

March 27, 2025

The Honorable Jacky Rosen
U.S. Senate
713 Hart Senate Office Building
Washington, D.C. 20510

The Honorable John Boozman, OD
U.S. Senate
555 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Brian Babin, DDS
U.S. House of Representatives
2236 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Chrissy Houlahan
U.S. House of Representatives
1727 Longworth House Office Building
Washington, D.C. 20515

Dear Senators Rosen and Boozman and Representatives Babin and Houlahan:

On behalf of our organizations, we thank you for reintroducing the “Resident Education Deferred Interest (REDI) Act” (S 942/HR 2028) that, if passed, will allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program.

The cost of graduate-level medical and dental education is substantial for the vast majority of students. Further, those who spend years in residency with very low pay often cannot begin to repay their student loans after graduation. While they may qualify to have their payments halted during residency through deferment or forbearance processes, interest continues to accrue on their loans and is added to their balance.

The REDI Act addresses this issue by ensuring physicians and dentists are not penalized during residency. The bill prevents the government from charging interest on their loans during a time when they often are unable to afford to make payments on the loan principal. The REDI Act does not provide any loan forgiveness or reduce a borrower’s original loan balance.

Providing student loan relief also is a workforce issue. According to HRSA’s latest report from 2024, nationally, across all physician specialties in the United States, there is a projected shortage of 187,130 full-time equivalent (FTE) physicians in 2037. In fact, 31 out of the 36 physician specialties reported in this brief are projected to have shortages in 2035.¹ HRSA has also projected that the demand for general dentists as well as several dental specialists is predicted to exceed supply by 2037.² The REDI Act allows medical and dental residents to save thousands of dollars in loan interest, making it more feasible for them to consider opening practices in underserved areas or pursuing careers in academia or research.

Passage of the “REDI Act” is an important part of student loan repayment reform. Thank you again for your support on this important issue.

¹ Department of Health and Human Services, Health Resources and Services Administration, *Physician Workforce: Projections, 2022-2037*. November 2024. Available at <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/physicians-projections-factsheet.pdf>.

² 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>.

Sincerely,

Academy of General Dentistry
American Academy of Family Physicians
American Academy of Neurology
American Academy of Oral and Maxillofacial Pathology
American Academy of Oral and Maxillofacial Radiology
American Academy of Otolaryngology - Head and Neck Surgery
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association for Dental, Oral, and Craniofacial Research
American Association for Pediatric Ophthalmology & Strabismus
American Association of Child and Adolescent Psychiatry
American Association of Endodontists
American Association of Neurological Surgeons
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American Association of Orthopedic Surgeons
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Rheumatology
American College of Surgeons
American Dental Association
American Dental Education Association
American Gastroenterological Association
American Medical Association
American Osteopathic Association
American Psychiatric Association
American Society for Radiation Oncology
American Society of Anesthesiologists
American Society of Dentist Anesthesiologists
American Student Dental Association
American Urological Association, Inc.
College of American Pathologists
Congress of Neurological Surgeons
Hispanic Dental Association
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
Society of Interventional Radiology
The Society of Thoracic Surgeons

May 13, 2025

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Johnson and Leader Jeffries,

On behalf of the physicians our organizations represent, we write today to express our concerns with many of the changes to federal student loans contained in Section III of the legislation, "Providing for reconciliation pursuant to H.Con.Res. 14, the Concurrent Resolution on the Budget for Fiscal Year 2025" which was favorably reported out of the House Committee on Education and Workforce on April 29, 2025.

As the population in the United States continues to grow and age, demand is greater than ever for physicians in every corner of the country. Yet, according to a recent report from the Association of American Medical Colleges (AAMC), the United States will face a shortage of up to 86,000 physicians by 2036. To address this shortage, we must not only sustain but grow the number of students graduating from medical school.

The Education and Workforce Committee's legislation, while well-intended, will have the opposite effect. The bill proposes borrowing caps on federal student loans of \$50,000 for undergraduate programs, \$100,000 for graduate student programs and \$150,000 for professional programs. The goal of these caps is to force universities to lower tuition, making higher education more affordable for all students. However, the average medical school graduate is graduating with approximately \$235,000 in medical school debt alone, or \$265,000 of combined medical and premedical education debt. Medical schools, especially public institutions, will not be able to make these drastic reductions to their tuition structures by July 1, 2026, when the loan caps go into effect. As a result, far fewer students will be able to afford medical school, exacerbating the existing physician shortages across the country, especially in rural areas.

