



**Association of  
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*Submitted electronically via [www.regulations.gov](http://www.regulations.gov)*

June 20, 2023

The Honorable Miguel Cardona, PhD  
Secretary of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202

***Re: Comments on Notice of Proposed Rulemaking, Docket ID ED-2023-OPE-0089***

Dear Secretary Cardona:

The Association of American Medical Colleges (AAMC) welcomes this opportunity to comment on the Department of Education notice of proposed rulemaking on a variety of regulatory matters pertaining to Title IV, Higher Education Act (HEA) programs, 88 *Fed. Reg.* 32300 (May 19, 2023). We appreciate the Department's efforts to promote transparency, competence, stability, and effective outcomes for students in the provision of postsecondary education, and raise our concerns about the proposed changes related to gainful employment and the debt-to-earnings (D/E) rate, financial value transparency reporting requirements, and administrative capability as it relates to the medical education experience.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

AAMC recognizes the importance of the Title IV programs, including the need for appropriate oversight. This proposed rulemaking comes as we are facing a physician workforce shortage, and we have concerns that some elements of the proposed rule would undermine efforts to establish a strong educational pathway to remedy such shortages.

### **Gainful Employment**

**AAMC urges the Department to update the debt-to-earnings (D/E) rate (§ 668.403) and earnings premium measure (§ 668.404) formulas to reflect the medical training model and to consider a medical graduate's earnings only after completion of residency and fellowship training.**

The AAMC supports the Department's proposal to use an extended cohort period calculation for programs where students are required to complete a medical residency. The AAMC is concerned that the extended lookback as described in the regulation is not individualized. The Department should take into account that medical residencies vary greatly depending upon the specialty being pursued. After residency training, physicians may pursue subspecialty fellowships, which add additional years to the post-doctoral training. As proposed, the lookback does not account for these varying lengths of medical residencies. Therefore, calculating a medical program's D/E rate and earnings premium measured during the sixth through ninth years does not adequately account for graduates who match into specialties with longer residencies or who participate in fellowships, both of which can add additional years to a physician's training.

The D/E rate and the earnings premium measure for medical programs should consider a graduate's earnings only after completion of residency and fellowship training, accounting for the varying lengths of programs. The AAMC has concerns that failure to modify the calculation would lead to certain medical programs being labeled as "high-debt burden" or "low-earnings." The amounts paid to medical residents and fellows are not indicative of their future incomes. Medical residents often use federal financial aid programs during their residency and fellowship, such as income-driven repayment and forbearance, to postpone or reduce their repayment obligations until they are fully-license physicians. As the Department recognizes and grants the requests of medical residents for forbearance during residency, the Department should also update its formulas to take into account the earning differential throughout the entire time of the residency or fellowship.

**Additionally, the AAMC urges the Department to consider borrowers' use of the various loan repayment programs when calculating a borrower's earnings for D/E rates.** Public service programs play a critical role in addressing physician deficits and recruiting health care professionals to work in full-time public service positions, especially in medically underserved areas. These programs, such as the National Health Service Corps Loan Repayment Program (LRP), the Indian Health Service LRP, Health Professions LRP and the Veterans Affairs Specialty Education LRP, provide loan forgiveness benefits to participants in exchange for a service commitment. Failure to consider these LRPs may adversely affect the medical schools whose students commit to public service through higher student participation in these programs.

### **Financial Value Transparency**

**The AAMC urges the Department to clarify the financial value transparency reporting requirements (§ 668.408) for medical programs in light of the distinct U.S. medical education training process.**

The new proposal under this section would establish institutional reporting requirements regarding Title IV-eligible programs offered by the institution and students who enroll in, complete, or withdraw from such eligible programs, and to define the timeframe for institutions to report this information. Failure to account for the medical education training model may result in the Department categorizing medical programs in an unfavorable manner, which may hinder their ability to recruit and train students and thus, limit our collective efforts to address the nation's physician workforce shortage.

### **Administrative Capability**

**The AAMC urges the Department to clarify that § 668.16(r) does not apply to medical programs.** Clinical rotations are a requirement in order for a medical student to complete a residency for medical licensure. The proposed rulemaking in § 668.16(r) is unclear whether the changes would apply to clinical rotations offered by medical schools. The first two years of medical education are usually at the academic institution where the student is enrolled, and the curriculum is focused on the medical sciences. Students then spend the third and fourth years on core, elective, and audition clinical rotations where they are exposed to a variety of medical specialties and gain hands-on experience treating patients.

A student's clinical rotations are scheduled at core clinical sites affiliated with their program. While the majority of elective clinical rotations also are at clinical sites affiliated with their program, "away" elective rotations occur at hospitals and other medical facilities throughout the country. These "away" rotations are an integral part of the learning experience and are vital to students' exposure to different medical specialties and residency programs. Requiring that all rotations be provided by the academic institution and be geographically accessible undermines the ability of students to pursue training in medical specialties of their choice in diverse geographical locations. It may also limit the opportunity for medical students to train in more rural or underserved communities, which is vital to addressing the health care needs in this country.

As proposed, § 668.16(r) may unintentionally require academic institutions to provide residency opportunities to students who do not otherwise match into a residency program upon graduation. This would be beyond the administrative capacity of institutions, and would be duplicative of already existing, adequate and entrenched national match programs. Medical students are predominantly placed into U.S. medical residency programs through the National Resident Matching Program. Unmatched students participate in the Supplemental Offer and Acceptance Program (SOAP) for placement into residency programs with unfilled positions. Requiring academic institutions to provide residencies for unmatched students within 45 days of the

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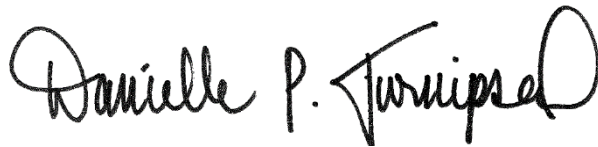
completion of their coursework would both undermine the match process, place an extreme financial and administrative burden on the medical program, and compromise the educational quality of the residencies.

**Medical programs should be exempted from the geographic requirement. Should the Department determine that § 668.16(r) indeed does apply to medical education programs, significant input from medical education stakeholders should be included so the definition of “geographically accessible” takes into account the existing educational offerings of medical schools.** Leaving the language as written with applicability to medical schools would create a tremendous burden and would restrict the training of learners, particularly those who train in rural and underserved areas.

### **Conclusion**

The AAMC appreciates your consideration of the above comments. Should you have any questions, please contact me at [dturnipseed@aamc.org](mailto:dturnipseed@aamc.org).

Sincerely,

A handwritten signature in black ink that reads "Danielle P. Turnipseed". The signature is written in a cursive style with a large, looped initial "D".

Danielle P. Turnipseed, JD, MHSA, MPP  
Chief Public Policy Officer

cc: David Skorton, MD, AAMC President and CEO