American College of Physicians
Leading Internal Medicine, Improving Lives

May 13, 2025

The Honorable Tim Walberg
Chairman
Committee on Education & Workforce
U.S. House of Representatives
Washington, DC 20515

The Honorable Robert C. "Bobby" Scott
Ranking Member
Committee on Education & Workforce
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Walberg and Ranking Member Scott:

On behalf of the American College of Physicians (ACP), I am writing to express our strong opposition to the limitations and restrictions to federal student loans and the Public Service Loan Forgiveness (PSLF) program as contained in Sec. 30011 of Subtitle B and Sec. 30022 and Sec. 30024 of Subtitle C of Title III-Committee on Education and Workforce of "Providing for reconciliation pursuant to H.Con.Res. 14, the Concurrent Resolution on the Budget for Fiscal Year 2025". These provisions were reported by the Committee on Education & Workforce on April 29, 2025. **ACP is greatly concerned that at a time when there is a physician workforce shortage—especially in primary care—that these policy changes to student loans and the PSLF could directly result in fewer students going to medical school and therefore worsen the physician shortage in the United States.**

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness.

The College has long been concerned about the shortage of primary care physicians in the United States, particularly the supply of internal medicine physicians, who are at the forefront of managing chronic diseases and providing comprehensive and coordinated long-term care. The Health Resources and Services Administration (HRSA) estimates that the an additional 13,075 primary care physicians are necessary to alleviate current primary care shortage designations and predicts a shortage of 87,150 primary care physicians by 2037. Without Congress taking real steps to support careers in primary care, starting with providing student debt relief, we will not be able to expand access and improve health outcomes for our patients or decrease health care expenditures for the country.

**Sec. 30011** would arbitrarily cap borrowing on federal student loans at levels of: $50,000 for undergraduate programs; $100,000 for graduate student programs; and $150,000 for

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professional programs. While the objective of these limits may be well-intentioned to induce colleges and universities to not increase or even lower tuition costs, these caps could serve as a barrier to students considering current educational costs. The average total cost of medical school is $238,420 or $59,605 annually, with the average cost increasing by over $1,200 every year. Medical student debt has also been steadily increasing and a typical medical school graduate incurs approximately $212,000 in medical school debt alone, or $228,000 when combined with premedical education debt. Other estimates place the average medical school loan debt even higher at $234,597 and $264,519 with premedical school debt. It is unrealistic to expect that medical schools, especially public ones tied to tight state budgets, would be able to implement massive reductions to tuition by July 1, 2026, when these loan caps would go into effect. As a result of these caps, far fewer students would be able to financially access medical school, worsening the existing physician shortages across the country, especially in rural and underserved areas. At a minimum, students with less financial resources would have to turn to higher cost private loans instead of federal student loan programs.

**Sec. 30022** would implement another barrier for medical graduates to repay loans issued after July 1, 2025. While medical residents could defer their loan repayment with no interest accrual, it would be restricted to only four years. Limiting this deferral to only four years is completely inadequate. There are numerous medical residencies that last longer than four years. The training an internal medicine physician receives to subspecialize in a particular medical area is both broad and deep. Subspecialty training (often called a "fellowship") usually requires an additional one to three years beyond the standard three year general internal medicine residency. This limitation could have the impact of driving medical graduates into programs based on residency length, rather than actual need, making physician shortages worse in subspecialities that require longer residencies. ACP has been a long-time supporter of the Resident Education Deferred Interest (REDI) Act, H.R. 2028/S.942, and that bill does *not* limit the number of years of deferment.

**Sec. 30024** would disadvantage medical residents by explicitly excluding them from the definition of “qualifying jobs” for the purposes of the PSLF program. This exclusion does not permit future physicians that are in training at public and non-profit hospitals to participate in PSLF. However, it would completely negate a medical resident’s time counting towards forgiveness from the PSLF program during the early career years when they are compensated the least. Physicians in training receive a modest stipend, $65,000 annually in the first year on average. This provision would disincentivize medical residents from choosing public and non-profit institutions for their residency. Loan forgiveness is a powerful tool to attract and retain physicians in public service and nonprofit roles, particularly in primary care, where workforce shortages are most severe. It also serves as a critical recruitment mechanism for government and nonprofit healthcare employers committed to improving public health.

The cost of medical school is a daunting challenge for anyone. ACP is greatly troubled about the potential impact of these changes to federal student loan limits and the PSLF program. If enacted, they will not succeed in reducing the student loan burden that physicians face. We fear that institutions will not have enough time to change their tuition structure to lower costs while many prospective medical students will simply be unable to afford to start their medical education, leading to declining medical school enrollment and even more physician shortages**. Accordingly, we ask the Committee to immediately reexamine its approach to modifying federal loans for medical students. The Committee's objective should be to expand the pipeline for much-needed physicians to care for our patients, not to implement policies with the opposite effect.**

The College welcomes dialogue about constructive, bipartisan approaches to improve and expand the physician pipeline in the U.S. through expanding vital and proven programs such as Medicare Graduate Medical Education (GME) and physician workforce programs within the HRSA, such as Title VII's Primary Care and Training Enhancement (PCTE), the National Health Service Corps (NHSC), and the Teaching Health Center Graduate Medical Education (THCGME) program, among others. **We strongly encourage your Committee and Congress to first put forward such ideas for review and feedback from the physician community about the potential impact to students pursuing a medical education.**

Thank you for your consideration and the College looks forward to working with you and your colleagues in the House as you move ahead with these important issues.

Sincerely,

Jason M. Goldman

Jason M. Goldman, MD, MACP
President