We also urge Congress to maintain the Grad PLUS program and protect full access to Unsubsidized Direct borrowing for aspiring medical and dental students. Not only will lending to aspiring physicians boost the health care workforce, but physicians are reliable borrowers in paying back their student loans. Despite having higher interest rates and often longer repayment terms than undergraduates, student loan defaults by physician borrowers are nearly nonexistent. Eliminating Grad PLUS or restricting aggregate lending would hamstring the over 40% of all medical students who use the program and worsen physician workforce challenges by reducing access to medical school for students in every community.

In addition to making it more difficult to afford medical school, this legislation will make it more challenging for future medical graduates to repay loans issued after July 1, 2025. First, medical and dental residents will be able to defer loan repayment with zero interest accrual for up to four years. We whole-heartedly support zero-interest loan deferral, but limiting the deferral to four years is inadequate as many medical residencies are longer than four years, especially those for surgical specialties. This could have the impact of driving medical graduates into programs based on residency length, rather than community need, further exacerbating shortages. Second, the bill excludes medical and dental residency from the definition of “qualifying jobs” for purposes of Public Service Loan Forgiveness (PSLF), which risks further exacerbation of the physician workforce shortage. By ensuring student loan relief for those who work at public and non-profit hospitals for 10 years, PSLF strengthens the physician and dental workforce. Without the opportunity for PSLF repayments, future physicians and dentists in training at public and non-profit hospitals can no longer participate in PSLF during their early career years when they are making the least amount of money and most in need of assistance, and this may result in fewer individuals pursuing careers in medicine and dentistry or deciding to train and practice at public and non-profit facilities.

Medical education is an incredibly expensive undertaking, and we support the Committee’s goal of trying to lower the costs of medical school to reduce the student loan burden new physicians face. However, we have serious concerns about the impact of these massive changes to the federal student loan program. We fear institutions will not have enough time to adapt their financial structures to lower costs while many prospective students will be unable to afford to start their medical education, leading to declining medical and dental school enrollment and exacerbating already painful shortages.

We ask the Committee to reconsider its approach to federal loans for medical and dental students to ensure this country can continue to produce much-needed physicians and dentists to care for our growing population, young and old. Our physicians stand ready to assist you in this important endeavor, and we appreciate your consideration.

Sincerely,

American Academy of Family Physicians
American Academy of Ophthalmology
American Academy of Pediatrics
American Association of Child and Adolescent Psychiatry
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians

American College of Rheumatology
American College of Surgeons
American Osteopathic Association
American Psychiatric Association
American Society of Cataract & Refractive Surgery
American Society of Anesthesiologists
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Renal Physicians Association
Society of Cardiovascular Angiography and Interventions
Society of Hospital Medicine
Society of Interventional Radiology
Society of Thoracic Surgeons
Society for Vascular Surgery

May 22, 2025

The Honorable Susan Collins
Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Patty Murray
Vice Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Shelley Moore Capito
Chair, Subcommittee on Labor, Health and
Human Services, Education, and Related
Agencies
U.S. Senate
Washington, DC 20510

The Honorable Tammy Baldwin
Ranking Member, Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
U.S. Senate
Washington, DC 20510

Dear Chair Collins, Vice Chair Murray, Chair Capito, and Ranking Member Baldwin:

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write to thank you for your continued support of the Pediatric Specialty Loan Repayment Program (PSLRP, Public Health Service Act Sec. 775) and request \$30 million in funding for PSLRP in the Senate Fiscal Year (FY) 2026 Labor, Health and Human Services (HHS), Education and Related Agencies (LHHSE) appropriations bill. This funding level will allow the Health Resources and Services Administration (HRSA) to ensure more communities have access to pediatric specialty care by expanding the number of loan repayment awards it is able to make. Investments in the pediatric subspecialty workforce are essential to addressing the serious challenges of chronic disease in children and ensuring young people can grow up healthy and thrive.

The United States' supply of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals is inadequate to meet children's unique health needs. Ideally, children requiring specialized care should be able to see a provider within a reasonable amount of time and as close to their homes as possible. However, pediatric subspecialty shortages are resulting in more children waiting longer for an appointment and having to travel long distances to receive necessary care. Children in need of some types of specialty care must wait close to 5 months or longer for an appointment with a pediatric subspecialist. For example, the wait time for an appointment with a specialist to diagnose whether a child has a developmental disorder such as ADHD or autism can be 4 $\frac{3}{4}$ months, while the wait time for an appointment with a specialist who can diagnose a genetic disorder can be 5 $\frac{1}{4}$ months.¹ Furthermore, the need to travel long distances to access care can cause additional stress and burden due to disrupted family schedules and lost time at school. Delaying care can result in delayed diagnosis, delayed treatment and intervention, and potentially harmful consequences.

