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December 12, 2017

The Honorable Virginia Foxx
Chair
Committee on Education and the Workforce
U.S. House of Representatives
2176 Rayburn House Office Building
Washington, DC 20515

Dear Representative Foxx:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to share our views on H.R. 4508, the “Promoting Real Opportunity, Success, and Prosperity through Education Reform (PROSPER) Act.”

The AMA has longstanding concerns about the high and growing costs of higher education—including medical education, which remains the most expensive post-secondary educational program in the United States. While the PROSPER Act presents a valuable opportunity to address this problem, we urge you to consider the critical role of federal higher education policy in the development of a robust physician workforce. In addition, the unique circumstances faced by medical students and residents must be fully accounted for under any comprehensive reform effort.

The United States faces a looming physician shortage, the most drastic effects of which will disproportionately fall on rural and underserved communities. One tool Congress has implemented to address this is the Public Service Loan Forgiveness Program (PSLF). By forgiving students’ outstanding educational debt after 120 monthly payments made while working for government organizations or qualified non-profit entities, this program has created a powerful incentive drawing aspiring physicians into such communities. Financial constraints must not inhibit the flow of a diverse, highly trained physician workforce into the communities most desperate for their services. We strongly urge that this program be retained.

Similarly, imposing a lifetime limit on borrowing for higher education may present a barrier to many students pursuing a career in medicine at a time when our priority must be the training of a diverse and vibrant physician workforce. The average cost of attendance for a single year of medical school for out-of-state students in the 2016-2017 academic year was \$58,668, and more than 34 percent of incoming medical students also carry at least some undergraduate debt. It is imperative that student loan reform efforts take into account the ongoing high cost of medical education in weighing the consequences of a cap on borrowing. We also wish to highlight the value of existing student loan repayment options available under the Federal Direct Loan Program. Medical students and residents hail from a multitude of backgrounds, and go on to practice in a variety of settings. The existing suite of loan repayment options serves the diverse needs of medical graduates, especially while completing medical residency training, and should be retained.

The Honorable Virginia Foxx

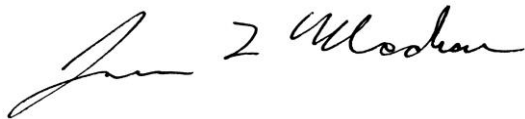
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Finally, we wish to express our support for the application of equal standards to all foreign medical schools seeking eligibility for Title IV funding. Ensuring that all such institutions are providing a consistent, high-quality medical education according to measurable objective standards—such as pass rates on United States Medical Licensing Examinations—is a necessary safeguard for public resources as well as American students and patients.

The AMA appreciates the Committee's consideration of our comments and stands ready to work with Congress to ensure that medical students are able to afford the cost of medical education and to ensure that there is sufficient support to produce a diverse physician workforce.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and a stylized "M".

James L. Madara, MD