



February 24, 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: Reimagining and Improving Student Education Notice of Proposed Rulemaking; RIN 1840-AD98

Dear Secretary McMahon:

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 the Department of Education's (the Department) [notice of proposed rulemaking](#), *Reimagining and Improving Student Education (RISE)*. While the AAFP appreciates the Department's efforts to simplify federal student loan programs and provide targeted debt relief, several proposed provisions risk exacerbating the existing primary care workforce shortage, especially in rural and underserved communities. We share your goal of creating a healthier nation, and we agree that a robust physician workforce is key to preventing chronic diseases and finding treatment solutions for those with chronic health conditions. 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 student loan programs.

Physicians are the most likely professionals to carry student loan debt, with 81 percent of those with Doctor of Medicine degrees having graduate school debt and 80 percent 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 a robust health care workforce. 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.](#)**

Nearly 95 percent of adults 60 years and older have at least one chronic condition, and nearly 80 percent 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 percent from 71.522 million in 2020 to

February 24, 2026
Page 2 of 7

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. Addressing physicians' student loan debt is key to appropriately valuing the role of primary care physicians in that system.

Loan Rehabilitation

The AAFP strongly supports the proposed change to allow a borrower to rehabilitate a defaulted federal student loan a maximum of two times. Increasing the allowable number of rehabilitations from one to two appropriately recognizes the realities faced by borrowers, including physicians, who may experience periods of financial instability early in their careers despite long-term earning potential and sustained participation in public service. This additional rehabilitation opportunity will allow more borrowers to resolve defaults, restore loans to good standing, and re-enter repayment without the long-term consequences associated with default, including damaged credit, wage garnishment, and loss of access to affordable repayment options. **The AAFP believes this change will meaningfully reduce barriers to financial recovery, support borrower engagement with the federal student loan system, and promote successful transitions into income-driven repayment (IDR) and Public Service Loan Forgiveness (PSLF) programs, rather than perpetuating cycles of default that undermine both borrower stability and program integrity.** By providing a second, clearly defined opportunity for rehabilitation, we believe the Department's proposal reflects a pragmatic approach to improving repayment outcomes for borrowers.

Elimination of Economic Hardship and Unemployment Deferments

The AAFP strongly opposes the elimination of economic hardship and unemployment deferments for future borrowers. Early career physicians frequently experience periods of income volatility, including gaps between residency and practice, geographic relocation, and delays in credentialing. Removing these deferments eliminates a critical safety net and may increase delinquency and default risks, especially for physicians serving rural and underserved communities. We urge the Department to retain these deferments or, at minimum, establish physician-specific hardship protections that align with workforce realities.

Definitions

February 24, 2026
Page 3 of 7

The AAFP appreciates the Department's clarification that the term "professional student" is not intended as a value judgment. However, the proposed definition raises significant concerns regarding administrative rigidity and unintended downstream effects. While medicine (MD/DO) is included under the proposed definition, the narrow construction of "professional student" and reliance on Classification of Instructional Programs coding introduces uncertainty and may limit future flexibility in medical education and training pathways, particularly for emerging or interdisciplinary primary care programs. The AAFP urges the Department to ensure that all medical education pathways leading to physician licensure are unambiguously included as professional programs. We recommend the Department be considerate of definitional approaches that could inadvertently limit borrowing eligibility for future family medicine training models, combined degree programs, or innovative workforce pathways.

Graduate and Professional Student Loan Caps; Phase-Out of Graduate PLUS Loans

The AAFP firmly agrees with the administration 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. However, we [continue to strongly believe](#) that capping the amount of federal student loans an individual can take out will fail to accomplish the goal of lowering tuition costs at universities and will instead place an undue burden on students. This is especially true for current and future medical students who come from lower-income backgrounds and wish to pursue a career in primary care. **Primary care is the only health care component where an increased supply is associated with better population health and improved patient outcomes, which makes expansion of the primary care physician workforce [essential](#) to achieving national health improvement goals.**^{iv}

The average student loan debt that medical students take out for four years of medical school, undergraduate studies, and higher education is between \$200,000 and \$250,000.^v Given evidence that access to federal student loan programs does little to affect medical school tuition, this number will only continue to increase as the cost of medical school continues to rise.^{vi} In fact, 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.^{vii} This could create a health care workforce that is not necessarily based on merit and motivation but instead on financial abilities and familial legacies. **While lowering tuition and mitigating student debt is a key issue for family physicians and residents, limiting the borrowing ability of students is not the solution. As such, the AAFP strongly opposes the elimination of Graduate PLUS loans and the imposition of rigid aggregate borrowing caps for medical**

February 24, 2026
Page 4 of 7

students. We believe and have consistently emphasized that capping federal student loan borrowing does not reduce tuition costs for medical education but instead shifts financial risk to students, particularly those from low- and middle-income backgrounds who are disproportionately drawn to primary care.

