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[1] and for first-year dental students was $59,886 at public institutions and $84,842 at private institutions during the same time-period[2]. 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.

[1] 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.
[2] 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