



May 8, 2025

The Honorable Tim Walberg
Chair
Committee on Education & Workforce
2176 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Bobby Scott
Ranking Member
Committee on Education & Workforce
2101 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Walberg and Ranking Member Scott:

On behalf of the American College of Emergency Physicians (ACEP) and our 38,000 members, we write to share our serious concerns about proposals to modify federal student aid programs, including the Public Service Loan Forgiveness (PSLF) program, that were reported out by the Committee on Education and Workforce during the April 29, 2025 markup of the “Student Success Act and Taxpayer Savings Plan.”

Like you, we share the desire to address the growing costs of higher education, particularly the significant debt burden of medical education, and we also share your commitment to ensuring good stewardship of hard-earned taxpayer dollars. However, we are deeply concerned that some of the provisions of this legislation that significantly limit federal student aid programs would have an outsized and harmful effect on emergency medicine, a frontline specialty already under severe financial and operational strain.

Emergency physicians answer the call to care for all patients, regardless of insurance status or ability to pay, as mandated by EMTALA. They serve as the nation’s safety net, particularly in rural and underserved areas where access to care is declining. However, as highlighted in a recent [RAND report](#), this safety net is fraying.¹ Across all payers, 20 percent of payments for care provided by emergency physicians go unpaid, representing \$5.9 billion in annual losses. More than two-thirds of emergency department visits are paid for by Medicare or Medicaid, both of which reimburse well below actual costs of care and have not kept up with inflation. On top of these systemic financial challenges, commercial insurance payments have dropped dramatically in recent years, declining 10.9 percent for in-network care, and 47.7 percent when out-of-network, further destabilizing the field.

Against this backdrop, federal programs like PSLF are not just a benefit, they are a lifeline for many early-career emergency physicians. These programs help offset the staggering cost of medical education and enable physicians to enter and remain in high-need specialties and practice locations despite lower lifetime earning potential. According to the American Association of Medical Colleges (AAMC), 63 percent of medical graduates plan to enter a loan forgiveness or repayment program. Excluding time served in a medical residency for PSLF eligibility will erect even greater financial barriers, dissuading a new generation of physicians from pursuing emergency medicine and jeopardizing the pipeline of those willing to serve in safety net roles. This is also especially true for many physicians pursuing careers in primary care in rural or underserved communities who will find their desired specialty, practice model, or practice location is simply not financially viable long-term. These growing barriers to access to primary care will in turn drive more patients to emergency departments (EDs), increasing the burden on our already-strained EDs throughout the country, limiting access to lifesaving emergency care for our patients, and worsening overall health outcomes.

Additionally, the provisions establishing new caps on federal student aid of \$50,000 for undergraduate programs, \$100,000 for graduate programs, and \$150,000 for professional programs

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¹ Abir, Mahshid, et al. “Strategies for Sustaining Emergency Care in the United States.” *RAND*, 7 Apr. 2025, www.rand.org/pubs/research_reports/RRA2937-1.html.

will put medical education out of reach for many prospective students. Recent data shows that the average medical school debt is nearly \$235,000, and the average debt of medical school graduates with both medical school and premedical debt is nearly \$265,000.² As the RAND report also notes, concerns about the high costs of medical school and the debt burden graduates are faced with (among others) were cited as factors that make it more difficult to recruit and retain a sufficient number of residents. ACEP strongly agrees that policy changes are needed to make medical education more affordable to ensure a robust emergency medicine workforce. However, while we understand the intent of these caps on federal student aid, we are concerned that medical schools will be unable to implement tuition reductions significant enough to account for the caps without a systemic analysis of their costs and more of a glide path before the rapidly approaching July 1, 2026 deadline. The potential impacts could be deeply disruptive for the medical education system and physician pipeline.

We are appreciative of the provisions of the legislation to allow borrowers serving in a medical internship or residency to be eligible for a forbearance on their loans that would defer accrual of interest for a period of up to four years. This provision is similar to other legislative efforts ACEP has long supported, and we encourage the committee to consider policies that would extend the duration of interest deferral throughout the entirety of a medical or dental residency program. Residents typically work long hours with very low pay after they graduate medical school and are often unable to begin repaying their loans. Even though they may qualify for forbearance, interest continues to accrue on their loans, penalizing residents by compounding their already significant debt burden. Allowing interest deferral throughout residency would help alleviate this penalty, providing physicians with greater financial flexibility to practice in rural or underserved communities.

We strongly urge Congress to reconsider the provisions to eliminate PSLF eligibility for medical residents and cap federal student aid amounts, and collaborate with stakeholders so that we can pursue policies that preserve the tools necessary to sustain a well-trained, dedicated, and robust physician workforce. Emergency physicians serve every community, every day, and often under the most difficult circumstances. Limiting support for their training will only deepen access gaps and strain the health care system further.

Should you have any questions or require any more information, please do not hesitate to reach out to Ryan McBride, ACEP Congressional Affairs Directors, at rmbcbride@acep.org.

Sincerely,



Alison J. Haddock, MD, FACEP
President, American College of Emergency Physicians

cc: The Honorable Mike Johnson, Speaker of the House of Representatives
The Honorable Hakeem Jeffries, House Minority Leader
The Honorable Steve Scalise, House Majority Leader
The Honorable John Thune, Senate Majority Leader
The Honorable Chuck Schumer, Senate Minority Leader
The Honorable Jodey Arrington, Chair, House Budget Committee
The Honorable Brendan Boyle, Ranking Member, House Budget Committee
The Honorable Bill Cassidy, MD, Chair, Senate Health, Education, Labor, and Pensions Committee
The Honorable Bernie Sanders, Ranking Member, Senate Health, Education, Labor, and Pensions Committee

² <https://educationdata.org/average-medical-school-debt>