STATEMENT OF THE

AMERICAN DENTAL ASSOCIATION

TO THE

COMMITTEE ON SMALL BUSINESS

UNITED STATES HOUSE OF REPRESENTATIVES

ON

THE IMPACT OF STUDENT DEBT ON THE SMALL DENTAL PRACTICE

SUBMITTED BY

DR. RAYMOND JARVIS

CHAIR OF THE NEW DENTIST COMMITTEE

AMERICAN DENTAL ASSOCIATION

June 12, 2019
I am Dr. Raymond Jarvis, a practicing dentist in Shreveport, Louisiana and chair of the American Dental Association’s New Dentist Committee. On behalf of the American Dental Association, I am submitting this statement for the record about the impact educational debt is having on the small dental practice.

Can you imagine starting out your career owing more than you might pay for a house in some places? Can you imagine how such a debt would shape your early career decisions?

Dental student debt has been increasing for decades, even after adjusting for inflation. It has risen to the point that 85 percent of 2017 dental school seniors graduated owing an average of $287,000 student loan debt.¹ ²

To put this in perspective, these same students would have graduated in 1975 owing nearly $63,000. 1985 graduates would have left school owing more than $126,000. And 1995 graduates would have been starting their careers owing almost $179,000, just in student loans.

According to the American Dental Association’s Health Policy Institute, fewer dentists are operating as solo practice owners than ever before. In 1999,³ 65% of dentists were solo practitioners, compared with just 50.6% in 2017.

In my case, I entered dental school with the dream of being a small business owner, where I could practice where I wanted, control my own work day and take pride in a
business that was mine to care for and grow. I also wanted to control my own professional destiny and have enough to get best care for my two young children.

Four years later, I graduated from dental school owing more than $180,000 in student loans. The weight of my debt was such that my dream of being a small business owner seemed out of reach. I knew that the corporate setting was not for me.

Fortunately, I found a business partner that was willing to loan me the money I needed to join his practice. I certainly bring home enough income to support my business and student loans, but that has only become comfortably manageable in the past few years. Many of my colleagues struggle with paying off their student loans. For many of us, our student loan debt levels hold us back from taking the leap into small practice ownership.

One way to get the student debt crisis under control is for Congress to reauthorize the Higher Education Act—and do so in a way that will help alleviate the alarming levels of student debt. The vast majority of dental students use federal student loans to finance their dental education. Even marginal changes, like lowering the interest rates on these loans, allowing dentists and medical residents to defer the accrual of interest on their loans while they are in their residencies and allowing them to be financed whenever interest rates are lower, would be a step in the right direction.

We are submitting with this statement with a list of principles for reauthorizing the Higher Education Act and information on other student loan and higher education related legislation we support. These proposals won’t keep students out of debt, but
they will help (at least marginally) offset the more than $287,000 that most new dentists owe at graduation. We hope that Congress will act on this legislation soon.

Reducing a new dentist’s early career debt, even marginally, can be a sound economic investment. One dental practice contributes more than $1.7 million dollars to the economy, and the profession overall contributes over $272 billion. The faster you can move a practice to the point of needing to hire new workers, the faster the economy will grow. That is why it is so important for Congress to get this financial crisis under control.

I would like to thank the committee for this opportunity to submit a statement for the record about how postgraduate student debt is affecting the health care marketplace. We appreciate your commitment to ending this financial crisis that is affecting our states, our towns and our communities.

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1 Annual American Dental Education Association Survey of Dental School Seniors, 2017 Graduating Class: Table 10. Level of 2017 graduating seniors’ educational debt by type of school.
2 Annual American Dental Education Association Survey of Dental School Seniors, 2017 Graduating Class: Table 8. Average amount of educational debt of graduating seniors by all schools combined and by type of school, 1990 and 1996-2017.
Narratives from New Dentists on the Effect that Student Debt Has Had on Their Career Choices

These narratives were provided by current and past representatives from the American Dental Association’s New Dentist Committee. They are the personal stories of those dentist members and should not be considered official policy positions by the American Dental Association.

Raymond Jarvis, D.D.S., Chair of the American Dental Association’s New Dentist Committee

My name is Dr. Raymond Jarvis and I am a practicing dentist in Shreveport, Louisiana. I received my D.D.S. from Louisiana State University Health School of Dentistry in 2010. Upon graduation, I joined with my business partner in 2010 and we co-own the business. We employ 10 people and see an average of 200 patients per week. I am an active member of the American Dental Association (ADA) and I am proud to serve as the Chair of the New Dentist Committee at the ADA. Our Committee of 17 members from across the country advises the ADA Board of Trustees on the needs, wants and concerns of dentists who are less than 10 years out of dental school. I can tell you that the number one issue that we hear about is student debt.

