

Strengthening the Internal Medicine Physician Workforce

All patients should have access to a physician who can deliver primary, whole-person, comprehensive, and longitudinal care. Congress should invest in federal programs that support and expand the internal medicine and primary care physician workforce.

Why Action is Needed

With growing demand placed on the existing health workforce, it is even more imperative for Congress to act to protect patients' access by expanding the pipeline of future physicians. The United States faces a projected [shortage of up to 187,000 physicians by 2037](#)—including a [shortage of over 87,000 primary care physicians](#). A [2021 report by the National Academy of Sciences, Engineering and Medicine](#) called on policymakers to dramatically increase investment in primary care and the physician workforce. The evidence clearly shows that high-quality primary care is critical for achieving health care's quadruple aim (enhancing patient experience, improving population health, reducing costs, and improving the health care team experience).

Recent actions by the administration and Congress have made affording a medical education more difficult by limiting loan repayment and forgiveness options and increasing barriers in recruiting international medical graduates who help fill critical workforce gaps.

- **Loans for Medical Students:** The FY2025 budget reconciliation law eliminated GradPLUS Loans for professional students and imposed limits for Direct Unsubsidized Loans for professional students at \$200,000 including a new lifetime maximum aggregate limit at \$257,000 for all student loan borrowers. These changes will be effective July 1, 2026, so the impact on medical student enrollment may happen by fall 2026. Throughout the reconciliation budget process, ACP expressed its [strong concern](#) about these loan limits. 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 [debt even higher at \\$234,597 and \\$264,519 with premedical school debt](#). These new loan limits are unrealistic for those pursuing careers in medicine and must be increased.
- **Public Service Loan Forgiveness (PSLF) Program:** ACP is [deeply concerned](#) by the U.S. Department of Education's final rule regarding the PSLF program. By restricting PSLF program eligibility for physicians employed under contracts with hospitals and health systems, this rule jeopardizes both patients' access to care and physicians' financial stability and autonomy. The College strongly supports the PSLF program. 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.
- **H-1B Visas:** The administration issued a Proclamation: "Restriction on Entry of Certain Nonimmigrant Workers." It imposes a \$100,000 fee on employers for each initial H-1B

application filed after September 21, 2025. [ACP is worried](#) that this policy threatens to restrict access to care when there is a severe physician workforce shortage.

ACP's Position

Congress and the Administration must act now to invest in and expand the physician workforce, rather than further restricting programs that support access to medical education. It is essential that Congress ease or remove the newly imposed loan limits and restore key loan programs for professional students before these changes inflict lasting harm on the physician pipeline. Additionally, Congress and the Administration should protect and strengthen programs such as PSLF by shortening the required number of payments, ensuring that graduates are not “job-locked” after meeting their obligation, and preventing overbroad regulations from excluding qualified employers from participation.

ACP also urges the administration to clarify that non-U.S. international medical graduates (IMGs) are essential to the national interest and should be exempt from the H-1B visa fee. Congress should enact bipartisan solutions to expand the physician workforce and avoid stymieing its expansion with restrictions.

Call to Action

- *Student Loan Limits and GradPLUS*: Introduce legislation to eliminate the new loan limits and restore the GradPLUS program for professional students. Further, Congress should pass the Lowering Obstacles to Achievement Now (LOAN) Act, H.R. 4862, which would give access to subsidized loans at the same interest rate available to these students for unsubsidized loans.
- *Public Service Loan Forgiveness (PSLF) Program*: Congress should pass the Payment Completion Fairness Act, H.R. 3267, which would make it possible for an individual to leave a non-profit employer if they get a new job after the required 120 payments but before the federal government grants loan forgiveness—avoids job lock.
- *H-1B Visas*: The administration should grant national interest exemptions for medical residents, fellows and physicians, avoiding the \$100,000 fee on employers because IMGs make up a substantial portion of the physician workforce, helping to mitigate the physician shortage, especially in underserved communities and rural areas.