

September 19, 2023

The Honorable Bernie Sanders  
Chairman  
United States Senate  
Senate Committee on Health, Education,  
Labor and Pensions  
428 Senate Dirksen Office Building  
Washington, DC 20510

Dear Chairman Sanders:

On behalf of the over 159,000 dentist members of the American Dental Association (ADA), we are writing to thank you and Senator Marshall for introducing the Bipartisan Primary Care and Health Workforce Act. The ADA strongly supports efforts to extend the State Oral Health Workforce Improvement Grant Program (Action for Dental Health) and the Oral Health Training Programs. The ADA also strongly supports extensions of the Community Health Center Fund, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education Program. These programs are crucial steps towards shoring up our Nation's dental and medical workforce so that more Americans can have access to high quality health care.

Workforce and access to care issues are among the ADA's top priorities. These issues are closely linked, as one-third of dentists are actively recruiting dental hygienists and dental assistants, while almost nine out of ten dentists report that recruiting for these positions is extremely challenging despite incentives offered to prospective dental team members, according to recent data from the ADA Health Policy Institute<sup>1</sup>. Dental practice staffing difficulties limit the number of patients dentists can see, and this problem is especially acute in underserved areas.

In recognition of these challenges, the ADA is a long-time champion of the the Action for Dental Health (ADH) program, which provides federal funding through the HRSA State Oral Health Workforce Grants to address the dental health needs of underserved populations. ADH funding is directed towards dental disease prevention through improved oral health education, reduction of geographic and language barriers, and improved access to care, among other initiatives. Programs supported by ADH advance the important goal of decreasing dental health disparities in communities where better access to care is most needed. ADA also continues to be an advocate for the Title VII Oral Health Training Programs, which aim to improve access to care through the development and training of providers in pediatric, general and public health dentistry, as well as dental hygienists.

The ADA believes strongly in the importance of optimal oral health, and thus better systemic health, for all Americans. Because of this commitment, the ADA supports community-based care like Community Health Centers, which serve a critical role in providing quality preventive and primary oral health care in underserved communities and populations.

The ADA also supports increasing National Health Service Corps (NHSC) scholarship and loan repayment opportunities for dentists. Extending NHSC programs would continue to address problems with health workforce distribution and local shortages, while also providing an opportunity for dentists to reduce student loan debt through service. The burden of paying off student loans for graduate dental education often contributes to geographical gaps in availability of dental services and access to oral health care because indebted graduates must seek out less risky and more lucrative opportunities. Extending the NHSC would encourage dentists and promising dental students to practice in underserved areas by providing loan repayment and scholarships in exchange for a service commitment.

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<sup>1</sup> [Health Policy Institute: Economic Outlook and Emerging Issues in Dentistry](#). Accessed September 18, 2023.

In addition, the ADA applauds your efforts to expand the Teaching Health Center Graduate Medical Education (THCGME) Program. This renewed and strengthened support would help provide needed resources for new and expanded dental residency programs. THCGME programs train residents to serve some of our nation's most vulnerable populations in community-based settings such as Federally Qualified Health Centers (FQHCs), Rural Health Clinics, and tribal health centers. Extending and expanding this funding would provide increased stability to Teaching Health Centers and strengthen continuity of care in underserved communities.

This extension of THCGME would also direct critical funding to a program that has needed increased resources for years, allowing for the expansion of existing THCGME programs and the creation of many new THCGME programs and residency slots. New funding would address general health workforce shortages and would also address persistent health disparities. Because 60 percent of THCGME training sites are in Medically Underserved Communities (MUCs) and research suggests that dentists and physicians are more likely to practice near the location of their training, extending and expanding THCGME funding would likely increase access to care in MUCs and lead to better health outcomes among populations experiencing oral health disparities.

The ADA would like to thank the committee for their consideration of legislation that supports programs to expand the oral health care workforce. These programs are crucial for creating a robust provider network that will improve access to quality oral health care for patients nationwide.

The ADA is ready to work with you to ensure that the dental workforce is sufficient to provide access to care for all Americans. If you have any questions, please contact Natalie Hales at 202-898-2404 or [Halesn@ada.org](mailto:Halesn@ada.org).

Sincerely,

George R. Shepley, D.D.S.  
President

Raymond A. Cohlmya, D.D.S.  
Executive Director

GRS:RAC:nh

cc: The Honorable Bill Cassidy, M.D.  
The Honorable Roger Marshall, M.D.