

National Rural Health Association Federal Oral Health Advocacy Agenda

National Rural Oral Health Initiative Task Force

2025 - 2026

Mission: The National Rural Health Association's (NRHA) National Rural Oral Health Initiative aims to establish oral health care as part of primary care, thereby increasing health care access for all rural Americans.

NRHA is a national, nonprofit membership organization whose mission is to provide leadership on rural issues through advocacy, communications, education, and research. NRHA serves as the primary resource for and advocates on rural health issues for federal legislation, regulations, and federally sponsored rural health initiatives and programs.

2025 NRHA Advocacy Priorities:

- Addressing Rural Declining Life Expectancy and Rural Health Opportunity
- Reducing Rural Health Care Workforce Shortages
- Investing in a Strong Rural Safety Net

Addressing Rural Declining Life Expectancy and Health Opportunity

Fluoride. Fluoridation of public water systems is one of the top public health achievements of the 20th century; however, at least [12](#) states have introduced bills prohibiting or repealing provisions related to the addition of fluoride in public water systems. For rural areas which have limited access to dental care, water fluoridation provides a critical source of preventative care. Further, a higher proportion of rural homes do not have access to fluoridated water. NRHA urges the following actions to ensure rural residents can receive the benefits of fluoride:

- Encourage federal funding of clean water programs at agencies such as the United States Department of Agriculture (USDA) and Environmental Protection Agency (EPA).
- Maintain current Department of Health and Human Services (HHS) federal recommendations for water fluoridation at an optimal fluoride concentration of 0.7 mg per liter (mg/L) in community water systems (CWS).
- Maintain HHS funding to support infrastructure and provide technical assistance to promote water fluoridation, monitor coverage and quality of fluoridation, and develop resources for training and public awareness.

Veterans' oral health. About one quarter of all veterans live in rural areas. Rural veterans are less likely to visit the dentist and more likely to have lost all their natural teeth compared to non-rural veterans. NRHA supports investing in rural veterans' oral health by:

- Urging passage of [HR 210](#), the *Dental Care for Veterans Act*, which would make all veterans who are enrolled in the Department of Veterans' Affairs (VA) health care system eligible for VA-provided dental services.
- Funding a report on the VA's ability to adequately meet the current and future dental needs of Veterans Health Administration (VHA)-eligible veterans.
- Improving the VA Community Care Network (CCN) administration to ensure veterans utilize available dental benefits. CCNs are the most viable option in rural communities to connect veterans to dental providers.

Dental care affordability. Four in ten adults living in rural environments have not visited the dentist in more than one year. Contributing factors include the high cost of dental coverage and dental care. Just over one-third of rural residents do not have dental insurance coverage. NRHA supports expanding dental affordability by:

- Supporting passage of [S. 1164/H.R. 1521](#), the *Increasing Access to Dental Insurance Act* to allow Standalone Dental Plans Offered through Federal Exchanges
- Removing barriers to accessing affordable dental care:
 - Supporting passage of [S. 939/H.R. 2045](#), *Medicare Dental, Hearing, and Vision Expansion Act of 2025* which would provide comprehensive Medicare coverage of dental benefits.
- Ensuring preventative care initiatives for oral health chronic diseases are integrated into and prioritized in the HHS Make America Healthy Again agenda.

Reducing Rural Health Care Workforce Shortages

Incentivize Provider Recruitment Rural communities broadly face dental provider shortages, as [70%](#) of rural communities are Dental Health Provider Shortage Areas (Dental HPSAs). Workforce shortages are associated with limited access to healthcare training opportunities, high costs of labor, and limited recruitment due to financial constraints. To improve provider recruitment and retention in rural areas, NRHA advocates for:

- Preserving federal grant programs previously administered through the Health Resources and Services Administration (HRSA) as they are moved to the Administration for a Healthy America (AHA), such as the Oral Health Training Program.
- Advocating for adequate funding for rural oral health training programs, like the Oral Health Training Program at HRSA.
- Supporting [H.R. 935](#), the *Health Care Workforce Innovation Act* to establish and expand partnerships between Community Health Centers (CHCs) and high schools, vocational-technical schools, community colleges, Area Health Education Centers (AHECs), and other entities. Through these partnerships, the program would support community health centers and rural health clinics in implementing innovative, community-driven models to train and develop a pipeline of allied health professionals, including the dental workforce.
- Supporting [S. 942](#), the *Resident Education Deferred Interest (REDI) Act*, to allow medical and dental students to defer student loan payments until after completion of residency programs.
- Supporting [H.R. 1758](#), the *Dental Loan Repayment Assistance Act*, which allows full-time dental faculty members participating in HRSA's Dental Faculty Loan Repayment Program (DFLRP) to exclude the amount of their loan forgiveness from income with regards to their federal income taxes.

Increasing scope of practice for mid-level providers: In rural communities, which face dental workforce shortages, mid-level dental providers can fill health care gaps by providing preventative and minimally invasive dental care services.

- Federally recognize dental therapists (DTs) and dental health aide therapists (DHATs) through legislation.
- Expand Medicaid dental provider network to include DTs and DHATs.

Investing in a Strong Rural Health Safety Net

Medicare dental coverage. Medicare does not cover most dental services, including routine and preventative services, for our rural seniors. Dental coverage under Medicare is limited to scenarios that "are inextricably linked to, and substantially related and integral to the clinical success of, certain other covered medical services" in both inpatient and outpatient settings. NRHA supports:

- Expanding Medicare coverage to other clinical scenarios, particularly those related to diabetes or cardiovascular diseases through the annual Medicare Physician Fee Schedule rulemaking process.
- Supporting [H.R. 2045](#), the *Medicare Dental, Vision, and Hearing Benefit Act* and [S. 939](#), *Medicare Dental, Hearing, and Vision Expansion Act* to create a comprehensive Medicare dental benefit.
- Increasing data transparency on Medicare Advantage (MA) plan supplemental benefits and out of pocket costs for dental care for seniors to improve utilization of dental benefits among beneficiaries enrolled in an MA plan.

Comprehensive Medicaid adult benefit. About [one fifth of rural adults and almost half of children are covered by Medicaid](#). Current proposed cuts to the Medicaid program will reduce access to dental care for rural residents. Further, only [19 states](#) Medicaid programs provide comprehensive adult dental coverage. NRHA supports extensive dental coverage across all states to ensure rural adults have access to oral health care by:

- Protecting federal investment in oral health via Medicaid and opposing Medicaid cuts being considered in Congress.
- Passing legislation to mandate an HHS report measuring participation in Medicaid by dental providers.

Care delivery. The systems of oral health care delivery are changing, and rural communities should not be left behind. Many new, innovative delivery systems would benefit rural areas by increasing access through remote technology. NRHA supports:

- Support [H.R. 2001](#), to reauthorize grants to support oral health workforce activities and help states develop and implement innovative programs to address the dental workforce needs of designated Dental HPSAs.
- Expanding Medicaid programs to incentivize preventative dental care behaviors like [Healthy Behaviors Incentives](#), which financially incentivizes beneficiaries to engage in healthy behaviors, such as regular dental visits and smoking cessation.
- Remove administrative burdens around sites of service to incentivize innovative care delivery.
- Utilizing Department of Defense, Indian Health Service (IHS), VA, and Centers for Medicare and Medicaid Services Innovation Center to test innovative models and workforce solutions such as advanced practice dental hygienists and dental therapists.