

HOD ACTION: Recommendations in Council on Medical Education Report 6 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 06-A-23

Subject: Modifying Financial Assistance Eligibility Criteria for Medical School Applicants

Presented by: John P. Williams, MD, Chair

Referred to: Reference Committee C

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At its 2022 Annual Meeting, the American Medical Association (AMA) House of Delegates (HOD) adopted Policy [D-305.950](#), “Modifying Financial Assistance Eligibility Criteria for Medical School Applicants,” which directs the AMA to:

work with the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, and other appropriate stakeholders to study process reforms that could help mitigate the high cost of applying to medical school for low-income applicants, including better targeting application fee waivers through broadened eligibility criteria.

Testimony during the meeting expressed concern that applicants to medical school are often required to disclose their parental financial information, regardless of whether the applicant would individually meet a lower income threshold or are eligible for extensive financial aid through federal programs. This report will review the application process as well as the fee assistance programs and discuss reforms and resources to further aid individuals struggling to afford the high costs of application to medical school.

BACKGROUND

Journey into medical school and associated costs

The preparation to apply to medical school begins well before filling out an application form, starting with completion of high school education or General Education Development test (GED), as required for entry into an undergraduate degree program. According to the National Center for Education Statistics (NCES), 86 percent of students earned a diploma at the end of the 2018-2019 school year — an all-time high. Asian/Pacific Islander students had the highest adjusted cohort graduation rate (93 percent), followed by White (89 percent), Hispanic (82 percent), Black (80 percent), and American Indian/Alaska Native (74 percent) students.¹

The following table provides detail regarding the related steps for entry into medical school and their related costs (as of 2023):

Requirement	MD	DO	Associated costs
Undergraduate program (average 4 years)	Tuition, books, and related fees. Completion of bachelor’s degree, inclusive of prerequisite courses. Some students may qualify for scholarships or waivers.		Expenses related to travel, housing, food, health care, electronic device, internet access.
Medical College Admissions Test® (MCAT®)	\$330 standard fee ² \$120 nonrefundable international fee (for examinees testing outside the U.S., Canada, or U.S. Territories; in addition to the standard fee). ² Students who qualify for the Association of American Medical Colleges’ Fee Assistance Program (FAP) pay a reduced fee of \$135. ²		Expenses related to test preparation tools/courses; travel to test site, lodging, food.
Primary medical school application fee	American Medical College Application Service® (AMCAS®): \$170 for first school. ³ \$43 for each additional school.* Some schools do not use AMCAS.	American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) \$198 for first school. ⁴ \$50 for each additional school.	Expenses related to application preparation tools, electronic device, internet access, college service fees (e.g., transmit transcript and/or letters of recommendation.
Secondary application fee	Average \$50-100 per school*		Electronic device, internet access.
Access to database about medical schools	Optional subscription to Medical School Admission Requirements® (MSAR®) database to view information about allopathic medical schools. \$28 for one year, \$36 for two years, free to FAP students. ⁵	Optional free access to Choose DO Explorer to view information about osteopathic medical schools.	Electronic device, internet access.
Medical school interviews (virtual or in person)	Costs may vary depending on mode of travel, lodging, attire, meals per interview location.		Electronic device, internet access.

1 *2022 data indicates an average of 18 primary applications per applicant (990,790 applications were submitted by 55,188
 2 applicants).⁶

1 Acceptance into medical school is an expensive and time-consuming endeavor. Many applicants
2 are financially assisted by others (parents, guardians) to pursue this process; however, some
3 students are not financially dependent on their parents — for a variety of reasons. Yet the
4 applications often require the applicant to disclose parental financial information. Further, this
5 requirement does not seem to consider whether the applicant would individually without parental
6 income meet a lower income threshold or be eligible for financial aid.

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8 *Financial assistance for medical school applications fees*

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10 AMCAS® application to allopathic medical school

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12 The Association of American Medical Colleges (AAMC) offers the [American Medical College](#)
13 [Application Service®](#) (AMCAS®), a centralized medical school application processing service used
14 by most U.S. medical schools as the primary application method for their first-year entering
15 classes. The subsection of the application called “Childhood Information” asks questions about the
16 applicant’s “parents and guardians” as well as how the applicant paid for an undergraduate
17 education. It asks about percent scholarship, percent parental contribution, and percent of
18 contribution from self. The applicant is able to respond “don’t know” or “decline to answer” to the
19 question about family income. According to the 2023 AMCAS® Applicant [Guide](#), it uses such
20 terms as “immediate family,” “medically underserved,” “state or federal assistance programs,” and
21 “Pell Grants.” See Appendix A for examples of relevant questions in the AMCAS application.