I consider myself to be lucky in terms of my own personal debt load and achievements. I graduated with $180,000 worth of student loan debt, and although that may seem high, the most recent dental school graduates have an average debt of just over $287,000. Tuition varies across the country and this number, being an average, is much lower than what many experience. In fact, 40% of the 2018 dental school graduates report student debt above $300,000. By the way, this would mean a monthly payment of $3,907, using a 10 year loan term. And the debt is further compounded for dentists who decide to specialize, like in pediatrics or oral surgery. My colleagues who have this much debt have told me that debt has greatly affected their practice choice decisions.

Many enter into the corporate dental practice world because the burden of their debt deters them from wanting to take on the additional capital debt required to purchase a practice. Again, I was lucky that I found a business partner that was willing to enter into a partnership in which he would provide me with the loan I needed to join him in his practice. I pay off that loan and my student loans with monthly payments. This affects my net income greatly and I bring home less than I might otherwise if I worked in a corporate or larger practice setting. I made this choice because I had always envisioned myself as a small business owner where I could control my own work day and take pride in a business that was mine to care for and grow. I also wanted to ensure that I could control my own professional destiny and had stability so that I could best care for my future family – I now have two young children.

Owning a small business was always my goal – and many of my colleagues share this dream as well. In part, because of the desire to return back home and contribute to your chosen community. Our business is taking care of the people around us, our neighbors and friends, and dentists are often seen as community leaders because of this.

It’s also important to note that many dentists start their careers as employees – working for another small or large dental office. And many of us may hold 2 or 3 jobs, working at a couple different offices or as adjunct faculty at the dental school. We contribute to the small business community as employees as well.

And some new graduates – about 17% of new dentists - may decide to enter a corporate practice, and this is okay too. There are a lot of options today and everyone has their own path. But what I find the most difficult to hear is when a new dentist tells me that opening their own practice is not possible – or is significantly delayed – because of the hindrance of debt. That they are afraid to take on the burden of a small business loan or that they simply don’t have the flexibility in their finances to even get started.
They do not even have the opportunity to feel the satisfaction that I feel every day working in and operating my own business because I was able to make that choice.

And as our population becomes more diverse, it is increasingly important to ensure that we are inclusive to all people who want to pursue the wonderful profession of dentistry. And as they enter into dental school and assume the hundreds of thousands dollars of debt – we should be able to say – yes, you can open your own business and serve the patients in your community in the way in which you want to do so. And when it comes time to change, you can find a buyer as well. With the increasing student debt load and little provisions for relief, I am concerned that we are limiting our profession and our impact on our communities.

In addition to my own perspective on this issue, other members of the New Dentist Committee have included their narratives below on how student loan debt may affect their practice model choices in the start of their careers. I, along with other members of the New Dentist Committee want to applaud the House Small Business Committee for holding this hearing. We would be happy to work with the Committee members and staff to explore legislative ways that we can mitigate the student loan debt burden of our profession so that we can choose to continue to be a profession of proud small businessmen and women nationwide.

I have also included the ADA and American Student Dental Association one-pager on our positions on higher education and student loan debt, as well as a one-pager that illustrates the positive economic impact that a dental practice will have on its local community and nationwide.

Thank you for holding this important hearing and for reviewing mine and my colleagues’ narratives on this issue.

Thank you,
Raymond Jarvis, D.D.S.
Chair, ADA New Dentist Committee
Shreveport, LA

Dr. Brooke Fukuoka, 11th District representative, ADA New Dentist Committee

When I finished dental school I did a residency and an externship. My passion is treating patients who have special needs. I had great training and I was excited to enter the real world where this skill would be valued and put to use.... Little did I know my dream was not realistic for a new graduate. I had over $200,000 in student debt that needed paid off. I had three choices: I could get a job that paid well, I could get a job that had loan repayment, or I could make income based payments and allow the mountain of debt to grow into an even more crushing number.

Looking at my target population, a job that paid well was out of the question. Anyone with access to Medicaid rates, overhead costs, and a calculator could see that math wouldn't work out in my favor.

