



October 5, 2026

Alex J. Adams, PharmD, MPH
Assistant Secretary
Administration for Children and Families
U.S. Department of Health and Human Services
Washington, DC 20201

Re: Reducing Federal Burden for Head Start Programs, Notice of Proposed Rulemaking

Docket No. ACF-2026-0595; RIN 0970-AD30

Dear Assistant Secretary Adams:

The American Network of Oral Health Coalitions (ANOHC) respectfully submits these comments on the Administration for Children and Families' (ACF) proposed rule, Reducing Federal Burden for Head Start Programs.¹ ANOHC opposes the proposed removal of the oral health provisions of the Head Start Program Performance Standards. Specifically, ANOHC urges ACF to retain the requirements at 45 CFR 1302.42 and 1302.43 and to carry them forward into proposed part 1301.

ANOHC is the national membership organization representing state and territorial oral health coalitions across the United States. Our members work collaboratively with public health agencies, health professionals, community organizations, and policymakers to improve oral health outcomes, strengthen prevention efforts, and protect access to needed dental care.

The proposed rule would remove Head Start's core oral health protections.

The current Performance Standards require programs to determine whether each child has an ongoing source of health care and health insurance; to obtain determinations, within 90 days of enrollment, of whether each child is up to date on preventive oral health care under the state's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) dental periodicity schedule; to facilitate and monitor preventive oral health care, treatment, and follow-up, including topical fluoride; and to assist all children with brushing their teeth once daily with fluoride toothpaste.^{2,3}

If finalized, the proposal would remove federal requirements for daily toothbrushing, health determinations, health system navigation, and help accessing care and insurance.⁴ Head Start programs would no longer have a consistent federal standard for oral health, and the children they serve would lose one of their few reliable connections to preventive dental care.

Head Start's oral health standards connect children at greatest risk to care.

Head Start eligibility is based primarily on family income at or below the federal poverty line.⁵ Among children aged 2 to 5, those in families below the poverty line are nearly three times as likely to have untreated tooth decay as children in families at or above 200 percent of poverty (18.0 percent compared to 6.6 percent).⁶ Untreated cavities can cause pain and infection and affect a child's ability to eat, speak, play, and learn.⁷

Additionally, Head Start's oral health requirements connect families to dental care. In a study of Early Head Start in North Carolina, enrolled children had 2.5 times the odds of any dental visit and 2.6 times the odds of a preventive dental visit compared to similar Medicaid-enrolled children not in the program.⁸

State oral health coalitions see this connection in practice. Across the country, coalitions partner with Head Start programs to link them with dental providers, training, resources, and solutions to barriers to care. Clear Head Start oral health standards strengthen these partnerships by establishing shared expectations for prevention, access to care, and follow-up, and the partnerships help translate those standards from requirements on paper into care for children and families. For example, over the course of one year, our Kansas member coalition (Oral Health Kansas) provided nine trainings for Head Start staff, reaching more than 200 health managers, teachers, and home visitors. Participants increased their knowledge and confidence in addressing oral health with families and helping parents and caregivers raise cavity-free kids.

State deferral would end a consistent national oral health standard for children in Head Start.

State child care licensing regulations do not provide the oral health protections the Performance Standards provide. A national review found that while 36 states addressed oral health in licensing regulations, those provisions were limited and most often addressed toothbrush storage; the Office of Head Start standards were among the most comprehensive oral health standards identified.⁹ A separate review found that states included an average of 2.6 of eight recommended oral health standards, and seven states included none.¹⁰

Experience in Medicaid shows how optional oral health services fare under state discretion. Adult dental coverage is optional in Medicaid, and states often reduce or eliminate it during budget shortfalls.¹¹ Between 2000 and 2025, at least 21 states reduced or eliminated adult dental benefits for some or all enrollees.¹² States that cut these benefits saw increases in emergency department visits for dental problems.¹³ With states now facing new budget pressures under H.R. 1, adult dental coverage is again a likely target for cuts.¹⁴ Children's dental care in Medicaid is mandatory under EPSDT, so the adult dental experience is offered here not as a direct parallel but as the clearest available illustration of how services left to state discretion are treated when budgets tighten.

When oral health is left to state discretion, it is often among the first services reduced. The Performance Standards provide a consistent national floor for Head Start children regardless of where they live.

