June 24, 2025

The Honorable Bill Cassidy, MD Chair Senate Committee on Health, Education, Labor and Pensions 428 Dirksen Senate Office Building Washington, DC 20510

The Honorable Bernie Sanders Ranking Member Senate Committee on Health, Education, Labor and Pensions 428 Dirksen Senate Office Building Washington, DC 20510

Dear Chairman Cassidy and Ranking Member Sanders:

On behalf of the following organizations, we would like to express our concern with some of the language put forth by the HELP committee in its contribution to the reconciliation package. We acknowledge the significant financial burden of higher education – particularly medical and dental school – and while we appreciate the legislation's intent to reduce tuition costs, we believe such changes will take time to become reality, if at all. In the meantime, several provisions in the legislation would unintentionally make medical and dental education less accessible to many qualified individuals, exacerbating workforce shortages and jeopardizing patient access to care.

First, we are pleased that the committee's version retains the ability for undergraduate students to receive subsidized loans, unlike the House-passed version, which eliminated them. However, the proposed loan limits - combined with the elimination of the GradPLUS loan program - still present a significant barrier for students pursuing medical and dental school. The average tuition and fees for first year medical students in 2023-24 was \$49,512 at public institutions and \$61,528 at private institutions<sup>1</sup> and for first-year dental students was \$59,886 at public institutions and \$84,842 at private institutions during the same time-period<sup>2</sup>. Effective July 1, 2026, the committee's draft text establishes a \$257,500 lifetime cap on federal borrowing – inclusive of undergraduate and graduate loans – and eliminates the GradPLUS loan, which allows medical and dental students to borrow up to the cost of attendance. Medical and dental schools will not be able to reduce their tuition by this date. As a result, these provisions will force many future medical and dental students to rely on high-interest private loans which often offer fewer borrower protections—to finance a portion of their education. This will significantly increase their debt burden and influence critical career decisions, such as whether to practice in underserved communities or to open up their own small business dental or medical practice. Alternatively, some may find the cost of education prohibitive and decide against a career in medicine or dentistry altogether.

<sup>&</sup>lt;sup>1</sup> American Association of Medical Colleges. Tuition and Student Fees Report: 2013-2025.

https://www.aamc.org/data-reports/reporting-tools/report/tuition-and-student-fees-reports. Accessed June 16, 2025.

<sup>&</sup>lt;sup>2</sup> 2023-24 Survey of Dental Education – Report 2: Tuition, Admission and Attrition.

https://www.ada.org/resources/research/health-policy-institute/dental-education. Accessed June 16, 2025

The legislative text also proposes to exclude physicians and dentists from counting their residency training years toward eligibility for the Public Service Loan Forgiveness (PSLF) program. This exclusion would represent a significant setback for early-career healthcare professionals who often rely on PSLF as a pathway to manage their substantial educational debt while serving in nonprofit, academic, or government settings. Residency is a critical and mandatory phase of medical and some dental training, during which providers typically earn modest stipends while working long hours in hospitals and clinics that frequently serve low-income or underserved populations. Disqualifying this period from PSLF eligibility not only undermines the program's intent to encourage public service but also disincentivizes physicians and dentists from pursuing or remaining in these vital roles. Ultimately, this change could exacerbate provider shortages in rural and underserved areas, limiting access to care for some of the nation's most vulnerable patients.

Finally, we were disappointed that language reinstating the ability for physicians and dentists to defer a portion of their federal student loans interest free while in residency was excluded from committee's draft text despite being included in the House-passed bill. That provision was similar to the bipartisan, bicameral REDI Act (S 942/HR 2028) that many medical and dental provider groups have advocated for in recent years. Although the House-passed bill limits interest-free deferment to four years—falling short for those in medical and dental residencies that exceed four years—it would still offer meaningful relief and help make practice in underserved or academic settings more attainable. We encourage you to include language in your reconciliation package that would allow medical and dental residents to defer their loans interest-free during their residency.

In summary, while we support efforts to make higher education more affordable, several provisions in the current legislative draft would unintentionally create significant barriers for aspiring medical and dental professionals. By capping federal loans, eliminating the GradPLUS program, excluding residency years from Public Service Loan Forgiveness eligibility, and omitting interest-free deferment during residency, the bill threatens to limit access to these professions and reduce the availability of care—particularly in underserved and vulnerable communities. We urge lawmakers to reconsider these provisions to ensure that efforts to lower costs do not inadvertently restrict the pipeline of future healthcare providers.

## Sincerely,

Academy of General Dentistry American Academy of Family Physicians American Academy of Neurology American Academy of Oral & Maxillofacial Pathology American Academy of Otolaryngology – Head and Neck Surgery American Academy of Pediatric Dentistry American Academy of Pediatrics American Academy of Periodontology American Association for Dental, Oral, and Craniofacial Research American Association for Pediatric Ophthalmology & Strabismus American Association of Endodontists American Association of Neurological Surgeons American Association of Oral and Maxillofacial Surgeons American Association of Orthodontists American Association of Orthopaedic Surgeons American Association of Psychiatric Pharmacists American College of Cardiology American College of Emergency Physicians American College of Medical Genetics and Genomics American College of Obstetricians and Gynecologists American College of Osteopathic Family Physicians American College of Osteopathic Internists American College of Physicians American College of Radiology American College of Rheumatology American College of Surgeons American Dental Association American Dental Education Association American Gastroenterological Association American Osteopathic Association American Physical Therapy Association American Podiatric Medical Association American Psychiatric Association American Society for Clinical Pathology American Society for Dermatologic Surgery Association American Society for Gastrointestinal Endoscopy American Society of Anesthesiologists American Society of Cataract & Refractive Surgery American Society of Nuclear Cardiology American Society of Plastic Surgeons American Student Dental Association American Urological Association Association of Departments of Family Medicine Association of Family Medicine Residency Directors **Congress of Neurological Surgeons Council of Academic Family Medicine Hispanic Dental Association** Medical Group Management Association National Dental Association North American Primary Care Research Group North American Society for Pediatric Gastroenterology, Hepatology and Nutrition **Renal Physicians Association** Society for Cardiovascular Angiography and Interventions Society for Vascular Surgery Society of American Indian Dentists Society of Hospital Medicine Society of Interventional Radiology Society of Teachers of Family Medicine The Society of Thoracic Surgeons