health prevention, surveillance, infrastructure, and workforce grant programs to all states, territories, and jurisdictions.[i]

Oral health is essential to overall health. Poor oral health is associated with pain, infection, missed school and work, difficulty obtaining employment, complications for people with chronic disease, and avoidable health care costs.[ii] Yet too many communities lack the public health infrastructure and workforce capacity needed to address oral disease before it becomes severe.

CDC Division of Oral Health

CDC funding supports state oral health programs to conduct oral health surveillance, implement evidence-based prevention strategies such as school-based dental sealant programs and community water fluoridation, and integrate oral health into broader public health systems.[iii]

These activities are especially important for children, older adults, people with disabilities, rural communities, and lower income families who face greater barriers to care. When states have CDC oral health infrastructure funding, they are better positioned to identify oral health needs, target resources, evaluate programs, and promote prevention before disease becomes a financial burden for both individuals and the healthcare delivery system.

HRSA Oral Health Training

Workforce shortages are among the most persistent barriers to oral health access. These shortages are especially severe in rural areas and communities designated as Dental Health Professional Shortage Areas, where limited dental care capacity, long travel distances, and gaps in care coordination leave patients without timely access to preventive and restorative care. Where workforce gaps go unaddressed, individuals often forgo routine care entirely or seek treatment in emergency settings at far greater cost to themselves and to payers.

HRSA Oral Health Training programs directly address these challenges by supporting the education, recruitment, retention, and deployment of oral health professionals. State Oral Health Workforce Improvement grants are especially impactful because they allow states to tailor strategies to local conditions, including provider distribution, care coordination, integration with primary care and public health systems, and innovative approaches to reaching underserved populations.[iv] Research shows funding multi-year HRSA oral health workforce grants is associated with higher workforce density and greater access to oral health care.[v] Funding HRSA Oral Health Training programs would strengthen the federal commitment to building the workforce needed to ensure that where someone lives does not determine whether they can access dental care.

State Story: Funding Impact in West Virginia

West Virginia has seen measurable improvements in children's oral health thanks to federal investments that strengthen both public health infrastructure and the dental workforce. Through **HRSA-supported training**, the West Virginia Department of Health's Oral Health Program helped launch a new **Pediatric Dentistry Residency at West Virginia University**, expanding access to specialized care for children in rural and underserved communities. **CDC oral health funding** has enabled the state to maintain essential surveillance systems and school-based sealant programs, which have contributed to a documented decline in caries rates among school-age children. Most recently, **Congressionally Directed Spending secured by Senator Capito** supported renovations and new equipment at the WVU School of Dentistry, ensuring that future providers train in a modern, high-capacity clinical environment. Together, these investments demonstrate how federal funding directly improves oral health outcomes and strengthens the workforce serving West Virginia families.

State Story: Funding Impact in Wisconsin

The **Wisconsin Oral Health Program (OHP)** used federal **0048 grant funding** to expand access to preventive dental care and improve oral health infrastructure statewide. Through **school-based programs** and **community water fluoridation initiatives**, the program reached thousands of children and small communities, ensuring safer, more effective delivery of dental sealants, fluoride varnish, and optimally fluoridated water. Over **$160,000 in federal funds supported** equipment upgrades for **17 communities**, impacting more than **281,000 Wisconsinites**. These investments helped increase the number of children receiving preventive dental treatments and strengthened local capacity to maintain oral health standards. Together, these efforts demonstrate how federal dollars directly improved health equity and long-term oral health outcomes across Wisconsin.

The **Wisconsin Oral Health Workforce Pathway Program (WOHWPP)** has reached **over 700 students**, including many from rural and underrepresented communities, helping expand access to oral health careers. Through hands-on experiences like **Future Oral Health Workforce Day** and **Youth Apprenticeships**, students gained mentorship, training, and fee-waived opportunities that opened doors into dental professions. Participants consistently described the program as inspiring and rewarding, highlighting real success stories of students discovering new career paths. Federal **HRSA funding of $687,211**, paired with a 40% non-government match, made it possible to build workforce capacity and strengthen services in shortage areas. Together, these efforts are creating a more diverse, community-rooted oral health workforce for Wisconsin.

Addressing Oral Health Needs Nationwide

Federal oral health programs at CDC and HRSA are targeted, high-leverage investments. CDC helps build the public health infrastructure needed to understand and prevent oral disease. HRSA helps strengthen the workforce and training systems needed to deliver care and improve access. Together, these programs advance a more complete oral health system: one that supports patients and providers, builds state and community capacity, and improves health outcomes.

Despite their positive impact, oral health programs have not received the level of federal investment necessary to ensure nationwide reach. In many states and territories, oral health capacity depends on competitive grant cycles rather than a stable federal commitment. Many federal public health programs are structured to fund every state, and oral health programs would benefit from a similar commitment. Every state and territory needs the ability to track oral health trends, implement evidence-based prevention, develop workforce strategies, and respond to the needs of their communities.

For that reason, ANOHC urges the Subcommittee not only to provide the FY 2027 funding levels requested above, but also to direct CDC and HRSA to provide Congress with a plan and fiscal estimate for scaling oral health programs to all states, territories, and jurisdictions. Such a plan would give Congress the information needed to move from a competitive patchwork toward a more effective national oral health public health strategy.

Thank you for the opportunity to submit testimony. ANOHC looks forward to working with the Subcommittee to ensure that each state has the opportunity to achieve better oral health and overall well-being.

Respectfully submitted,

American Network of Oral Health Coalitions

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[i] Letter from Senators Benjamin L. Cardin, Cory A. Booker, Chris Van Hollen, Debbie Stabenow, Richard Blumenthal, Amy Klobuchar, Tammy Duckworth, and Jeffrey A. Merkley to CDC Director Mandy Cohen and HRSA Administrator Carole Johnson, October 13, 2023.

[ii] Centers for Disease Control and Prevention, “About Oral Health,” May 15, 2024; Centers for Disease Control and Prevention, “Oral Health Facts,” May 15, 2024.

[iii] Centers for Disease Control and Prevention, Division of Oral Health, "About Oral Health" and oral health prevention resources; Centers for Disease Control and Prevention, "Managing Oral Health in Schools," July 9, 2024.
[iv] Health Resources and Services Administration, "Grants to States to Support Oral Health Workforce Activities," HRSA-22-050.
[v] Chiu-Fang Chou et al., "Impact of the Health Resources and Services Administration's State Oral Health Workforce Grant Program on Dental Workforce Density and Access to Oral Health Care," Evaluation and Program Planning 75 (2019): 43–53.