I looked to my next option, a job with loan repayment. Unfortunately, because adults who have developmental disabilities and intellectual disabilities are not designated as a MUP, a practice of that nature would not qualify for National Health Service Corps Loan Repayment. I contacted them, wrote emails, and tried my best to have them reconsider. I searched for other options for loan repayment if I had a special care clinic and had no luck.
Stuck between what I wanted to do, open a clinic that focuses on treating patients who have special needs, and what I had to do, pay back my loans, I took a job at a health center where I could be paid on salary and have loan repayment.

It is an excellent health center and I am proud of what they do, however- my career satisfaction was low. I saw people who needed my services, those who needed my advanced training, who needed a special care clinic, but I was unable to provide what they needed. In 2015 I started a side practice to at least meet some of their needs. As this practice evolves my career sanctification is improving. This year I lost my loan repayment because my hours are less with the health center and more in my practice. It is hard. My family has made personal cutbacks so that I could follow my dream in Special Care.

I am on the path to building my dream, but it shouldn't take this long. The longer I go without access to certain treatment options for this population, the less confident I become in some of my skills. There are a couple of things I will be seeking re-training for before I implement. People who have special needs are the most underserved people in our community, and there are people like me who want to serve them, but first we have to climb out from under a mountain of debt.

I have scaled part of this mountain, I am far from the top, but I am lucky and have a husband who supports me so we have gotten to a manageable level. Some are not as lucky and have to settle for much longer. This issue does not only effect the new dentists coming out with large debt concerns, it effects the underserved populations we can't afford to treat.

Thank You,
Brooke MO Fukuoka, D.M.D.
ADA New Dentist Committee Representative 11th District
(Alaska, Idaho, Montana, Oregon, Washington)
Jerome, ID

Dr. Daniel W. Hall, District 16 Representative, ADA New Dentist Committee

I am a proud South Carolinian who is a product of both public and private educational institutions. I attended public school until college, where I was able to earn a full scholarship to Wofford College, a private undergrad institution, in Spartanburg, SC. Following Wofford, I enrolled in the Medical University of South Carolina’s College of Dental Medicine. Unlike the private education I received at Wofford, there was little to no scholarship or tuition assistance available for Dental School, even though it is a public institution.

I chose my career, and I chose the institutions I attended. No one forced me into the debt I now carry. But what I did not understand was that in addition to the tuition, room, and board I was borrowing money for, I was also accruing interest that would total nearly $70,000 during the four years I was in Dental School. Add to that educational expenses, and I left my public state dental school with over $400,000 of debt. I hadn’t lived extravagantly. No boat purchase, no ski vacations, no new car payments: I went to class, learned, and graduated.

I elected to participate in a General Practice Residency rather than enter private practice immediately following graduation. In spite of living in Columbia, SC apart from my wife for a year, which required a second set of living expenses, I began paying on my loans after the standard six month grace period.

It has taken me 4 years of payments, refinancing the loans with an education specialist, and adjusting my life goals to now have my debt at a mere $375,153.43, with a lowered interest rate of 5.3% rather than the 6.9% that the loans initially carried.
With debt like this, I had to delay my dream of practice ownership in a rural community until this past August. The office I purchased required an investment of $27,000 from our personal savings, which may not seem like a lot in D.C., but in South Carolina that’s serious money to a couple recently married, out of school, and who just bought a house.

We have invested in the future of our family by choosing a profession that is rewarding and meaningful to our rural community. But the debt I carry has limited my ability to improve the office for the betterment of my patients and has delayed my wife and I having children.

I am frustrated that while we have planned and worked for the future we want, the income we earn is taxed heavily before it can be applied to our student loans. Tuition interest is deductible on the 1040 tax form, schedule 1, line 33, but only up to $2,500 per year per tax return if your household modified adjusted gross income is less than $135,000 for a couple married filing jointly. The deduction is phased out as income increases, leading to total loss of the deduction for modified adjusted gross incomes greater than $165,000. A similar scenario is true for single, head of household tax returns, with phase out of the deduction beginning at $65,000 and total loss at $80,000. This threshold applies to all career fields that require higher education: engineers, physician assistants, nurses, pharmacists, physicians, and yes, dentists.

This calculation fails to consider your “real income” once student loans, which were necessary to achieve this income, are factored in. So the benefit that exists to encourage self-improvement through education is useless once you achieve your goal due to the income cap and the $2,500 allowed deduction should you even qualify for participation in this deduction. For reference, I anticipate paying $19,673.16 in interest alone this year, and I will not be able to claim any amount of this deduction.

