AMERICAN ACADEMY of FAMILY PHYSICIANS

February 18, 2026

The Honorable Burgess Owens
Chairman, Subcommittee on Higher Education and Workforce Development
Committee on Education and the Workforce
U.S. House of Representatives
2176 Rayburn House Office Building
Washington, DC 20515

The Honorable Alma Adams
Ranking Member, Subcommittee on Higher Education and Workforce Development
Committee on Education and the Workforce
U.S. House of Representatives
2176 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Owens and Ranking Member Adams,

On behalf of the American Academy of Family Physicians (AAFP), representing 128,300 family physicians and medical students across the country, I write in response to your Subcommittee hearing on February 4, 2026, entitled "Runaway College Spending Meets the Working Families Tax Cuts." The AAFP appreciates the Subcommittee's continued interest in lowering higher education costs and offers the following comments.

Physicians are the most likely professionals to carry student loan debt. 81 percent of those with Doctor of Medicine degrees have graduate school debt, and 80 percent owe debt from their undergraduate education.[i] The average student loan debt for four years of medical school, undergraduate studies, and other higher education is between $200,000 and $250,000.[ii] Unless we see medical schools nationwide lower current tuition rates, this number will only continue to rise. For first-year students in 2020-21, the average cost of attendance increased from the prior year for public medical schools by 10.3 percent, making it likely that medical students will have to carry even larger student loans to graduate.[iii]

The high burden of medical education debt contributes to worsening physician shortages and puts a career in medicine out of reach for many prospective physicians, further undermining progress toward achieving a robust national health care workforce. In addition, physicians incur the same cost for their medical education whether they enter primary care or other specialties, but once they complete their training, primary care physicians have more difficulty managing their debt due to lower average incomes compared to other specialties. In fact, when measuring debt as a ratio to income, primary care physicians have approximately double the debt burden as those entering surgical specialties.[iv]

Given that these challenges slow progress toward better patient and population health outcomes, addressing the burden of student loan debt for physicians and medical students is one essential step to improving our nation's health care system. While we wholeheartedly agree that the cost of higher education should be thoroughly examined and that comprehensive policy discussions at both the federal and state level are necessary to reduce the cost of tuition, **the AAFP remains concerned that many of the higher education reforms in H.R. 1, including the $200,000 cap on professional student loans, will lead to even fewer new primary care physicians.**

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Therefore, the AAFP supports policies to decrease the cost of medical education for the learner, medical student debt accumulation, and the discrepancy in pay between primary care and other medical specialties. The AAFP also encourages innovation and the study of the effectiveness of existing and future systems of debt management, as well as alternatives, to determine which strategies are truly effective.

Specifically, the AAFP recommends the following:

- Exempting medical degrees from the $200,000 cap on loans for professional degrees, especially since primary care physicians are more likely to come from low-income backgrounds;
- Requiring the Department of Education or Small Business Administration to develop relationships with or contract with private lenders who agree to adhere to certain lending rules and provide that "safe lender" list publicly;
- Allowing medical residents to defer interest on their federal student loans while in residency; and
- Continued and additional support for loan repayment programs that specifically assist primary care physicians during their training and early career.

Deferring Interest for Physicians in Training

In addition to removing the loan caps for medical school students, the AAFP recommends that the Committee pass the *Resident Education Deferred Interest (REDI) Act* (S.942 / H.R 2028). We have long supported this bipartisan and bicameral legislation, particularly because family medicine resident salaries average $59,430 per year, while their average student debt load is more than triple that amount and accrues interest rapidly.[v] Residents who experience a substantial increase in their loan debt, simply as a result of the interest they accrue while receiving their required training, are also less likely to remain in rural and underserved areas after their training concludes because of the need to seek higher paying salaries to mitigate that ever-growing debt. This impact on practice choice due to financial constraints is why the AAFP has supported the REDI Act throughout multiple congresses.

We appreciate that the House included language from the REDI Act in their original version of H.R. 1, but unfortunately it did not make it into the Senate-passed version that ultimately became enacted law. **The AAFP recommends passing the REDI Act as written to mitigate at least a small portion of the financial burden family physicians and others accrue while they are completing their medical training.**

Loan Repayment Programs

In September, the AAFP submitted comments to the Department of Education in response to its proposed rule on the William D. Ford Federal Direct Loan Program. This rule was finalized in October and will go into effect on July 1, 2026. The AAFP was disappointed with the final rule, which will allow employers to be disqualified from the Public Service Loan Forgiveness (PSLF) program based on vague, undefined standards, even without criminal conviction or due process. In particular, the definition of "substantial illegal purpose" is overly broad and may inadvertently disqualify legitimate nonprofit organizations that serve vulnerable populations. This could have a significant chilling effect on the primary care health care

workforce, especially in large health systems where a single office's alleged violation could jeopardize PSLF program eligibility for hundreds or thousands of physicians who had no involvement in the matter.

Undermining PSLF is especially concerning for family physicians. In a recent survey of AAFP members, more than 75% of respondents that are in a loan repayment program said they either were currently or had previously been enrolled in the PSLF program. In that same survey, many members shared stories of returning to practice in their rural hometowns — choosing public service careers they love — because PSLF made it possible. Without it, many would have been forced to leave public service for the private sector, leaving critical health needs unmet.

Family physicians largely work in community health centers, rural health clinics, nonprofit hospitals, and other safety-net institutions that serve rural and underserved patients. Weakening PSLF eligibility or disallowing PSLF program participation while in medical residency as has been proposed previously could undermine patient access to care in communities with the greatest need by further disincentivizing physicians from practicing in those communities. This Committee has the opportunity and authority to step in to protect the PSLF program from current and future attacks and ensure physicians remain eligible to participate, especially primary care physicians working in underserved areas. Failure to do so risks further decimating access to primary care across the country.

Thank you for the opportunity to provide these recommendations. We look forward to working with you and the rest of the Committee to advance policies that will equip the United States with a well-trained, robust supply of family physicians for years to come. Should you have any questions, please contact Anna Waldman, Associate of Legislative Affairs, at awaldman@aafp.org.

Sincerely,

Jen Brull, MD, FAAFP
American Academy of Family Physicians, Board Chair

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[i] Hanson, M. June 29, 2023. Student Loan Debt Statistics. EducationData.org. https://educationdata.org/student-loan-debt-statistics.
[ii] Hanson, M. July 25, 2021. Average medical school debt. EducationData.org. https://educationdata.org/average-medical-school-debt.
[iii] AAMC. March 2022. Tuition and student fees reports. https://www.aamc.org/data-reports/reportingtools/report/tuition-and-student-fees-reports.

[iv] Scheckel CJ, Richards J, Newman JR, Kunz M, Fangman B, Mi L, Poole KG Jr. Role of Debt and Loan Forgiveness/Repayment Programs in Osteopathic Medical Graduates' Plans to

Enter Primary Care. J Am Osteopath Assoc. 2019 Apr 1;119(4):227-235. doi: 10.7556/jaoa.2019.038. PMID: 30907961.
[v] AMA. January 24, 2024. Physician specialty: Family medicine. https://www.ama-assn.org/practice-management/career-development/physician-specialty-family-medicine.