March 20, 2023

The Honorable Bernard Sanders  
Chair  
Health, Education, Labor, and Pensions Committee  
United States Senate  
Washington, DC 20510  

The Honorable Bill Cassidy, M.D.  
Ranking Member  
Health, Education, Labor, and Pensions Committee  
United States Senate  
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the members of the undersigned dental organizations, we are writing to you in response to the Health, Education, Labor and Pensions (HELP) Committee’s request for information (RFI) on the health care workforce shortages. Thank you for your interest in this important topic. Addressing these shortages is a top priority for our organizations, and we greatly appreciate the Committee’s efforts.

To address the dental workforce shortages, we recommend that the HELP Committee focus on four critical areas: the dental team, including dental hygienists and dental assistants; student debt; diversity; and underserved areas.

The Dental Team: Dental Hygienists and Assistants  
Many dentists are small business owners and employers. And no dentist works alone. They are the head of a clinical team that also includes dental assistants and dental hygienists. Every member of this team plays an important role. Their work is essential to dental practice, and they also increase access to care by enabling dentists to see more patients.

Unfortunately, however, dentists throughout the country are reporting dental team workforce shortages. For example, a January 2023 ADA HPI poll found that two out of three dentists chose staffing as the top issue facing their dental practice. More than 93% of dentists said that it was extremely or very challenging to recruit assistants, and more than 85% said that it was extremely or very challenging to recruit hygienists.¹

To help dentists find candidates to fill these positions, we ask Congress to support increases in funding for the Oral Health Workforce Development Program, which helps to build and train the oral health workforce, and improves access to quality oral health care for those most in need.

Student Debt  
Recent surveys of dental graduates show that the average new dentist graduates with over $300,000 in student debt.² This high debt burden restricts dentists’ ability to work in underserved areas and with low-income patients.

In order to address the debt burden of dentists, we are asking the Committee to favorably report the following legislation:

- The Protecting Our Students by Terminating Graduate Rates that Add to Debt Act (POST GRAD Act), which would reinstate eligibility for graduate and professional students with financial need to receive Direct Subsidized Stafford Loans.
- The Resident Education Deferred Interest Act (REDI Act), which would allow medical and dental residents to defer payments on their federal student loans—and delay the point at which interest begins to accrue—until after completing their residency.
- The Student Loan Refinancing Act, which would enable borrowers to refinance their federal student loans on multiple occasions to take advantage of lower interest rates.
- The Student Loan Refinancing and Recalculation Act, which would provide the opportunity for borrowers to refinance their federal student loans when interest rates are lower. It would also eliminate loan origination fees and allow medical and dental residents to defer payments until after completing their residency programs. Additionally, it would delay the accrual of interest for many low- and middle-income borrowers while they are in school.
- The Student Loan Interest Deduction Act, which would double the student loan interest deduction (from $2,500 to $5,000) and eliminate the income limits that prevent those with higher incomes from reaping the benefit.
- The Indian Health Service Health Professions Tax Fairness Act, which would allow dentists participating in the Indian Health Service Loan Repayment Program to exclude interest and principal payments from their federal income taxes, as well as certain benefits received by those in the Indian Health Professions Scholarships Program.
- The Dental Loan Repayment Assistance Act, which would allow full-time faculty members participating in the Dental Faculty Loan Repayment Program (DFLRP) to exclude the amount of the loan forgiveness from their federal income taxes.
- The HIV Epidemic Loan-Repayment Program Act (HELP Act), which would offer up to $250,000 in educational loan repayment to dentists, physicians, and other health care professionals in exchange for up to five years of service at Ryan White-funded clinical sites and in health profession shortage areas.

Diversity

The high levels of student loan debt are burdensome for any dentist, but according to the ADA Health Policy Institute (HPI), black dentists graduate with far more student debt than other group. The burden of student debt may contribute to the lack of an increase in the number of black dentists over time, despite the overall increased diversity of the dental workforce. Because black dentists are the most likely group to participate as Medicaid providers and are far more likely to treat vulnerable populations, the disparity in student loan debt has implications for access to care.

Our groups recommend several ways to increase diversity in the dental profession, including:

- Reducing the student loan burden of dentists.
- Providing additional support for dental schools at Historically Black Colleges and Universities (HBCUs) or those seeking to expand their curriculum to include a dental degree.

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• Increasing funding for career and technical training programs at community colleges and trade schools for dental hygienists and dental assistants.
• Funding and supporting programs at elementary, middle, and high schools in underserved and diverse communities that aim to attract people to the dental profession at a young age.

Underserved Areas
Our associations ask Congress to help draw dentists to underserved areas through incentives including:
• Programs like the National Health Service Corps that forgive student debt in exchange for service in underserved areas. These programs need to be well funded, easy to navigate, and expanded to include shorter time commitments or fewer mandatory weekly hours worked.
• Tax relief.
• Small business grants.
• Attractive loan terms for purchasing or building a new dental practice in communities of need.

We also urge the Committee to look at the way health professional shortage areas (HPSAs) are defined. The current model of defining where the greatest needs lie in respect to number and distribution of providers is sorely outdated and inflexible. When shortage areas are incorrectly defined, human and capital resources are improperly disbursed, policy is improperly focused, and bad proposals move forward. Thus, those most in need are likely left behind in favor of others who may not need as much help. With an updated, technology-driven approach, we can better allocate resources to enact responsive policy that meets the unique needs of each community. We ask that the Committee consider using a revised HPSA algorithm, like that used by the ADA HPI, that utilizes geomapping to locate beneficiaries, providers (with a particular focus on those accepting new patients), travel options, and times to care.

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Thank you again for issuing a RFI on the health care workforce shortages. The dental community looks forward to continuing to work with you. Should you have any questions, please do not hesitate to contact Mr. Chris Tampio with the American Dental Association at tampioc@ada.org.

Sincerely,
American Dental Association
Academy of General Dentistry
American Academy of Periodontology
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American Dental Education Association
American Society of Dentist Anesthesiologists
American Student Dental Association
Association of Dental Support Organizations
Association of State and Territorial Dental Directors