I am not asking for anything for free. I value the American Dream and the hard work it takes to improve your station in life. What I and others are asking for is sensible student loan reform that lessens the burden on those who seek to improve themselves and their communities through higher education. We work hard, we are taxed hard, and we vote hard. Instead of encouraging dependence on government programs and the Welfare State, why not invest in America’s future by supporting those who invest in themselves.

Daniel W. Hall, D.M.D.
ADA New Dentist Committee, 16th District (North Carolina, South Carolina, Virginia).
Williamston, South Carolina

Dr. Lindsey J. Yates, past ADA New Dentist Committee member

I went to a state university for undergrad and came out with zero loans due to scholarships and help from my parents. I went to a state university for dental school, and came out with close to $170,000 in student loans, all federally subsidized and unsubsidized, no private. This is a pittance compared to the average dental student debt burden, and compared to many of my friends whose student loan burdens are nearing $500,000.

I was required to do a one-year residency in order to obtain my dental license, taking a significant salary hit my first year out of school, compared to graduates who went right into private practice. I completed my general practice residency in Chicago. During my time in dental school and residency, I discovered that my passions within the profession of dentistry were public health and teaching, both of which are among the lowest paid positions within dentistry. Due to the Great Recession, it was difficult to find any job as a dentist; most private practice owners had problems filing their own chairs, let alone having
enough patient volume to justify needing an associate. I found full-time work at a multi-disciplinary not-for-profit health center working 6 days a week. I worked there for 6 years, and eventually directed the dental department. I loved my work, and I was grateful for it. I found great fulfillment providing low-cost, much-needed dental care to the many underserved populations in Chicago. These were patients without insurance or Medicaid coverage, patients whom many other dentists refused to treat. Despite our not-for-profit health center having a great HPSA score, because the other numerous rules for public service loan forgiveness were so onerous, I was not able to qualify for loan forgiveness during my time working there. I also started teaching part-time at a residency at a local hospital; I used my vacation time at my full-time job so I could carve out time for teaching. I loved giving back to the profession which gave me so much. It was truly exciting seeing the growth and development of the dental residents during their year in the program, and I credit this experience with jumpstarting my career in dental education.

My loans were in deferment/forbearance while in residency, and once I started working, I opted for the minimum monthly payment (close to $1100 per month) because that is all I could afford to pay working on a not-for-profit salary. Because of my student loan burden, I put off buying a car, buying a house, and having a child. The loans for the last two years of my dental school education have a fixed interest rate of 6.8% and are not permitted to be consolidated, meanwhile I can finance a car at 0% interest, and a mortgage at 3.4% interest. I drove my car for 13 years until it no longer worked, and I had my son a month before my 30th birthday. I went back to work when he was 10 weeks old; paying for daycare was a challenge, but my husband and I cut back in other areas of our spending and made it work. As it was, I knew we had to put off having a second child for at least 5 years until our son entered kindergarten, because we could not afford to have two children in daycare at the same time. As my son grew, we began to think about where he would attend kindergarten. We tried to buy an apartment, but found we could not afford any home in a good public school district. We could afford to live in areas of the city which saw much more violent crime and had poorly-rated school districts, but decided we did not want to take that risk. We explored private school options, but it was so cost-prohibitive, we would have had to decide between sending him to private school and having a second child. I did not want to give up my work in public health dentistry, abandon my values and my calling, just to so I could work in private practice and earn a higher salary, nor did I want the regret of having an only child simply because I sought to educate myself and chose an altruistic profession. After 2 years of exploring all the options, we made the difficult decision to leave Chicago and move to Denver due to its much lower cost of living. In Colorado, I am able to continue treating underserved populations and working in dental education, and also afford a modest car and modest house in a good public school district and safe neighborhood. It only took uprooting my family from a city we loved and moving across the country to make it work. This is the true effect that high tuition costs and high interest rates for student loans have on people's lives. I make the joke, although it is really not funny at all, that I will be done paying back my loans when I turn 55 years old, and then I will finally have money to save to retirement. How is it that a dentist and a business professional, both working full-time, and their one young son, can't make it work financially in an American city? If we can't, who can?