¹"[Pediatric Workforce Assessment in Children's Hospitals](#) (Fall 2023)," Children's Hospital Association, 2024. *Note: Information obtained from 56 children's hospitals from September through October 2023.

The Pediatric Specialty Loan Repayment Program helps to ameliorate these shortages by addressing the financial barriers to training and practicing in a pediatric subspecialty. The additional time and expenses required to become a pediatric subspecialist can make pediatric subspecialist training and practice financially unfeasible. Pursuing subspecialty training typically requires forgoing a salary for two to four additional years while receiving specialized training, often leading to the accumulation of interest on outstanding educational debt. Further, pediatric subspecialists may earn less than general pediatricians because of the ways that pediatric health care is financed, or they earn more but not enough to compensate for lost earnings. The PSLRP helps to even out the financial burdens faced by pediatric subspecialists by providing \$100,000 in loan repayment in exchange for a three-year commitment to practice in an area where access is currently limited, or to provide care to children from these communities. This commitment helps address the economic factors that discourage individuals from subspecializing.

Now is a crucial time to increase investments in the pediatric medical subspecialty, pediatric surgical specialty, and child mental health workforce. Thanks to Congress' continued bipartisan investment in this critical program, HRSA was successfully able to issue PSLRP awards in 2023 and 2024. However, the number of interested and eligible pediatric subspecialists far outstripped available funding, highlighting the significant unmet demand for loan repayment. An investment of \$30 million in FY 2026 will allow HRSA to more than double the number of awards it is able to provide. This will ensure that more communities have access to pediatric subspecialty and child mental health care by incentivizing highly trained health care professionals to provide care to children from underserved areas.

As you consider the FY 2026 LHHSE bill, we strongly urge you to include \$30 million in funding for PSLRP. Thank you for your leadership and longstanding bipartisan commitment to investing in children's physical and mental health. If you have any questions, please contact Matt Mariani-Seltz at mmariani@aap.org.

Sincerely,

AANS/CNS Section on Pediatric Neurological Surgery
Academic Pediatric Association
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Pediatrics
American Association for Pediatric Ophthalmology and Strabismus
American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent Psychiatry
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Obstetricians and Gynecologists
American College of Rheumatology

American Pediatric Society
American Society of Hematology
American Society of Pediatric Hematology/Oncology
American Society of Pediatric Nephrology
American Society of Pediatric Neurosurgeons
American Society for Pediatric Otolaryngology
Ann & Robert H. Lurie Children's Hospital of Chicago
Anxiety and Depression Association of America
Arthritis Foundation
Association of Medical School Pediatric Department Chairs
Association of Pediatric Program Directors
Boston Children's Hospital
California Children's Hospital Association
Child Neurology Society
Children's Hospital Association
Children's Hospital Colorado
Children's Hospital Los Angeles
Children's Hospital Los Angeles Medical Group
Children's Hospital of Philadelphia
Children's Specialty Care Coalition
Children's Wisconsin
Congress of Neurological Surgeons
Connecticut Children's
Council of Pediatric Subspecialties (CoPS)
Eating Disorders Coalition for Research, Policy, and Action
El Paso Children's Hospital
Endocrine Society
Florida Association of Children's Hospitals
Global Alliance for Behavioral Health & Social Justice
International OCD Foundation
Loma Linda University Children's Hospital
Lupus and Allied Diseases Association, Inc.
MassGeneral for Children
MultiCare Health System
National Association of Pediatric Nurse Practitioners
National Coalition for Infant Health
Nemours Children's Health
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
North American Society for Pediatric and Adolescent Gynecology
Pediatric Endocrine Society
Pediatric Orthopaedic Society of North America
Pediatric Policy Council

Prevent Blindness
Psychotherapy Action Network
REDC Consortium
Scoliosis Research Society
Seattle Children's
Societies for Pediatric Urology
Society for Developmental and Behavioral Pediatrics
Society for Pediatric Research
The Hospital and Healthsystem Association of Pennsylvania
The National Alliance to Advance Adolescent Health
The Society of Thoracic Surgeons
West Virginia Children's Hospital Collaborative

June 4, 2025

The Honorable John Thune
Majority Leader
United States Senate
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

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

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

Dear Majority Leader Thune, Leader Schumer, Chair Cassidy, and Ranking Member Sanders:

On behalf of the undersigned organizations who represent medical students, residents, practicing physicians, and medical schools, we urge you to protect financial aid programs that improve access to medical education and are essential to bolstering the future physician workforce. We are concerned about proposals within the One Big Beautiful Bill Act that seek to eliminate the Grad PLUS program, impose new aggregate limits on Direct Loan borrowing, and limit eligibility to the Public Service Loan Forgiveness (PSLF) program, particularly for physician residents.