Retaining the oral health standards is consistent with ACF's stated priorities.

ACF states that the proposed rule would emphasize the critical role of health, nutrition, and physical exercise for young children. It retains prescriptive nutrition requirements to underscore healthy eating and excludes nutrition and physical activity from expanded waiver authority. The Head Start Act also directs the Secretary to consider standards that promote child health services when modifying the Performance Standards.¹

Oral health belongs in this approach. Tooth decay affects a child's ability to eat, and the proposed rule itself requires programs to discuss the health consequences of sugar-sweetened beverages with families.^{1,7} Daily toothbrushing is a direct preventive practice, and supervised toothbrushing with

fluoride toothpaste is among the most effective and well-established measures for preventing early childhood tooth decay.¹⁵ Determining oral health needs and connecting families with care address barriers to treatment. These requirements provide services to children and families; their value should be weighed when ACF considers administrative burden. Removing these provisions does not reduce paperwork so much as remove a service, and the burden ACF seeks to ease should be measured against the preventive care and family connections these standards deliver.

Recommendation

ANOHC recommends that ACF retain the current oral health provisions of the Head Start Program Performance Standards as written, including the requirements at 45 CFR 1302.42(a) through (d) related to source of care, oral health status determinations, preventive care, and follow-up, and the daily toothbrushing requirement at 45 CFR 1302.43. ACF should carry these protections forward into proposed part 1301 so that all Head Start children retain a consistent federal baseline for oral health prevention and access to care.

Thank you for the opportunity to comment on this proposed rule and for your consideration of the oral health needs of children served by Head Start.

Sincerely,

American Network of Oral Health Coalitions

Endnotes

- 1 U.S. Department of Health and Human Services, Administration for Children and Families, “Reducing Federal Burden for Head Start Programs,” Notice of Proposed Rulemaking, 91 Fed. Reg. 51248, August 7, 2026, Docket No. ACF-2026-0595.
- 2 45 C.F.R. § 1302.42, “Child Health Status and Care.”
- 3 45 C.F.R. § 1302.43, “Oral Health Practices.”
- 4 Administration for Children and Families, “Reducing Federal Burden for Head Start Programs,” 91 Fed. Reg. 51248, 51269–51270, August 7, 2026.
- 5 Head Start Act § 645(a)(1)(B)(i), 42 U.S.C. § 9840(a)(1)(B)(i).
- 6 Centers for Disease Control and Prevention, “2024 Oral Health Surveillance Report,” Table 1: Prevalence of Untreated Tooth Decay in Primary Teeth Among Children Aged 2–5 Years, National Health and Nutrition Examination Survey, 2017–March 2020, October 2024.
- 7 Centers for Disease Control and Prevention, “About Cavities (Tooth Decay),” May 15, 2024.
- 8 Jacqueline M. Burgette et al., “Impact of Early Head Start in North Carolina on Dental Care Use Among Children Younger Than 3 Years,” *American Journal of Public Health* 107, no. 4 (2017): 614–620.
- 9 Ashley M. Kranz and R. Gary Rozier, “Oral Health Content of Early Education and Child Care Regulations and Standards,” *Journal of Public Health Dentistry* 71, no. 2 (2011): 81–90.
- 10 J. Kim et al., “Are State Child Care Regulations Meeting National Oral Health and Nutritional Standards?” *Pediatric Dentistry* 34, no. 4 (2012): 317–324.
- 11 Medicaid and CHIP Payment and Access Commission, “Medicaid Coverage of Adult Dental Services,” January 2021.

- 12 CareQuest Institute for Oral Health, "Medicaid Adult Dental Benefits May Be Optional in Some States, but Oral Health Is Not," June 2026.
- 13 The Commonwealth Fund, "How State Budget Shortfalls Could Risk Medicaid Dental Coverage," June 2025.
- 14 Hawazin W. Elani et al., "Biting Into Medicaid: What Happens When States Cut and Expand Medicaid Dental Benefits?" The Commonwealth Fund, March 10, 2026.
- 15 Valeria C. C. Marinho et al., "Fluoride Toothpastes for Preventing Dental Caries in Children and Adolescents," *Cochrane Database of Systematic Reviews* 2003, no. 1: CD002278.