22
23 The AAMC’s [Fee Assistance Program](#) (FAP) assists those who, without financial assistance, would
24 otherwise be unable to take the Medical College Admission Test® (MCAT®), apply to medical
25 schools that use the American Medical College Application Service® (AMCAS®), etc. This
26 program requires the applicant, if under age 26, to provide their parents’ financial information and
27 supporting tax documentation regardless of the applicant’s marital status, tax filing status
28 (independent or dependent), parents’ country of residence, or whether their parents are willing to
29 provide documentation. Exemptions from providing parental information include if the applicant:

- 30
- 31 • is legally emancipated,
 - 32 • does not know if a parent is living,
 - 33 • does not have a relationship with a parent and does not communicate with them,
 - 34 • was in foster care or in the care of a legal guardian at the time they reached the age of
35 majority,
 - 36 • another circumstance that prohibits the obtaining of parent’s financial information.⁷

36 In addition, exemption will be made if the parent is deceased, incarcerated, institutionalized, or
37 permanently incapacitated or hospitalized.

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39 AACOMAS application to osteopathic medical school

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41 Similar to AMCAS, the American Association of Colleges of Osteopathic Medicine (AACOM)
42 offers their own [Application Service](#) (AACOMAS). This application has a section entitled “Family
43 Information” which requires the applicant to provide parents’ names, note if parents are living or
44 deceased, and provide any relatives who are DOs or MDs. It also asks optional questions about
45 parents’ occupation, residency, education, and household. A section called “Other information”
46 collects “background information” that includes questions related to family income. Explanations
47 are provided in the Applicant [Help Center](#). See Appendix B for examples of relevant questions in
48 the AACOMAS application.

1 AACOM offers the [Fee Waiver Program](#). Students must apply to this program and receive
2 approval, if applicable, before submitting their AACOMAS application. Applicant Help Center
3 provides additional information on eligibility. Applicants who are not listed as a “dependent” on a
4 previously filed Federal Income Tax Return Form 1040 are classified as “independent applicants.”
5 AACOM requires the applicant to submit both their own and their parent or guardian’s 1040 forms.

6 *Federal financial assistance requirements*

7 Definition of “low-income”

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11 The U.S. Department of Health and Human Services (HHS) defines “low-income levels” used for
12 various health professions as authorized in Titles III, VII, and VIII of the Public Health Service
13 Act. This information is periodically published in the Federal Register. Effective January 12, 2022,
14 a “low-income family/household” is defined as having an annual income that does not exceed 200
15 percent of HHS’s poverty guidelines.⁸ “A family is a group of two or more individuals related by
16 birth, marriage, or adoption who live together. Most HRSA programs use the income of a student’s
17 parent(s) to compute low-income status. However, a ‘household’ may potentially be only one
18 person.”⁸ Low-income levels are adjusted annually based on poverty thresholds published by the
19 U.S. Census Bureau.

20 21 Free Application for Federal Student Aid

22
23 The [Free Application for Federal Student Aid](#) (FASFA[®]), offered by the U.S. Department of
24 Education, is a mechanism for students to apply for federal grants, work-study, and loans before
25 each year of college. Such institutions use FAFSA data to determine an applicant’s federal aid
26 eligibility. The FASFA form makes clear that the student is the one applying for financial aid.
27 Dependent students and their parents/guardians must both create FASFA IDs online and provide
28 parental information in the application. If a parent does not have a Social Security number (SSN),
29 they will not be able to create an FASFA ID (which requires an SSN). Unfortunately, this presents
30 challenges for many parents who are not U.S. citizens. The FASFA program currently defines an
31 “independent student” as one of the following:

- 32 • born before Jan. 1, 1999
- 33 • married
- 34 • a graduate or professional student
- 35 • a veteran
- 36 • a member of the armed forces
- 37 • an orphan
- 38 • a ward of the court
- 39 • someone with legal dependents other than a spouse
- 40 • an emancipated minor
- 41 • someone who is homeless or at risk of becoming homeless.⁹

42 43 DISCUSSION

44 45 *Recent changes*

46
47 Changes to application forms as well as the programs that create and maintain the forms are likely
48 to impact the students who apply, or wish to apply, to medical school. Recent examples of changes
49 are explained below.