We urge Congress to maintain the Grad PLUS program and protect full access to Unsubsidized Direct Loan borrowing, including the \$224,000 cap for health professions students. Federal lending to aspiring physicians expands access and boosts the health care workforce. Physicians are very reliable borrowers who pay back their student loans, as evidenced by their extremely low default rates. Eliminating Grad PLUS or restricting aggregate lending will disadvantage the more than 40% of all medical students who use the programs because they may no longer be able to afford medical school if required to borrow from the private loan market. This may worsen the physician workforce shortage by reducing access to medical school for students, and therefore restricting the supply of health care providers in every community. While we are sure that exacerbating the physician shortage is not an intended result, we do have to bring to your attention the unintended consequences of eliminating these vital financial programs.

We also urge you to maintain current eligibility requirements for the PSLF program, especially for medical school residents. Physicians who participate in PSLF are essential health care providers in rural and urban medically underserved communities. More than 55% of medical school graduates plan to work in public service jobs, including as physicians in nonprofit hospitals, public health departments, and community clinics in rural areas. A total of 99.4% of graduating students indicate an intention to practice medicine. Eliminating incentives for physicians who intend to serve in these settings to promote the public interest would limit the availability of high-quality care for patients and communities who need it most. The country continues to face shortages of physicians in communities nationwide. Therefore, we call on Congress to ensure that any forthcoming legislation does not threaten access to medical education or exacerbate the physician workforce shortage by eliminating the Grad PLUS program, imposing limits on borrowing, or limiting eligibility for the PSLF program. We urge you to maintain and enhance these essential loan and forgiveness programs to improve the health of people everywhere.

cc: The Honorable Mike Johnson, Speaker of the House of Representatives; The Honorable Hakeem Jeffries, Minority Leader of the House of Representatives; The Honorable Tim Walberg, Chair of House Committee on Education & the Workforce; The Honorable Bobby Scott, Ranking Member of House Committee on Education & the Workforce; The Honorable Jason Smith, Chair of House Ways & Means Committee; The Honorable Richie Neal, Ranking Member of House Ways & Means Committee The Honorable Virginia Foxx, Chair of House Committee on Rules, The Honorable Jim McGovern, Ranking Member of House Committee on Rules

On behalf of:

Alliance for Academic Internal Medicine (AAIM)

American Academy of Family Physicians

American Academy of Hospice and Palliative Medicine

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Otolaryngology - Head and Neck Surgery

American Academy of Pediatrics

American Academy of Physical Medicine & Rehabilitation

American Association for the Study of Liver Diseases

American Association of Colleges of Osteopathic Medicine

American Board of Medical Specialties

American College of Academic Addiction Medicine

American College of Cardiology

American College of Emergency Physicians

American College of Obstetricians and Gynecologists

American College of Osteopathic Family Physicians (ACOFP)

American College of Osteopathic Internists

American College of Physicians

American College of Radiology

American College of Rheumatology

American College of Surgeons

American Gastroenterological Association

American Psychiatric Association

American Society for Clinical Pathology
American Society of Anesthesiologists
American Society of Cataract & Refractive Surgery
American Society of Echocardiography
American Society of Pediatric Nephrology
American Urological Association
Association of American Medical Colleges
American Medical Group Association (AMGA)
Asian Pacific American Medical Student Association (APAMSA)
Assembly of Osteopathic Graduate Medical Educators (AOGME)
Association of Departments of Family Medicine
California Hospital Association
College of American Pathologists
Medical Group Management Association
North American Primary Care Research Group (NAPCRG)
National Rural Health Association
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Society of Hospital Medicine
Society of Interventional Radiology
Society of Interventional Radiology
Society of Teachers of Family Medicine
The Society of Thoracic Surgeons
The Society of Thoracic Surgeons

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 institutions¹ and for first-year dental students was \$59,886 at public institutions and \$84,842 at private institutions during the same time-period². 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

