



## American Association of Oral and Maxillofacial Surgeons

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AAOMS.org

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May 12, 2025

The Honorable Tim Walberg  
Chair  
House Committee on Education and the Workforce  
2176 Rayburn House Office Building  
Washington, DC 20515

The Honorable Bobby Scott  
Ranking Member  
House Committee on Education and the Workforce  
2010 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Walberg and Ranking Member Scott:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), which represents more the 9,000 oral and maxillofacial surgeons (OMSs) in the United States – including approximately 1,200 residents in 101 oral and maxillofacial surgery residency programs across the country – I am writing to thank you for your efforts to address the rising costs of education and to express some concerns with several provisions in the Student Success and Taxpayer Savings Plan as they relate to OMSs. The bill was marked up and passed by the House Education and Workforce Committee on April 29.

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. Many also complete an additional two years for a medical degree and/or a fellowship training program.

AAOMS recognizes that the cost of higher education – particularly medical and dental school – is substantial, and while we appreciate the legislation's intent to drive down tuition costs, we believe that will take time to become reality. In the interim, several changes proposed in the bill may make dental school out of reach for many qualified individuals, to the detriment of patient access to care.

First, AAOMS was pleased to see language in the bill that would reinstate the ability for physicians and dentists to defer their federal student loans interest free while in residency. This is similar to the bipartisan, bicameral REDI Act (S 942/HR 2028) that AAOMS has advocated for. However, the Student Success and Taxpayer Savings Plan limits interest-free deferment to only four years, which

fails to reflect the reality of OMS training. Nearly 40 percent of OMSs are in six-year residency programs, which allow them to obtain a medical degree, in addition to a dental degree. Capping deferment at four years leaves those residents responsible for growing interest while still earning a trainee's modest stipend, exacerbating their financial burden. OMSs residents are not unique in this regard, as many other surgical residency programs in medicine also extend beyond four years. We recommend aligning the interest-free deferment period with the full duration of residency training, ensuring that trainees in all medical and dental specialties fully benefit from the program.

Second, the proposed loan limits – combined with the elimination of the GradPLUS loan program – create a major barrier for students pursuing OMS. The average tuition and fees for first year dental students in 2023-24 was \$59,886 at public institutions and \$84,842 at private institutions<sup>1</sup>. The Student Success and Taxpayer Savings Plan sets a \$200,000 lifetime cap on federal borrowing – inclusive of undergraduate and graduate loans – and eliminates the GradPLUS loan, which allows dental students to borrow up to the cost of attendance. Together, these provisions may force many future OMSs to rely on high-interest private loans to finance their dental school education, significantly increasing their debt burden and influencing critical career choices—such as whether to practice in underserved communities. Alternatively, some may decide against a career in OMS altogether, further threatening access to specialized surgical oral healthcare. According to HRSA's latest report from 2024, nationally, HRSA projects that the demand for several dental specialists, including OMS, will exceed supply by 2037<sup>2</sup>.

Finally, excluding physicians and dentists from being allowed to count their residency training years toward participating in the Public Service Loan Forgiveness will likely decrease the number of OMSs who enter long-term careers in public service, reducing access to oral healthcare for the nation's most vulnerable patients.

In short, while AAOMS applauds the Committee's efforts to reduce the cost of higher education, we urge you to reconsider the provisions that disproportionately burden borrowers in high-demand, long-duration health professions such as OMS. Interest-free deferment should match the length of medical or surgical training, and access to federal graduate lending, including GradPLUS loans, is critical to maintaining a highly skilled and sustainable OMS workforce.

Please contact Jeanne Tuerk, AAOMS Director of Government Affairs with any questions at 800-822-6637, ext. 4321 or [jtuerk@aaoms.org](mailto:jtuerk@aaoms.org).

Sincerely,

A handwritten signature in black ink that reads "J. David Morrison" followed by a stylized flourish.

J. David Morrison, DMD  
President

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<sup>1</sup> 2022-23 Survey of Dental Education – Report 2: Tuition, Admission and Attrition.

<https://www.ada.org/resources/research/health-policyinstitute/dental-education>. Accessed July 11, 2024

<sup>2</sup> Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections. Available at <https://bhwh.hrsa.gov/data-research/review-health-workforce-research>