1 FAP reforms

2
3 In 2022, the AAMC introduced the following changes to the FAP:

- 4 • Free and discounted items related to the MCAT and MSAR as noted in the table above.
5 • Open to everyone with a permanent U.S. address. Reference to U.S. citizenship and certain
6 visa status eligibility requirements have been removed.
7 • Parental financial information is NOT required for applicants over age 26 on the day the
8 application is submitted. Eligibility depends on income and poverty guidelines.
9 • Benefits are not retroactive. If awarded fee assistance, the applicant cannot apply benefits
10 to previous registrations or purchases.
11 • Fee for secondary applications may be waived at some medical schools.¹⁰

12
13 Of note, many medical students apply and enter when they are younger than 26 (likely ages 22-24).
14 Therefore, this benefit may not help most applicants.

15
16 Blockage of the Biden Administration debt relief program

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18 Due to the economic challenges created by the COVID-19 pandemic, the Biden-Harris
19 Administration issued a debt relief program to

- 20 • extend the pause on student loan repayments a few times, whereby no one with a federally
21 held loan has had make a loan payments since President Biden took office,
22 • “provide up to \$20,000 in debt relief to Pell Grant recipients with loans held by the
23 Department of Education (DOE) and up to \$10,000 in debt relief to non-Pell Grant
24 recipients. Borrowers are eligible for this relief if their individual income is less than
25 \$125,000 or \$250,000 for households. In addition, borrowers who are employed by non-
26 profits, the military, or federal, state, Tribal, or local government may be eligible to have
27 all of their student loans forgiven through the Public Service Loan Forgiveness (PSLF)
28 program,”
29 • propose a rule change to create a new income-driven repayment plan to reduce future
30 monthly payments for lower- and middle-income applicants.¹¹

31
32 However, courts have issued orders blocking this student debt relief program and, as a result,
33 applications are not being accepted at this time. This halt to the application process is likely having
34 a real impact on medical school applicants. The Administration is seeking to overturn those orders.
35 Thus, the student loan payment pause is extended until the DOE is permitted to implement the
36 program or the litigation is resolved; if not resolved by June 30, 2023, then payments will resume
37 60 days after that.¹¹

38
39 RELEVANT AMA POLICIES

40
41 The AMA has several related policies in place addressing medical school cost, debt, and diversity;
42 however, none specifically address the cost and aspects of the application form itself. Related
43 policies are listed here, and full text is available in Appendix C.

- 44 • [H-295.888, Progress in Medical Education: the Medical School Admission Process](#)
45 • [D-200.985, Strategies for Enhancing Diversity in the Physician Workforce](#)
46 • [H-305.925, Principles of and Actions to Address Medical Education Costs and Student](#)
47 [Debt](#)
48 • [H-305.988, Cost and Financing of Medical Education and Availability of First Year](#)
49 [Residency Positions](#)

- 1 • [H-350.979, Increase the Representation of Minority and Economically Disadvantaged](#)
- 2 [Populations in the Medical Profession](#)
- 3 • [D-295.303, Support Hybrid Interview Techniques for Entry to Graduate Medical](#)
- 4 [Education](#)
- 5 • [H-255.968, Advance Tuition Payment Requirements for International Students Enrolled in](#)
- 6 [US Medical Schools](#)
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8 SUMMARY AND RECOMMENDATIONS

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10 The entire process surrounding acceptance into medical school is costly and time-consuming. The
11 application itself is a significant expense and may require the student to disclose information about
12 their parents and related income, even if the student is not being financially supported by them.
13 Some families may financially support students but struggle to do so. Given limited resources,
14 financial programs should prioritize low-income families and/or independent students. Further
15 study is needed in order to propose equitable process reforms that could help mitigate the high cost
16 of applying to medical school, particularly for low-income students.