Submitted at www.regulations.gov

August 28, 2025

The Honorable Linda McMahon
Secretary
U.S. Department of Education
Office of Postsecondary Education
400 Maryland Avenue SW, 5th Floor
Washington, DC 20202

RE: Public comments on the intent to establish two negotiated rulemaking committees to prepare regulations for the Federal student financial assistance programs authorized under Title IV of the Higher Education Act (HEA) of 1965, as amended (Title IV, HEA programs); **Docket ID ED-2025-OPE-0151.**

Dear Secretary McMahon:

On behalf of the undersigned organizations representing America's physicians and other health professionals, medical and other health professions students, and academic institutions, we respectfully urge the Department of Education to preserve the long-standing federal loan exception that allows medical students and other health professions students to borrow additional Unsubsidized Direct Loans supplementing statutory limits.

Our organizations have been committed to strengthening America and actively engaged in addressing persistent health workforce shortages across rural and other underserved communities. A key component of these efforts is recruiting and retaining aspiring health professions students in health care careers, particularly students from rural America and other underserved backgrounds who often return to similar communities to practice. Federal student financial aid programs play a key role in facilitating this work to address health workforce shortages. Since 1996, the U.S. Department of Education has been a supporter in this effort and has recognized the unique financial demands of health professions education by permitting additional aggregate Unsubsidized Direct loan borrowing supplementing statutory limits for certain specialized graduate and professional degree programs. The Federal Student Aid Handbook and the 1986 reauthorization of the Higher Education Act ([P.L. 99-498](#), Section 428H(d)) reflect this long-standing policy in support of the intensive, experiential nature of health professions training, which often entails higher costs to adequately prepare students for clinical practice and service within the nation's health care workforce.

The recently enacted One Big Beautiful Bill Act (OBBBA, [P.L. 119-21](#)) does not alter the Secretary's authority to continue granting this borrowing exception to students in specific health professions degree programs. As the Department works to implement the OBBBA, **we urge you to continue exercising that authority and maintain the exception currently in place.** Doing so will allow America's future health professionals to borrow additional Unsubsidized Direct Loans supplementing statutory limits and ultimately, to contribute to America's workforce in service to the nation's most pressing health care needs. Without this exemption, our analysis

indicates that at least 55 percent of medical student borrowers would be forced to seek private loans to cover the full cost of attendance, which are loans that typically carry higher interest rates, fewer borrower protections, and limited repayment flexibility. Other health professions face a similar challenge; costs of attendance will not be fully covered by federal loans under new statutory limits. We are concerned that, as a result, students who may otherwise have practiced in rural and other underserved communities may opt to forgo a health care career altogether. Ultimately, communities will lack health care professionals, and their health needs will go unmet. Investing in health professions students has the added benefit of bolstering the healthcare workforce in every community. At a time when the United States faces shortages of health professionals across numerous specialties and geographic areas, especially in rural and underserved communities, we cannot afford to limit the pipeline of future doctors and health professionals.

We respectfully urge the Secretary to continue the current practice of a health professions exception and to explicitly preserve the ability of health professions students to borrow additional Unsubsidized Direct Loans, supplementing statutory limits. Ensuring that all aspiring students can pursue a health professions education is essential to promoting health and wellbeing among all Americans.

Sincerely,

Alliance for Academic Internal Medicine (AAIM)

American Academy of Family Physicians

American Academy of Hospice and Palliative Medicine

American Association of Colleges of Osteopathic Medicine

American Association of Colleges of Podiatric Medicine

American Association of Naturopathic Physicians

American Association of Veterinary Medical Colleges

American College of Academic Addiction Medicine

American College of Obstetricians and Gynecologists

American College of Osteopathic Family Physicians

American College of Physicians

American College of Rheumatology

American College of Surgeons

American Council on Education

American Podiatric Medical Association

American Podiatric Medical Student Association

American Psychiatric Association

American Psychological Association Services

American Society for Clinical Pathology

American Society of Cataract & Refractive Surgery

American Society of Echocardiography

Association of Accredited Naturopathic Medical Colleges

Association of American Medical Colleges

Association of Chiropractic Colleges

Association of Public and Land-grant Universities

Association of Schools and Programs of Public Health

Association of University Programs in Health Administration

College of American Pathologists

Mass General Brigham

Medical Group Management Association

Medical College of Wisconsin

Naturopathic Medical Student Association

New York Medical College

Rutgers, The State University of New Jersey

Society of Hospital Medicine

The American Academy of Pediatrics

The Ohio State University

The Society of Thoracic Surgeons

University of Colorado Anschutz Medical Campus

University of Maryland, Baltimore

Washington State University

October 2, 2025

The Honorable Jacky Rosen
U.S. Senate
713 Hart Senate Office Building
Washington, D.C. 20510

