Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the 159,000 dentist members of the American Dental Association (ADA), we write to thank you for your leadership on health workforce issues, and to offer proposed solutions that our nation’s dentists believe will lead to a broadening of the workforce pipeline, better distribution of the health workforce, and most importantly, better access to care for patients in areas of the country that need it most.

We are aware that the Senate Committee on Health, Education, Labor and Pensions (HELP) is currently exploring legislative options to address healthcare workforce shortages. We respectfully request that the following proposed solutions be included in any legislative package that is taken up by the HELP Committee. Dentists’ proposed solutions include a focus on innovative programs, incentives to practice in underserved areas, and addressing student debt for medical and dental students and graduates.

Reauthorize the Action for Dental Health Grants for Innovative Programs

ADA has long championed the Action for Dental Health (ADH) program, which provides federal funding for 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.

The ADA is asking Congress to reauthorize the Action for Dental Health Act of 2018 (P.L. 115-302) grants for innovative programs for a five-year period, from fiscal year 2024 through fiscal year 2028. In order to ensure program accountability and transparency, the ADA also asks that Congress require the Secretary of Health & Human Services (HHS) to submit a report to
Congress on the extent to which the grants increased access to dental services in designated dental health professional shortage areas.

**S. 862, Restoring America’s Health Care Workforce and Readiness Act**

S. 862, the Restoring America’s Health Care Workforce and Readiness Act, would double funding for the National Health Service Corps’ (NHSC) scholarships and loan repayment programs for health care workers who serve in federally designated shortage areas. It would also provide $625 million in funding in FY 2024, increasing to $825 million in FY 2026. By reauthorizing the mandatory portion of the NHSC through 2026, this bipartisan bill prevents the NHSC’s programs from expiring in September of this year.

The ADA strongly supports increasing NHSC scholarship and loan repayment opportunities for dentists, dental hygienists, and other health care professionals. Expansion of NHSC programs would address problems with health workforce distribution and local shortages, while also providing an opportunity for dentists and others 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. The Restoring America’s Health Care Workforce and Readiness Act would encourage dentists and promising dental students to practice in underserved areas by providing loan repayment and scholarships in exchange for a service commitment.

The bill also would establish a NHSC Emergency Service demonstration project to improve the national health care surge capacity to respond to public health emergencies like the COVID-19 pandemic. The demonstration project would operate from 2024 to 2026, with up to $50,000,000 in funding, and participants would be eligible to receive loan repayments of up to 50 percent of the amount of the highest new award made through the NHSC loan repayment program.

**Flexibility in Meeting Student Loan Repayment Obligations**

Recent surveys of dental graduates show that the average new dentist graduates with over $300,000 in student debt.¹ This high debt burden restricts dentists’ ability to work in underserved areas and with low-income patients. The ADA supports the following proposals to address the student debt burden of dentists and other health care professionals.

*Permitting federal graduate student loans to be refinanced more than once*

To decrease the burden of debt on dental students and graduates, as well as on other medical professional students and graduates, ADA urges Congress to allow student loan borrowers to modify the interest rate on student loans to the current applicable rate, with that interest rate fixed for the life of the loan unless the borrower elects to modify it again.

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**S. 704, Resident Education Deferred Interest Act or the REDI Act**

S. 704, the Resident Education Deferred Interest Act (REDI Act), is a bipartisan bill that would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. The bill would address the difficulty, or inability, of those who must undertake several years of residency with very low pay to begin repaying student debt immediately. Although residents qualify to have their payments halted during residency through deferment or forbearance, their loans nevertheless continue to accrue interest that is added to the balance.

The REDI Act prevents physicians and dentists from being penalized during residency by preventing the government from charging interest on loans during a time when physicians and dentists are unable to afford payments on the principal. The REDI Act does not provide any loan forgiveness or reduce a borrower’s original loan balance. By allowing medical and dental residents to save thousands of dollars in interest on their loans, the REDI Act makes opening practices in underserved areas, or pursuing an academic or research career in those areas, more attractive and affordable to residents.

The nation’s dentists believe that addressing health workforce shortages and geographic disparities should be among Congress’ highest priorities and stands with you in your commitment to finding solutions. We urge Congress to:

- Reauthorize and commit to funding Action for Dental Health grants;
- Pass S. 862, the Restoring America’s Health Care Workforce and Readiness Act;
- Address student loan obligations through:
  - Allowing dental and medical student borrowers to modify the interest rate on student loans to the current applicable rate, with the interest rate fixed for the life of the loan unless the borrower elects to modify the rate again; and
  - Passing S. 704, Resident Education Deferred Interest Act or the REDI Act.

Thank you for your consideration of these proposals to address problems with the nation’s health care workforce. If you have any questions about dentists’ proposed workforce solutions, please contact Chris Tampio at tampioc@ada.org, or at 202-789-5178.

Sincerely,

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

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

cc: Members of the Senate Committee on Health, Education, Labor and Pensions
Attachment: Suggested Legislative Language

Reauthorize the Action for Dental Health Grants for Innovative Programs

Section 340G of the Public Health Service Act (42 U.S.C. 256g) is amended—
(1) in subsection (e), by striking “Not later than 5 years after October 26, 2002,” and inserting, “Not later than 3 years after October 1, 2023,”
(2) in subsection (f), by adding at the end “and 20,000,000 for each of fiscal years 2024 through 2028’.”

Flexibility in Meeting Student Loan Repayment Obligations

Permitting federal graduate student loans to be refinanced more than once

Section 455(b) of the Higher Education Act of 1965 (20 U.S.C. 1087e(b)) is amended by adding at the end the following new paragraph:

“(11) BORROWER MODIFICATION OF INTEREST RATE.—

“(A) MODIFICATION.—Notwithstanding the preceding paragraphs of this subsection, the borrower of a Federal Direct Stafford Loan, a Federal Direct Unsubsidized Stafford Loan, a Federal Direct PLUS Loan, or a Federal Direct Consolidation Loan may elect to modify the interest rate of the loan to be equal to the interest rate that would be applicable to such loan if such loan were first disbursed (or in the case of a Federal Direct Consolidation Loan, first applied for) on the date on which such borrower elects to modify the interest rate of such loan.

“(B) FIXED RATE.—Except as provided in subparagraph (C), an interest rate elected under subparagraph (A) for a loan shall be fixed for the life of the loan.

“(C) CONTINUING AUTHORITY TO MODIFY.—A borrower may elect to modify the interest rate of a loan in accordance with subparagraph (A)—

“(i) at any time during the life of the loan; and

“(ii) any number of times during the life of the loan, except that a borrower may not modify the interest rate of the loan more than once in a six-month period.”.