Lindsey J. Yates D.D.S
Denver, Colorado
Resident Education Deferred Interest (REDI) Act

H.R. 1554

The American Dental Association (ADA) and the American Student Dental Association (ASDA) urge you to cosponsor the "Resident Education Deferred Interest" (REDI) Act, H.R. 1554, a bill that would amend the Higher Education Act of 1965 to allow borrowers to defer their student loans interest-free while they are serving a medical or dental internship or residency program. This bipartisan bill was introduced by Representative Brian Babin (R-TX), who is also one of our dentist members of Congress.

Currently, medical and dental residents accrue interest on their graduate loans while they are in school and residency – even if they qualify for deferment or forbearance due to their inability to make payments.

A dentist in a four-year residency program, for example, who has an average of $287,000 in unsubsidized student loans after completing dental or medical school at the current average graduate loan interest rate of 6 percent, will pay more than $75,000 of additional interest over those four years.

For those dentists who choose to enter a residency program, significant student debt coupled with very low pay make it difficult for them to begin repaying their student debt right away.

Furthermore, the elimination of subsidized graduate loans combined with higher student loan interest rates have resulted in a significant increase in student loan debt for medical and dental professionals, making it challenging for them to consider serving in underserved areas or in faculty or research positions.

The REDI Act would allow all medical and dental residents to qualify for deferment and allow all of their loans – both subsidized and unsubsidized – to accrue interest-free during this time period.

The ADA and ASDA are requesting that you cosponsor the REDI Act, H.R. 1554.

Information:
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Student Loan Refinancing Act

H.R. 2186

The American Dental Association (ADA) and the American Student Dental Association (ASDA) urge you to cosponsor the “Student Loan Refinancing Act” (H.R. 2186), introduced by Rep. Mark Pocan (D-WI) and Rep Glenn Grothman (R-WI). This bill would allow individuals to refinance their federal student loans to take advantage of lower interest rates at any time the rates are more favorable due to improved economic conditions.

As a result of the Student Loan Certainty Act of 2013, federal student loan interest rates are tied to financial markets. Interest rates are determined each year and could reach as high as 9.5 percent, depending on the prevailing interest on 10-year Treasury notes plus 3.6 percent.

In 2017, 84.5 percent of dental school seniors graduated with an average educational debt of $287,331.1,2

Most dental students rely on federal student loans to finance their dental education. In 2017, over two-thirds (66.9 percent) of graduating dental school seniors reported using Direct Loans to pay for dental school and, to a lesser extent, Grad PLUS Loans (65.1 percent).3

H.R. 2186 would allow new dentists to refinance their federal Direct Loans, Direct PLUS Loans, and Direct Consolidation Loans at any time during the life of the loans, enabling them to take advantage of lower interest rates during more favorable economic conditions. Moreover, refinanced rates would be fixed, protecting them from interest rate hikes when economic conditions worsen.

The ADA and ASDA are requesting that you cosponsor the Student Loan Refinancing Act, H.R. 2186.

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1 Annual American Dental Education Association Survey of Dental School Seniors, 2017 Graduating Class: Table 10. Level of 2017 graduating seniors’ educational debt by type of school.
2 Annual American Dental Education Association Survey of Dental School Seniors, 2017 Graduating Class: Table 11. Average graduating educational debt of 1996–2017 graduates with debt, by type of school.
3 Annual ADEA Survey of Dental School Seniors, 2017 Graduating Class: Table 13. Type of loans reported by 2017 graduating seniors, by percentage of respondents (N=4,888).
Student Loan Programs and the Higher Education Act

The Higher Education Act (HEA), which provides the statutory authority for most federal student loan programs to operate, is several years overdue for reauthorization. The American Dental Association (ADA) and the American Student Dental Association (ASDA) urge you reauthorize the HEA as soon as possible. We also urge you to alleviate the exorbitant amounts of dental student debt by adhering to the following principles.

1. Protect the Direct Unsubsidized Stafford Loan (Direct Loan) and Grad PLUS loan programs for graduate and professional degree students.

2. Reinstate eligibility for graduate and professional degree students to use federal Direct Subsidized Stafford Loans, which is currently available to undergraduates only.

3. Lower the interest rate caps and the total amount of interest that can accrue and compound on Direct and Grad PLUS loans.

4. Extend the deferment period and halt the accrual of interest while a dentist is completing a medical/dental internship or residency, as provided in H.R. 1554, the Resident Education Deferred Interest Act (or REDI Act).