The Honorable John Joyce, M.D.
U.S. House of Representatives
152 Cannon House Office Building
Washington, D.C. 20515

The Honorable Roger Wicker
U.S. Senate
425 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Deborah Ross
U.S. House of Representatives
1221 Longworth House Office Building
Washington, D.C. 20515

RE: Specialty Physicians Advancing Rural Care (SPARC) Act. (S. 1380/ H.R. 4681)

Dear Senators Rosen and Wicker and Representatives Joyce and Ross:

On behalf of the thirty-eight undersigned physician organizations, we offer our robust support for the Specialty Physicians Advancing Rural Care (SPARC) Act. (S. 1380/ H.R. 4681). This bipartisan legislation would establish a new loan repayment program to incentivize specialty physicians to practice in rural communities and expand access for the millions of Americans who lack ready access to specialists.

The demand for specialty physicians throughout the United States far outpaces supply, especially in rural America. The country faces a shortage of 86,000 physicians by 2036 with an expected shortfall of 44,900 specialists.¹ According to the National Center for Health Workforce Analysis, no specialty currently has enough practitioners to meet patients' needs in non-metropolitan areas.² This shortfall is growing. By 2037, non-metropolitan areas will experience a 60 percent shortage of physicians; by comparison, metropolitan areas will experience a 10 percent shortage.³ Predicted shortages for specialists in non-metropolitan areas range from 94 percent for neonatologists to 48 percent for emergency medicine physicians.⁴

While the availability of specialty medicine physicians is decreasing, the average amount of debt they carry is increasing. Sixty-seven percent of medical school graduates have medical school debt, with a median amount of \$200,000.⁵ These factors make it crucial that Congress take action to help reduce the financial burden on young physicians and incentivize them to practice in those areas of the country with the highest need.

¹ American Academy of Medical Colleges, *The Complexities of Physician Supply and Demand Projections From 2021 to 2036*. Retrieved September 8, 2025, from <https://www.aamc.org/media/75236/download?attachment>.

² National Center for Health Workforce Analysis. *Health Workforce Projections Dashboard*. U.S. Department of Health and Human Services Health Resources & Services Administration. Retrieved June 3, 2025 from <https://data.hrsa.gov/topics/health-workforce/workforce-projections>.

³ National Center for Health Workforce Analysis. *Health Workforce Projections*. U.S. Department of Health and Human Services Health Resources & Services Administration. Retrieved June 3, 2025, from <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>.

⁴ National Center for Health Workforce Analysis. *Health Workforce Projections Dashboard*. Retrieved June 3, 2025 from <https://data.hrsa.gov/topics/health-workforce/workforce-projections>.

⁵ Association of American Medical Colleges. *Medical Student Education: Debt Costs, and Loan Repayment Fact Card for the Class of 2024*. Retrieved June 3, 2025 from <https://students-residents.aamc.org/media/12846/download>.

The SPARC Act would authorize repayment of student loans for specialty medicine physicians and nonphysician specialty providers of up to \$250,000 over six years in exchange for their service in rural communities experiencing shortages of specialty providers. This substantial time period will encourage these professionals to settle and grow roots in these communities, thereby fostering stable access to care.

We look forward to working with you and congressional leadership to advance and pass the SPARC Act during this 119th Congress.

Sincerely,

American Academy of Allergy, Asthma & Immunology
American Academy of Otolaryngology - Head and Neck Surgery
American Academy of Sleep Medicine
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Emergency Physicians
American College of Gastroenterology
American College of Mohs Surgery
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Orthopaedic Foot & Ankle Society
American Psychiatric Association
American Society for Dermatologic Surgery
American Society for Reproductive Medicine
American Society for Surgery of the Hand
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Cataract & Refractive Surgery
American Society of Echocardiography
American Society of Nephrology
American Urological Association
ASTRO, the American Society for Radiation Oncology
College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Healthcare Business Management Association
National Association of Spine Specialists
Renal Physicians Association
Society for Cardiovascular Angiography & Interventions
Society for Vascular Surgery

Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

Society of Gynecologic Oncology

Society of Interventional Radiology

Society of Thoracic Surgeons