Without access to Graduate PLUS loans or other federal student loans, low- and middle-income students and residents will need to subsidize their tuition and education costs with loans from private lenders. As of August 2025, the average interest rate for a five-year term personal loan for an individual with good credit (720 or higher) is 19.81 percent.^{viii} For individuals that come from low- and middle-income backgrounds, as well as young adults, it is unlikely that they have established credit and even less likely that they have established credit scores over 700. The average current credit score for 18–24-year-olds is 680, and that is only slightly higher (690) for 25–40-year-olds.^{ix} Given that one's credit score greatly affects the interest rates that an individual receives, it is likely that many medical students could be facing interest rates well above 19.81 percent. In comparison, the current Graduate PLUS loan interest rate is 8.94 percent for academic year 2025-2026.^x

These facts mean that medical students who need to supplement their tuition costs with private loans will pay more than double the interest on those loans as they would with current Graduate PLUS loan levels, which would significantly undermine the stated goals of affordability and program integrity. Further, because primary care physicians earn substantially lower incomes than many subspecialists, debt-to-income ratios are already significantly worse for family physicians.^{xi} Reducing access to federal loans will deter students from entering family medicine and exacerbate the projected shortage of up to 40,400 primary care physicians by 2036.^{xii} **As such, the AAFP urges the Department to either maintain access to Graduate PLUS loans for medical students or create a medical education carve-out in the new loan programs that reflects the unique cost structure, training length, and public service value of primary care physicians.**

Proration of Loans for Less-than-Full-Time Enrollment

The AAFP is concerned that proration of loan eligibility for less-than-full-time enrollment fails to account for the realities of medical education and training, and we urge the Department to reconsider. Medical students and residents may temporarily enroll at reduced course loads due to clinical scheduling, family caregiving responsibilities, pregnancy, or health needs—without any reduction in total program cost or duration. Prorating loan eligibility in these circumstances risks penalizing students for circumstances unrelated to academic progress. **The AAFP recommends that the Department either exempt medical education programs from automatic**

February 24, 2026
Page 5 of 7

proration or provide clear hardship and program-specific exceptions to ensure that future primary care physicians are not forced into private lending or delayed completion of their education.

Limits on Forbearance

While the AAFP supports the Department's goal of preventing prolonged forbearance that leads to negative amortization, we believe the limits proposed here are overly restrictive for medical professionals. Residency training involves extended periods of low income relative to debt burden, and unexpected life events such as illness, parental leave, or natural disasters can necessitate short-term relief. A rigid cap risks pushing borrowers into delinquency rather than sustainable repayment. Instead, we recommend the Department exempt individuals completing their medical training from the proposed forbearance limit.

Repayment Assistance Plan

The AAFP appreciates several elements of the Repayment Assistance Plan (RAP), including interest suppression and principal matching. However, we do not believe RAP is an adequate substitute for robust loan forgiveness programs such as the PSLF program, particularly for primary care physicians. Family physicians rely heavily on PSLF, and we strongly believe any repayment structure must ensure seamless PSLF eligibility, avoid borrower confusion about qualifying payments, and prevent inadvertent loss of forgiveness credit due to plan transitions or "on-time payment" technicalities. **The AAFP urges the Department to provide clear, proactive guidance to ensure family physicians are not unintentionally excluded from the PSLF program while repaying under RAP.**

PSLF Program Treatment and Implications

The AAFP is deeply concerned that the "on-time payment" standard and reduced reconsideration mechanisms will disproportionately harm primary care physicians. According to a recent survey, more than 75 percent of AAFP members in loan repayment programs have participated in the PSLF program, and we know that minor servicing or administrative errors can have life-altering consequences. The proposed framework increases the risk that physicians working in good faith in public service roles will lose qualifying credit due to technical or servicer-driven issues. **The AAFP urges the Department to preserve generous reconsideration and correction mechanisms and ensure that repayment plan transitions do not reset or jeopardize PSLF program eligibility.**

February 24, 2026
Page 6 of 7

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 RISE 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 student debt relief policies that will 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@aaafp.org.

Sincerely,

A handwritten signature in black ink that reads "Jen Brull, MD". The signature is stylized and cursive.

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

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](https://doi.org/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 GlobalData Plc. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. AAMC. March 2024. <https://www.aamc.org/media/75236/download>.

^{vi} Kelchen, R. Does the Bennett Hypothesis Hold in Professional Education? An Empirical Analysis. *Res High Educ* 61, 357–382 (2020). <https://doi.org/10.1007/s11162-019-09557-9>.

^{vii} AAMC. Tuition and Student Fees Reports. March 2022.
<https://www.aamc.org/datareports/reporting-tools/report/tuition-and-student-fees-reports>.

^{viii} Treece, Kiah. "Best Personal Loans of 2025: SoFi, Upgrade & More." Edited by Angelica Leicht, *Forbes Advisor*, Aug. 12, 2025. <https://www.forbes.com/advisor/personal-loans/best-personal-loans/>.

^{ix} Aleksandric, Milica. "The Average Credit Score by Age, Race, State, and Income." *FinMasters*, Feb. 15, 2024. <https://finmasters.com/average-credit-score/>.

^x Sallie Mae Federal PLUS Loan Guide. Sallie Mae. Accessed Aug. 18, 2025.
<https://www.salliemae.com/federal-plus-loan-guide/>.

^{xi} Friedman AB, Grischkan JA, Dorsey ER, George BP. Forgiven but Not Relieved: US Physician Workforce Consequences of Changes to Public Service Loan Forgiveness. *J Gen Intern Med.* 2016 Oct;31(10):1237-41. doi: [10.1007/s11606-016-3767-2](https://doi.org/10.1007/s11606-016-3767-2). Epub 2016 Jun 13. PMID: 27295187; PMCID: PMC5023611.

^{xii} GlobalData Plc. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. AAMC. March 2024. <https://www.aamc.org/media/75236/download>.