April 8, 2026

The Honorable Linda McMahon
Secretary
U.S. Department of Education
400 Maryland Avenue, SW
5th Floor
Washington, D.C. 20202-3100

Submitted electronically via regulations.gov

RE: Accountability in Higher Education and Access Through Demand-driven Workforce Pell: Pell Grant Exclusion Relating to Other Grant Aid; and Workforce Pell Grants; RIN 1840-AD99

Dear Secretary McMahon:

On behalf of the American Academy of Family Physicians (AAFP), representing 124,500 family physicians and medical students across the country, I write in response to the Department of Education's (the Department) notice of proposed rulemaking, *Accountability in Higher Education and Access through Demand-driven Workforce Pell (AHEAD)*. While the AAFP appreciates the Department's efforts to refine the eligibility requirements and institutional parameters surrounding federal grant programs, we are concerned that some proposed provisions risk undermining educational affordability and workforce sustainability, particularly for students pursuing careers in family medicine and primary care.

The AAFP is committed to working with the Department to expand individuals' ability to pursue a career in family medicine, including through thoughtful regulation of federal grant programs, and we urge the Department to refine this final rule to preserve Pell Grants as a meaningful access point to medical education. We share your goal of creating a healthier nation and agree that a robust physician workforce, especially in rural and underserved communities, is key to both chronic disease prevention and effective treatment. We stand ready to work with the Department to ensure that federal student aid policy recognizes the unique structure of medical education and effectively advances our shared goal of a robust, community-centered primary care physician workforce.

Physicians are the most likely professionals to carry student loan debt, with 81% of those with Doctor of Medicine degrees having graduate school debt and 80% owing due to undergraduate education.[i] The high burden of medical education debt contributes to worsening physician shortages and puts medical education out of reach for many potential physicians, further undermining progress toward

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a robust health care workforce. Given that these challenges slow progress toward better patient and population health outcomes, decreasing the cost of medical education and preventing the accumulation of student loan debt for physicians and medical students are two essential steps to improving our nation's health care system.

Nearly 95% of adults 60 years and older have at least one chronic condition, and nearly 80% have two or more.[ii] This is only projected to get worse in the coming years, as the number of adults 50 years and older with at least one chronic disease is estimated to increase by almost 100% from 71.522 million in 2020 to 142.66 million by 2050.[iii] The AAFP shares the administration's belief that it is critically important for the U.S. to work to prevent chronic illnesses and stop this projection from becoming a reality. Effectively meeting the current needs of patients with chronic conditions and preventing chronic disease in the future both require our nation to better leverage primary care as the foundation of our health care system. Given that primary care is the only health care component where an increased supply is associated with better population health and improved patient outcomes, lowering the cost of medical education for individuals is essential to appropriately valuing the role of primary care physicians in that system.[iv]

Pell Grant Ineligibility When Non-Federal Aid Covers Full Cost of Attendance (§§ 690.5; 690.80)

The AAFP is concerned that the proposed prohibition on Pell Grant eligibility when non-federal grant or scholarship assistance equals or exceeds a student's cost of attendance (COA) risks undermining educational access, student choice, and workforce diversity, particularly for students from low-income and underrepresented backgrounds. While we recognize the Department's obligation to implement the statutory language enacted in H.R.1, we urge the Department to exercise maximum administrative flexibility to avoid unintended consequences that would disproportionately harm students pursuing health professions and other high-need careers.

We believe the proposed framework fails to account for the unique role Pell Grants play beyond tuition coverage, including supporting basic living expenses, academic persistence, and program completion. Pell Grants are not duplicative aid; they are foundational supports that allow low-income students to remain enrolled and progress toward degrees and credentials aligned with national workforce needs. Conditioning Pell eligibility solely on whether other aid equals a student's COA ignores this reality and treats financial aid as interchangeable, when in practice it is not. This concern aligns with the AAFP's longstanding position that reducing

financial barriers to education is essential to building and sustaining a diverse primary care workforce, particularly for students from underrepresented and low-income communities.

The AAFP believes the proposed requirement for institutions to either reduce non-federal aid or return Pell funds (§ 690.80(d)) would place those institutions in an untenable position and may discourage them from assembling robust financial aid packages. Higher-education institutions may respond by reducing institutional or philanthropic scholarships to preserve Pell eligibility, thereby shifting financial risk onto students and limiting institutional flexibility to support students holistically. These outcomes would conflict with the AAFP's policy that states financial considerations should not distort educational or career pathways, including students' ability to pursue family medicine and other primary care specialties based on individual interest and community need rather than debt burden. In particular, requiring an institution to return all Pell Grant funds and cancel any future disbursements of such funds would be unduly punitive and would fail to account for the fluid and evolving financial circumstances of both students and institutions. For these reasons, we urge the Department not to move forward with this proposal.

Additionally, the AAFP is concerned that this proposal could unnecessarily limit which Americans are able to pursue medical education studies. According to the Association of American Medical Colleges (AAMC), 71% of first-generation medical students in 2022 were Pell Grant recipients, and nearly two-thirds grew up in households with annual incomes below $50,000.[v] These students already navigate substantial financial and structural barriers to pursue medical education; policies that effectively penalize students for receiving non-federal scholarships risk reversing progress toward a more robust and representative physician workforce. The AAFP has consistently emphasized that student debt and financial instability have historically served as barriers to entering primary care, and we believe that federal education policy should mitigate—not exacerbate—those pressures.