17
18 The Council on Medical Education therefore recommends that the following recommendations be
19 adopted, and the remainder of this report be filed:

- 20
21 1. That AMA policy [D-305.950](#), Modifying Financial Assistance Eligibility Criteria for
22 Medical School Applicants, be amended by addition and deletion to read as follows:

23
24 1. Our AMA will encourage the Association of American Medical Colleges and American
25 Association of Colleges of Osteopathic Medicine to study process reforms to mitigate the
26 high cost of applying to medical school and ensure cost parity among applicants to DO and
27 MD granting institutions.

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29 2. Our AMA will encourage the Association of American Medical Colleges, American
30 Association of Colleges of Osteopathic Medicine, and U.S. Department of Education to
31 reevaluate application forms to financial aid programs such as the Fee Assistance Program
32 (FAP), Fee Waiver Program (FWP), and Free Application for Federal Aid (FASFA) to
33 broaden eligibility criteria for low-income students.

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35 3. Our AMA will commend the U.S. Department of Education for removing references to
36 parental/guardian income for all medical students in the Free Application for Federal Aid
37 (FASFA).

38
39 4. Our AMA will encourage the Association of American Medical Colleges and American
40 Association of Colleges of Osteopathic Medicine as well as medical school and state-based
41 financial aid programs to remove references to parental/guardian income for all medical
42 students and follow the U.S. Department of Education's definition of "independent
43 student" as described in the Free Application for Federal Aid (FASFA). (Modify Current
44 HOD Policy)

Fiscal note: \$1,000.

APPENDIX A

Relevant AMCAS application questions

Childhood Information

In what area did you spend the majority of your life from birth to age eighteen?

Country *

Select Country

Please select the country.

City *

Enter City

Please enter the city.

Description *

Select description

Please select the description.

Do you believe that this area was medically under-served? *

- Yes
- No
- Don't know
- Decline to Answer

Have you or members of your immediate family ever used federal or state assistance programs? *

- Yes
- No
- Don't know
- Decline to Answer

What was the income level of your family during the majority of your life from birth to age eighteen? *

Do not know

Did you have paid employment prior to age eighteen? *

- Yes
- No
- Decline to Answer

Were you required to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money)? *

- Yes
- No
- Decline to Answer

How many people lived in your primary household during the majority of your life from birth to age eighteen? *

0

Did you receive a Pell Grant at any time while you were an undergraduate student? *

- Yes
- No
- Don't know
- Decline to Answer

How have you paid or did you pay for your post-secondary education? For each of the applicable options below, indicate the average percentage contribution towards your post-secondary education. The percentages entered should equal 100%:

Academic Scholarship %

Financial Need-Based Scholarship %

Student Loan %

Other Loan %

Family Contribution %

Applicant Contribution %

Other %

Total %

Parents and Guardians

Please add all of your parents and/or guardians. *

[ADD PARENT/GUARDIAN](#)

[I AM NOT ABLE TO PROVIDE THIS INFORMATION](#)

Siblings

Please add any siblings you have. Some medical schools want to know information about your brothers or sisters, if you have any. *

[ADD SIBLING](#)

[NONE](#)

Dependents

How many dependents do you have? *

APPENDIX B

Relevant AACOMAS application questions

Background Information

Check if any of the following apply to you:

- I graduated from a high school from which a low percentage of seniors receive a high school diploma.
- I graduated from a high school at which many of the enrolled students are eligible for free or reduced-price lunches.
- I am from a family that receives public assistance (e.g. Aid to Families with Dependent Children, food stamps, Medicaid, public housing) or I receive public assistance.
- I am from a family that lives in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area.
- I participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program.
- I am a high-school drop-out who received AHS diploma or GED.
- I am from a school district where 50% or less of graduates go to college or where college education is not encouraged.
- I am the first generation in my family to attend college (neither my mother nor my father attended college).
- English is not my primary language.

By designating any of the above, you are considered to have met the criteria for educationally/environmentally disadvantaged as defined by the above guidelines.

To determine if you come from an economically disadvantaged background, you are asked to compare your parental family's size of household (number of exemptions listed on parent's Federal 1040 income tax forms) and adjusted gross income against the chart provided in the link below. The chart is based on 200 percent of [Federal low-income poverty guidelines](#). You should use your parent's most recent tax forms regardless of age.

