January 16, 2015

The Honorable Joseph R. Pitts
Chairman
Subcommittee on Health
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

The Honorable Gene Green
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Chairman Pitts and Ranking Member Green:

We appreciate your interest in improving graduate medical education (GME), and we look forward to the reauthorization of this critically important program that helps deliver oral health care services to underserved communities in our nation’s highest need areas. Your request focuses much attention on the GME funded through the Medicare program. While it is true that the majority of Federal support for such programs comes through that source it is not the only source of support for training of health professionals.

The Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) administers other programs. Of principal importance to dentistry are programs under Title VII of the Public Health Service Act providing for oral health training. These programs fund residencies in general dentistry, pediatric dentistry, and provides grants to states for oral health care. In addition, HRSA administers the Teaching Medical Center GME (TMC-GME) and the Children’s Hospital GME (CH-GME) programs, both of which include some training for post-doctoral dental residents.

One area of concern that we would like to highlight for you is a proposal that was contain in the Administration’s FY 2015 budget to eliminate CH-GME and incorporate its goals and purposes into a larger Targeted Support GME initiative (TS-GME). The Administration’s proposal would also move the current THC-GME program, created under the Affordable Care Act (ACA), into the TS-GME program, creating a new $530 million program. Pediatric and general dental residencies are funded under CH-GME and are also a part of the THC-GME program. We are grateful that the Congress did not include this proposal in the Consolidated and Further Continuing Appropriations Act 2015, Public Law 113-235.

We are concerned that in combining CH-GME and THC-GME into the TS-GME program the Administration’s proposal left out dental residencies from the allowable expenditures of the new program resulting in the loss of training slots for oral health. Moreover, Title VII Oral Health Training programs, supported by discretionary appropriations, work in concert with GME sources to build an adequate dental safety net. Pediatric and general dentists are the primary workforce serving children receiving pediatric dental insurance coverage for the first time under the ACA.

According to the HRSA, primary care residents trained in community-based settings are three times more likely than traditionally-trained residents to practice primary care in a community-based setting. As such, the GME Program is currently and directly addressing our critical primary health care workforce shortage – delivering new primary care providers to the communities where they are needed most – and should be considered as a model for meeting future healthcare workforce needs.

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Thank you for your continued interest and efforts on behalf of these important issues. We look forward to working with you, your colleagues, and staff during the 114th Congress to ensure the long-term stability, sustainability, and growth of the GME system and the dental safety net.

If you require additional information please contact Yvonne Knight, Senior Vice President for Advocacy and Government Relations, American Dental Education Association at, 202-513-1162 or via email at knighty@dea.org; or Mary Dietrich, Director of Congressional Affairs, American Dental Association at 202-789-5178 or via email at dietrichm@ada.org.

Sincerely,

American Dental Association
American Academy of Pediatric Dentistry
American Dental Education Association

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