5. Permit federal graduate student loans to be refinanced whenever interest rates are lower and economic conditions are more favorable.

6. Lower the administrative fees and simplify (and add more transparency to) the federal graduate student loan application process.

7. Remove the barriers for individuals to take advantage of the Public Service Loan Forgiveness program, which forgives any remaining student debt after ten years of payments and qualifying public service.

8. Permit those with private graduate student loans to take advantage of federal student loan forgiveness programs.

9. Encourage institutions of higher education and lenders to offer training to help students make informed decisions about how to finance their graduate education.

10. Encourage collaborative approaches to handling borrowers who fail (or are at risk of failing) to fully repay their federal student loan(s) in the required time period.

Most dental students rely on federal student loans to finance their dental education. In 2017, over two-thirds (66.9 percent) of graduating dental school seniors reported using Direct Loans to pay for dental school and, to a lesser extent, Grad PLUS Loans (65.1 percent).1 The default rate on dental student loans is extremely low, making them good investments for the federal government. In fact, most dentists pay back their loans much faster than other federal loan recipients.2

Unfortunately, educational debt is making the move from dental school to Main Street a daunting endeavor. In 2017, 84.5 percent of dental school seniors graduated with an average educational debt of $287,331.3,4 This catastrophic level of student debt is sometimes exacerbated by the interest rates on Direct Loans taken out on or after July 1, 2013, which could reach as high as 9.5 percent, depending on the prevailing interest on 10-year Treasury notes plus 3.6 percent.5,6
It is an uphill battle for a highly indebted young dentist to establish a career in an economy where over 50 percent of practicing dentists own or are partnered in a small business. Lenders view early career individuals who are almost $288,000 in debt as a higher credit risk, which makes it more difficult to invest in a group practice. The same is true for any highly indebted person trying to obtain a car or home loan, or even a credit card.

As a matter of public policy, reducing a new dentist’s early career debt, even marginally, is a sound economic investment. For an early career dentist, a lower debt burden will make banks more open to lending funds to invest in a group practice and make other high value purchases. Moreover, a lower debt burden will remove barriers for those wanting to pursue careers in public service, teaching, research and administration early in their careers.

Again, the ADA and ASDA urge you reauthorize the Higher Education Act as soon as possible with the above principles intact.

Information
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1 Annual ADEA Survey of Dental School Seniors, 2017 Graduating Class: Table 13. Type of loans reported by 2017 graduating seniors, by percentage of respondents (N=4,888).
2 “Health care & medical students who graduate with a large amount of debt are less likely to default on their student loans,” National Journal Research, 2018.
3 Annual American Dental Education Association Survey of Dental School Seniors, 2017 Graduating Class: Table 10. Level of 2017 graduating seniors’ educational debt by type of school.
4 Annual American Dental Education Association Survey of Dental School Seniors, 2017 Graduating Class: Table 11. Average graduating educational debt of 1996-2017 graduates with debt, by type of school.
5 20 U.S.C. § 1087e.
6 The interest rate on Direct Loans taken out between July 1, 2006 and June 30, 2013, is fixed by law at 6.8 percent.
Economic Impact of One Dental Office: $1,738,848

Impact of Dental Services

- Dentists: $101 Billion
- Services: $48 Billion
- Trade: $23 Billion
- Manufacturing: $33 Billion
- Government: $4 Billion
- Insurance, Real Estate: $39 Billion
- Utilities: $16 Billion
- Other: $23 Billion

What is the Economic Impact of Dentistry on the Economy?

While economic impact is made in the same locality as a dentist’s office, the impact is not confined to this locality. For example, materials from outside local economies are purchased by dentists, businesses that sell to the dentists’ offices, and other firms and industries affected by the economic activity stemming from the dentists’ offices. The influence of any economic activity commonly spreads beyond a local economy.

Direct Impact: $94 Billion
Indirect Impact: $44 Billion
Induced Impact: $134 Billion

Total Economic Impact of Dentistry: Over $272 Billion

Source: 2000 Economic Impact of Dentists Study by the ADA’s Health Policy Institute, adjusted for inflation

1. Expenditures include the purchase of supplies, wages and salaries paid, and the value added, which includes the profit of the dental practices and the taxes paid.
2. Purchases of inputs made by firms that are supplying goods and services to the dental offices.
3. Benefits to the economy as the result of increased income and spending by people who work in and those who supply goods and services to dental offices.