Your parent's family income falls within the table's guidelines and you are considered to have met the criteria for economically disadvantaged.

Yes No

* What is the type of geographic area where you were raised? Select Geographic Area ▼

Pell Grant Information

Did you receive a Pell Grant at any time while you were an undergraduate student?

Yes No

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APPENDIX C

Relevant policies

H-295.888, Progress in Medical Education: the Medical School Admission Process

1. Our AMA encourages: (A) research on ways to reliably evaluate the personal qualities (such as empathy, integrity, commitment to service) of applicants to medical school and support broad dissemination of the results. Medical schools should be encouraged to give significant weight to these qualities in the admissions process; (B) premedical coursework in the humanities, behavioral sciences, and social sciences, as a way to ensure a broadly-educated applicant pool; and (C) dissemination of models that allow medical schools to meet their goals related to diversity in the context of existing legal requirements, for example through outreach to elementary schools, high schools, and colleges.

2. Our AMA: (A) will continue to work with the Association of American Medical Colleges (AAMC) and other relevant organizations to encourage improved assessment of personal qualities in the recruitment process for medical school applicants including types of information to be solicited in applications to medical school; (B) will work with the AAMC and other relevant organizations to explore the range of measures used to assess personal qualities among applicants, including those used by related fields; (C) encourages the development of innovative methodologies to assess personal qualities among medical school applicants; (D) will work with medical schools and other relevant stakeholder groups to review the ways in which medical schools communicate the importance of personal qualities among applicants, including how and when specified personal qualities will be assessed in the admissions process; (E) encourages continued research on the personal qualities most pertinent to success as a medical student and as a physician to assist admissions committees to adequately assess applicants; and (F) encourages continued research on the factors that impact negatively on humanistic and empathetic traits of medical students during medical school.

D-200.985, Strategies for Enhancing Diversity in the Physician Workforce

1. Our AMA, independently and in collaboration with other groups such as the Association of American Medical Colleges (AAMC), will actively work and advocate for funding at the federal and state levels and in the private sector to support the following: (a) Pipeline programs to prepare and motivate members of underrepresented groups to enter medical school; (b) Diversity or minority affairs offices at medical schools; (c) Financial aid programs for students from groups that are underrepresented in medicine; and (d) Financial support programs to recruit and develop faculty members from underrepresented groups.

2. Our AMA will work to obtain full restoration and protection of federal Title VII funding, and similar state funding programs, for the Centers of Excellence Program, Health Careers Opportunity Program, Area Health Education Centers, and other programs that support physician training, recruitment, and retention in geographically-underserved areas.

3. Our AMA will take a leadership role in efforts to enhance diversity in the physician workforce, including engaging in broad-based efforts that involve partners within and beyond the medical profession and medical education community.

4. Our AMA will encourage the Liaison Committee on Medical Education to assure that medical schools demonstrate compliance with its requirements for a diverse student body and faculty.

5. Our AMA will develop an internal education program for its members on the issues and possibilities involved in creating a diverse physician population.

6. Our AMA will provide on-line educational materials for its membership that address diversity issues in patient care including, but not limited to, culture, religion, race and ethnicity.

7. Our AMA will create and support programs that introduce elementary through high school students, especially those from groups that are underrepresented in medicine (URM), to healthcare careers.
8. Our AMA will create and support pipeline programs and encourage support services for URM college students that will support them as they move through college, medical school and residency programs.
9. Our AMA will recommend that medical school admissions committees and residency/fellowship programs use holistic assessments of applicants that take into account the diversity of preparation and the variety of talents that applicants bring to their education with the goal of improving health care for all communities.
10. Our AMA will advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to URM status collected from Electronic Residency Application Service (ERAS) applications through the National Resident Matching Program (NRMP).
11. Our AMA will continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities.
12. Our AMA opposes legislation that would undermine institutions' ability to properly employ affirmative action to promote a diverse student population.
13. Our AMA will work with the AAMC and other stakeholders to create a question for the AAMC electronic medical school application to identify previous pipeline program (also known as pathway program) participation and create a plan to analyze the data in order to determine the effectiveness of pipeline programs.