The AAFP urges the Department to:

- Clarify in regulation and sub-regulatory guidance that Pell Grants may continue to support non-tuition components of COA even when other aid covers direct educational costs.
- Minimize administrative burden by limiting institutional recalculation requirements and avoiding retroactive liability where institutions act in good faith.

- Closely monitor implementation to ensure that educational institutions do not reduce institutional aid or discourage philanthropic scholarships in response to this policy.

We urge the Department to implement our recommendations and preserve maximum Pell Grant flexibility for students. If these safeguards are not implemented, the AAFP is concerned that the proposed approach will exacerbate existing workforce shortages and reduce access to education for low-income students, particularly in rural communities where primary care physicians are most likely to serve.

Workforce Pell Eligibility Restrictions and Implications for the Physician Workforce (§§ 668.32; 690.6)

The AAFP is deeply concerned that aspects of the proposed Workforce Pell framework, particularly restrictions related to graduate credentials, reflect a narrow conception of educational pathways that fails to account for the realities of health professional training and the urgent need to strengthen the primary care physician workforce. Though the proposed rule appropriately allows individuals with bachelor's degrees to access the new Workforce Pell, the categorical exclusion from eligibility of individuals who have attained a graduate credential raises significant policy concerns. **We believe the Department should expand Pell Grant access to all eligible individuals who want to participate in the new Workforce Pell Program, not only to those who have received undergraduate degrees**. In medicine, graduate credentials such as MD and DO degrees do not represent final indicators of workforce readiness. Rather, these degrees are prerequisites for multi-year, supervised residency training that is essential to producing fully qualified, independently practicing physicians.

Family physicians, especially those serving rural and underserved communities, often pursue additional training, certifications, or workforce-aligned programs throughout their careers. Blanket exclusions based on credential status risk blocking physicians from reskilling and upskilling opportunities that could strengthen care delivery in high-need settings. **Moreover, these proposed restrictions conflict with longstanding AAFP policies emphasizing student choice in specialty selection, free from financial pressures; the need to reduce medical student debt to support entry into primary care; and comprehensive workforce reform that recognizes the full continuum of medical education and training**.

The AAFP also cautions that rigid eligibility rules may disproportionately harm underrepresented and low-income learners who pursue non-linear educational

pathways. As AAMC data demonstrates, first-generation students succeed at comparable rates to their peers when adequately supported.[vi] Policies that restrict access to federal aid based on credential status without regard to financial need or workforce impact risk entrenching inequities rather than addressing them. As such, the AAFP urges the Department to:

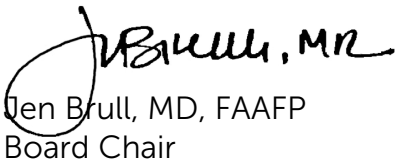
- Reconsider categorical exclusions tied to graduate credentials where such exclusions do not align with workforce realities or statutory intent.
- Ensure that Workforce Pell policies do not inadvertently discourage entry into primary care or limit opportunities for physicians to pursue training aligned with public health and community needs.
- Engage health workforce stakeholders in ongoing evaluation of Workforce Pell implementation to assess downstream effects on access and care delivery.

Taken together, these proposed eligibility restrictions risk constraining the Workforce Pell Program in ways that are inconsistent with both workforce realities and the statutory objective of expanding access to high-quality, demand-driven training. By categorically excluding individuals who have attained a graduate credential, despite allowing participation by individuals with bachelor's degrees, the proposal adopts an overly rigid view of educational attainment that fails to reflect the sequential, competency-based nature of medical education and training. Absent greater flexibility, these restrictions may inadvertently undermine efforts to strengthen the primary care workforce, limit opportunities for reskilling and upskilling in underserved communities, and disproportionately affect learners who follow non-linear educational pathways. We urge the Department to ensure that Workforce Pell eligibility policies are aligned with workforce needs and sufficiently adaptable to support lifelong learning across the full continuum of medical education.

Conclusion

Thank you for the opportunity to provide written comments on this important topic and its potential impact on primary care access in the U.S. The AAFP urges the Department to revise the AHEAD proposed regulations to reflect the unique structure, cost, and public value of medical education and primary care physician practice. We stand ready to work with the Department of Education to advance educational and financial policies that will expand students' opportunities, help bolster our health care workforce, and advance access to high-quality primary care for all. For more information or questions, please contact Mandi Neff, Senior Strategist, Regulatory and Policy, at mneff2@aafp.org.

Sincerely,



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

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[i] Hanson, M. Student Loan Debt Statistics. EducationData.org. June 29, 2023. https://educationdata.org/student-loan-debt-statistics.

[ii] National Council on Aging. Chronic Inequities: Measuring Disease Cost Burden Among Older Adults in the U.S. A Health and Retirement Study Analysis. Page 5, Figure 2. April 2022. https://ncoa.org/article/theinequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adults.

[iii] Ansah JP, Chiu CT. Projecting the Chronic Disease Burden Among the Adult Population in the United States Using a Multi-state Population Model. Front Public Health. 2023 Jan 13;10:1082183. doi: 10.3389/fpubh.2022.1082183. PMID: 36711415; PMCID: PMC9881650.

[iv] National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.

[v] Association of American Medical Colleges. First-Generation U.S. Medical School Matriculants. AAMC, June 2024. https://www.aamc.org/media/78371/download?attachment.

[vi] Id.