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The Honorable Bernard Sanders
Chair
Senate Committee on Health, Education, Labor
Labor and Pensions
428 Senate Dirksen Office Building
Washington, D.C. 20510

The Honorable Bill Cassidy, MD
Ranking Member
Senate Committee on Health, Education,
and Pensions
428 Senate Dirksen Office Building
Washington, D.C. 20510

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), we thank the Committee on Health, Education, Labor and Pensions (HELP) for holding your recent hearing entitled "*Examining the Dental Care Crisis in America: How Can We Make Dental Care More Affordable and More Available?*" AAOMS is the professional organization representing more than 9,000 oral and maxillofacial surgeons in the United States, and it supports its members' ability to provide quality accessible care to their patients through education, research, and advocacy.

The Committee's recent hearing highlighted the current needs in oral health care and how limited access to care is impacting patients. We wanted to take this opportunity to provide you with our comments about the critical role of specialty providers in healthcare and offer insights into solutions to improve access to oral health care in underserved areas.

OMSs are surgically and medically trained dental specialists who treat conditions, defects, injuries and esthetic aspects of the mouth, teeth, jaws, neck, and face. After earning a dental degree from an accredited four-year dental school, OMSs complete a minimum of four years of hospital-based oral and maxillofacial surgery residency training that includes rotations in general surgery, anesthesia, and clinical research. Nearly 40 percent also earn a medical degree after their dental degree. Some complete fellowship training programs with a focus on cancer, reconstruction, craniofacial care and other patient needs.

Surgeries performed by OMSs address infected and impacted teeth; dental implant placement and bone grafting; corrective jaw surgery; temporomandibular disorders; facial trauma; and head and neck cancers. OMSs serve as integral members of their hospital teams to manage patients with cleft lip/palate and those with obstructive sleep apnea.

OMSs serve as a vital bridge between medicine and dentistry. They provide care in private practices, ambulatory surgical centers, community health centers and hospitals. OMSs are uniquely positioned to treat complex conditions both in office and hospital settings. They often take hospital call treating emergency dental infections and facial injuries caused by car accidents, gunshot wounds or other incidents.

Notably, OMSs who partake in call at their local hospitals are able to provide definitive care, alleviating the cost and harm – both to the patient and to society – of that revolving door of visits to emergency departments. This was especially evident during the peak of COVID when OMSs kept their doors open and provided the definitive care needed to keep patients with severe oral health conditions out of hospital waiting rooms.

OMSs are also among the few dental specialists that bill both dental and medical insurance, and some accept Medicare and Medicaid. OMSs and AAOMS have had a unique voice in working with CMS to ensure appropriate dental coverage for medically necessary dental services under Part B. AAOMS also partnered with the American Dental Association and the American Academy of Pediatric Dentistry to provide valued guidance to CMS to increase the Medicare facility payment for dental procedures performed on children, adults with disabilities and the frail elderly in hospital outpatient settings and at ambulatory surgical centers (ASCs). Prior to this increase, payment for dental procedures were not on par with those of medical procedures resulting in limited access to facilities. **We call on Congress to encourage state Medicaid agencies to adopt these Medicare revisions for greater access to hospitals and ASCs for patients in need of care**.

Additionally, access to dental providers in rural and underserved areas is a challenge. AAOMS supports several bills under the committee's jurisdiction to help address this problem. The Action for Dental Health Act of 2023 (S 2891) is a bipartisan bill that would reauthorize the Action for Dental Health (ADH) initiative. ADH provides grants to states to support oral health disease promotion and prevention activities as well as helps states increase their oral health workforce and provide needed dental care, particularly in underserved communities. The House passed its version of the bill (HR 3843) on March 7. **We urge the HELP Committee to take up and pass the Action for Dental Health Act**.

It is imperative to incentivize providers to practice in underserved areas and that includes specialists. There are several states where there are only a handful of OMSs. In other states, they are maldistributed favoring urban and densely populated locations. Patients who require oral or maxillofacial care often have needs beyond those of routine dental care or those that can be provided by a general dentist.

The cost of OMS education, however, is substantial. OMSs must undertake several years of residency with very low pay and are often unable to begin repaying student debt immediately. During residency, they qualify to have their payments paused through deferment or forbearance processes, but they continue to accrue interest that is added to their balance. According to a recent AAOMS survey of OMSs who finished residency within the last five years, 70 percent had student loan debts of more than $300,000 upon

completing residency and 72 percent indicated their student debt was a deterrent from going into rural/underserved areas or academia.

HRSA funds several programs through Title VII that support the dental team and encourage practice in underserved areas. Unfortunately, OMSs are ineligible for programs such as the National Health Service Corps Scholarship and Loan Repayment programs because they are geared toward primary and pediatric medicine and dentistry.

On the other hand, the bipartisan Specialty Physicians Advancing Rural Care (SPARC) Act (S 705) would create a student loan repayment program under HRSA specifically for specialists, which could incentivize them to consider rural/underserved areas. **We encourage the Committee to examine the SPARC Act as you consider solutions to increase access to care.**

There is another bipartisan solution to help ease the student loan burden, the Resident Education Deferred Interest (REDI) Act (S 704). The REDI Act prevents physicians and dentists from being penalized during residency by precluding the government from charging them interest on their loans during a time when they are unable to afford payments on the principal. The REDI Act does not provide loan forgiveness or reduce a borrower's original loan balance. **We ask the Committee to add the REDI Act to its discussions on access to care and health care workforce.**

Finally, the recruitment and retention of allied personnel also is a significant challenge facing OMS offices. The shortage of skilled professionals such as nurses, surgical assistants, and administrative staff can hinder the delivery of quality care. **We ask Congress to help address this challenge by supporting programs that incentivize allied healthcare professionals to work in rural and underserved areas, such as loan repayment programs or scholarships for training in allied health fields.**

In conclusion, addressing the dental care crisis requires a multifaceted approach that prioritizes access, affordability, and workforce development. AAOMS stands ready to assist the committee as it seeks solutions. Thank you for your attention and commitment to addressing this critical issue. Please contact Jeanne Tuerk, AAOMS Director of Government Affairs with any questions at 800-822-6637, ext. 4321 or jtuerk@aaoms.org.

Sincerely,

Mark A. Egbert, DDS, FACS
AAOMS President