H-305.925, Principles of and Actions to Address Medical Education Costs and Student Debt

The costs of medical education should never be a barrier to the pursuit of a career in medicine nor to the decision to practice in a given specialty. To help address this issue, our American Medical Association (AMA) will:

1. Collaborate with members of the Federation and the medical education community, and with other interested organizations, to address the cost of medical education and medical student debt through public- and private-sector advocacy.
2. Vigorously advocate for and support expansion of and adequate funding for federal scholarship and loan repayment programs--such as those from the National Health Service Corps, Indian Health Service, Armed Forces, and Department of Veterans Affairs, and for comparable programs from states and the private sector--to promote practice in underserved areas, the military, and academic medicine or clinical research.
3. Encourage the expansion of National Institutes of Health programs that provide loan repayment in exchange for a commitment to conduct targeted research.
4. Advocate for increased funding for the National Health Service Corps Loan Repayment Program to assure adequate funding of primary care within the National Health Service Corps, as well as to permit: (a) inclusion of all medical specialties in need, and (b) service in clinical settings that care for the underserved but are not necessarily located in health professions shortage areas.
5. Encourage the National Health Service Corps to have repayment policies that are consistent with other federal loan forgiveness programs, thereby decreasing the amount of loans in default and increasing the number of physicians practicing in underserved areas.
6. Work to reinstate the economic hardship deferment qualification criterion known as the "20/220 pathway," and support alternate mechanisms that better address the financial needs of trainees with educational debt.
7. Advocate for federal legislation to support the creation of student loan savings accounts that allow for pre-tax dollars to be used to pay for student loans.
8. Work with other concerned organizations to advocate for legislation and regulation that would result in favorable terms and conditions for borrowing and for loan repayment, and would permit

100% tax deductibility of interest on student loans and elimination of taxes on aid from service-based programs.

9. Encourage the creation of private-sector financial aid programs with favorable interest rates or service obligations (such as community- or institution-based loan repayment programs or state medical society loan programs).

10. Support stable funding for medical education programs to limit excessive tuition increases, and collect and disseminate information on medical school programs that cap medical education debt, including the types of debt management education that are provided.

11. Work with state medical societies to advocate for the creation of either tuition caps or, if caps are not feasible, pre-defined tuition increases, so that medical students will be aware of their tuition and fee costs for the total period of their enrollment.

12. Encourage medical schools to (a) Study the costs and benefits associated with non-traditional instructional formats (such as online and distance learning, and combined baccalaureate/MD or DO programs) to determine if cost savings to medical schools and to medical students could be realized without jeopardizing the quality of medical education; (b) Engage in fundraising activities to increase the availability of scholarship support, with the support of the Federation, medical schools, and state and specialty medical societies, and develop or enhance financial aid opportunities for medical students, such as self-managed, low-interest loan programs; (c) Cooperate with postsecondary institutions to establish collaborative debt counseling for entering first-year medical students; (d) Allow for flexible scheduling for medical students who encounter financial difficulties that can be remedied only by employment, and consider creating opportunities for paid employment for medical students; (e) Counsel individual medical student borrowers on the status of their indebtedness and payment schedules prior to their graduation; (f) Inform students of all government loan opportunities and disclose the reasons that preferred lenders were chosen; (g) Ensure that all medical student fees are earmarked for specific and well-defined purposes, and avoid charging any overly broad and ill-defined fees, such as but not limited to professional fees; (h) Use their collective purchasing power to obtain discounts for their students on necessary medical equipment, textbooks, and other educational supplies; (i) Work to ensure stable funding, to eliminate the need for increases in tuition and fees to compensate for unanticipated decreases in other sources of revenue; mid-year and retroactive tuition increases should be opposed.

13. Support and encourage state medical societies to support further expansion of state loan repayment programs, particularly those that encompass physicians in non-primary care specialties.

