

Oral and maxillofacial surgeons:
The experts in face, mouth and
jaw surgery®



American Association of Oral and Maxillofacial Surgeons

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March 17, 2023

The Honorable Bernard Sanders
Chair
Health, Education, Labor, and Pensions
Committee
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Health, Education, Labor, and Pensions
Committee
United States Senate
Washington, DC 20510

Re: HELP Committee Health Care Workforce RFI

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), which represents more 9,000 oral and maxillofacial surgeons (OMSs) in the United States, thank you for the opportunity to comment on your request for information following the February 16th HELP Committee hearing entitled “Examining Health Care Workforce Shortages: Where Do We Go From Here?” Like many healthcare associations, AAOMS has concerns about the future of our profession, and we see student loan debt as a major driver leading to workforce shortages in our specialty.

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 such areas as general surgery, anesthesia, and clinical research. Nearly 40 percent also earn a medical degree or complete a fellowship training program. During this extensive educational process, a student’s debt load can become immense.

A 2017 survey of OMSs, who were current residents or recent graduates at the time, revealed more than 51 percent had over \$350,000 in student debt; 43 percent had a monthly loan payment over \$3,000; 59 percent said their debt would impact the type of

practice they would enter; and 62 percent reported their debt would determine the geographical location of their practice.¹

Physicians and dentists who undertake several years of residency with very low pay are often unable to begin repaying their substantial student debt immediately. As a result, they qualify to have their payments halted during residency through deferment or forbearance processes, but they continue to accrue interest that can add tens of thousands of dollars to their loan balance over the life of the loan.

Deferment or forbearance can be very costly to a resident and further compound their debt load due to accumulating interest. For example, a student with the average debt of \$300,000 entering their four-year residency program could accrue more than \$80,000 in accumulated interest (assuming a 6 percent interest rate) which will be added to their \$300,000 principal. AAOMS believes this current loan structure unfairly punishes medical and dental residents during one of the most critical times in their education and serves as a deterrent to those interested in practicing in underserved areas or entering faculty or research.

That is why AAOMS, and more than 40 other physician and dentist organizations, [support](#) the “Resident Education Deferred Interest (REDI) Act” (S 704/HR 1202), bipartisan legislation currently before Congress. The bill, if passed, will allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program.

The solutions to addressing our nation’s healthcare workforce issues are multi-faceted, and we believe that addressing student debt loads should be part of those solutions. We hope the Committee will consider the REDI Act as it examines workforce issues more closely. The REDI Act will remove the penalty that students endure just for entering their residency and will help reduce burden on our next generation of physicians and dentists so their decisions on where to practice are not based on their ability to repay their loans.

Again, thank you for your leadership on workforce issues, specifically as it relates to healthcare professionals. AAOMS would be pleased to work with the Committee on this important initiative. Please contact Jeanne Tuerk, AAOMS Director of Government Affairs, at 800- 822-6637, ext. 4321, or jtuerk@aaoms.org.

Sincerely,



Paul J. Schwartz, DMD
AAOMS President

¹ Bruno, E, Zastrow, S, Covello, P, Hammer, D. The Resident Organization of the American Association of Oral and Maxillofacial Surgeons Debt Task Force Perspective on Educational Debt and the Impact on the Specialty of Oral and Maxillofacial Surgery. JOMS. 2019; 77:235-237.