14. Take an active advocacy role during reauthorization of the Higher Education Act and similar legislation, to achieve the following goals: (a) Eliminating the single holder rule; (b) Making the availability of loan deferment more flexible, including broadening the definition of economic hardship and expanding the period for loan deferment to include the entire length of residency and fellowship training; (c) Retaining the option of loan forbearance for residents ineligible for loan deferment; (d) Including, explicitly, dependent care expenses in the definition of the "cost of attendance"; (e) Including room and board expenses in the definition of tax-exempt scholarship income; (f) Continuing the federal Direct Loan Consolidation program, including the ability to "lock in" a fixed interest rate, and giving consideration to grace periods in renewals of federal loan programs; (g) Adding the ability to refinance Federal Consolidation Loans; (h) Eliminating the cap on the student loan interest deduction; (i) Increasing the income limits for taking the interest deduction; (j) Making permanent the education tax incentives that our AMA successfully lobbied for as part of Economic Growth and Tax Relief Reconciliation Act of 2001; (k) Ensuring that loan repayment programs do not place greater burdens upon married couples than for similarly situated couples who are cohabitating; (l) Increasing efforts to collect overdue debts from the present medical student loan programs in a manner that would not interfere with the provision of future loan funds to medical students.

15. Continue to work with state and county medical societies to advocate for adequate levels of medical school funding and to oppose legislative or regulatory provisions that would result in significant or unplanned tuition increases.

16. Continue to study medical education financing, so as to identify long-term strategies to mitigate the debt burden of medical students, and monitor the short-and long-term impact of the economic environment on the availability of institutional and external sources of financial aid for medical students, as well as on choice of specialty and practice location.

17. Collect and disseminate information on successful strategies used by medical schools to cap or reduce tuition.

18. Continue to monitor the availability of and encourage medical schools and residency/fellowship programs to (a) provide financial aid opportunities and financial planning/debt management counseling to medical students and resident/fellow physicians; (b) work with key stakeholders to develop and disseminate standardized information on these topics for use by medical students, resident/fellow physicians, and young physicians; and (c) share innovative approaches with the medical education community.

19. Seek federal legislation or rule changes that would stop Medicare and Medicaid decertification of physicians due to unpaid student loan debt. The AMA believes that it is improper for physicians not to repay their educational loans, but assistance should be available to those physicians who are experiencing hardship in meeting their obligations.

20. Related to the Public Service Loan Forgiveness (PSLF) Program, our AMA supports increased medical student and physician participation in the program, and will: (a) Advocate that all resident/fellow physicians have access to PSLF during their training years; (b) Advocate against a monetary cap on PSLF and other federal loan forgiveness programs; (c) Work with the United States Department of Education to ensure that any cap on loan forgiveness under PSLF be at least equal to the principal amount borrowed; (d) Ask the United States Department of Education to include all terms of PSLF in the contractual obligations of the Master Promissory Note; (e) Encourage the Accreditation Council for Graduate Medical Education (ACGME) to require residency/fellowship programs to include within the terms, conditions, and benefits of program appointment information on the employer's PSLF program qualifying status; (f) Advocate that the profit status of a physician's training institution not be a factor for PSLF eligibility; (g) Encourage medical school financial advisors to counsel wise borrowing by medical students, in the event that the PSLF program is eliminated or severely curtailed; (h) Encourage medical school financial advisors to increase medical student engagement in service-based loan repayment options, and other federal and military programs, as an attractive alternative to the PSLF in terms of financial prospects as well as providing the opportunity to provide care in medically underserved areas; (i) Strongly advocate that the terms of the PSLF that existed at the time of the agreement remain unchanged for any program participant in the event of any future restrictive changes; (j) Monitor the denial rates for physician applicants to the PSLF; (k) Undertake expanded federal advocacy, in the event denial rates for physician applicants are unexpectedly high, to encourage release of information on the basis for the high denial rates, increased transparency and streamlining of program requirements, consistent and accurate communication between loan servicers and borrowers, and clear expectations regarding oversight and accountability of the loan servicers responsible for the program; (l) Work with the United States Department of Education to ensure that applicants to the PSLF and its supplemental extensions, such as Temporary Expanded Public Service Loan Forgiveness (TEPSLF), are provided with the necessary information to successfully complete the program(s) in a timely manner; and (m) Work with the United States Department of Education to ensure that individuals who would otherwise qualify for PSLF and its supplemental extensions, such as TEPSLF, are not disqualified from the program(s).

21. Advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student load burden.

22. Strongly advocate for the passage of legislation to allow medical students, residents and fellows who have education loans to qualify for interest-free deferment on their student loans while serving in a medical internship, residency, or fellowship program, as well as permitting the conversion of currently unsubsidized Stafford and Graduate Plus loans to interest free status for the duration of undergraduate and graduate medical education.

H-305.988, Cost and Financing of Medical Education and Availability of First Year Residency Positions

Our AMA:

1. believes that medical schools should further develop an information system based on common definitions to display the costs associated with undergraduate medical education;
2. in studying the financing of medical schools, supports identification of those elements that have implications for the supply of physicians in the future;
3. believes that the primary goal of medical school is to educate students to become physicians and that despite the economies necessary to survive in an era of decreased funding, teaching functions must be maintained even if other commitments need to be reduced;
4. believes that a decrease in student enrollment in medical schools may not result in proportionate reduction of expenditures by the school if quality of education is to be maintained;
5. supports continued improvement of the AMA information system on expenditures of medical students to determine which items are included, and what the ranges of costs are;
6. supports continued study of the relationship between medical student indebtedness and career choice;
7. believes medical schools should avoid counterbalancing reductions in revenues from other sources through tuition and student fee increases that compromise their ability to attract students from diverse backgrounds;
8. supports expansion of the number of affiliations with appropriate hospitals by institutions with accredited residency programs;
9. encourages for profit-hospitals to participate in medical education and training;
10. supports AMA monitoring of trends that may lead to a reduction in compensation and benefits provided to resident physicians;
11. encourages all sponsoring institutions to make financial information available to help residents manage their educational indebtedness; and
12. will advocate that resident and fellow trainees should not be financially responsible for their training.

H-350.979, Increase the Representation of Minority and Economically Disadvantaged Populations in the Medical Profession

- Our AMA supports increasing the representation of minorities in the physician population by: (1) Supporting efforts to increase the applicant pool of qualified minority students by: (a) Encouraging state and local governments to make quality elementary and secondary education opportunities available to all; (b) Urging medical schools to strengthen or initiate programs that offer special premedical and precollegiate experiences to underrepresented minority students; (c) urging medical schools and other health training institutions to develop new and innovative measures to recruit underrepresented minority students, and (d) Supporting legislation that provides targeted financial aid to financially disadvantaged students at both the collegiate and medical school levels.
- (2) Encouraging all medical schools to reaffirm the goal of increasing representation of underrepresented minorities in their student bodies and faculties.
 - (3) Urging medical school admission committees to consider minority representation as one factor in reaching their decisions.
 - (4) Increasing the supply of minority health professionals.

- (5) Continuing its efforts to increase the proportion of minorities in medical schools and medical school faculty.
- (6) Facilitating communication between medical school admission committees and premedical counselors concerning the relative importance of requirements, including grade point average and Medical College Aptitude Test scores.
- (7) Continuing to urge for state legislation that will provide funds for medical education both directly to medical schools and indirectly through financial support to students.
- (8) Continuing to provide strong support for federal legislation that provides financial assistance for able students whose financial need is such that otherwise they would be unable to attend medical school.

D-295.303, Support Hybrid Interview Techniques for Entry to Graduate Medical Education

Our AMA will:

1. work with relevant stakeholders to study the advantages and disadvantages of an online medical school interview option for future medical school applicants, including but not limited to financial implications and potential solutions, long term success, and well-being of students and residents.
2. encourage appropriate stakeholders, such as the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Intealth, and Accreditation Council for Graduate Medical Education, to study the feasibility and utility of videoconferencing for graduate medical education (GME) interviews and examine interviewee and program perspectives on incorporating videoconferencing as an adjunct to GME interviews, in order to guide the development of equitable protocols for expansion of hybrid GME interviews.

H-255.968, Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools

Our AMA:

1. supports the autonomy of medical schools to determine optimal tuition requirements for international students;
2. encourages medical schools and undergraduate institutions to fully inform international students interested in medical education in the US of the limited options available to them for tuition assistance;
3. supports the Association of American Medical Colleges (AAMC) in its efforts to increase transparency in the medical school application process for international students by including school policy on tuition requirements in the Medical School Admission Requirements (MSAR); and
4. encourages medical schools to explore alternative means of prepayment, such as a letter of credit, for four years of medical school.

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