



May 15, 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: Student Tuition and Transparency System (STATS) and Earnings Accountability; Docket ID ED-2026-OPE-0100; RIN 1840-AE06

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: Student Tuition and Transparency System (STATS) and Earnings Accountability*. The AAFP supports the Department's overall goals of strengthening transparency and accountability in programs and institutions that receive federal funds, and we recognize the importance of providing students with clear, comparable information about educational outcomes. However, we have significant concerns regarding a few key provisions of the proposed rule that do not adequately account for the unique structure and timing of medical education and physician training pathways. **Given the essential public health role primary care physicians fulfill, particularly in rural and underserved communities, the AAFP [strongly urges](#) the Department to ensure that all federal student aid policies appropriately reflect the unique structure, training pathway, and workforce importance of medical education.** We recommend the Department work to ensure the final rule reflects these distinctions and specifically support, rather than inadvertently undermine, national health workforce needs.

Definitions

Earnings and Earnings Threshold

The Department proposes to define earnings as "wages and other earned income reported to the IRS, including net income from self-employment," while excluding all other forms of income, including state or federal housing allowances. The

Department proposes to establish an earnings threshold for graduate programs based on the median earnings of working adults aged 25–34 with only a baccalaureate degree, using Census Bureau data. The threshold would be determined by selecting the lowest median earnings among three benchmarks: statewide earnings for similarly educated workers; statewide earnings within the same field of study based on two- or four-digit Classification of Instructional Programs (CIP) codes; or national earnings within the same field of study based on those CIP codes. Where state-level data are insufficient or fewer than half of students are from the institution's state, the Department would rely on comparable national benchmarks, including CIP code-specific data where available.

The AAFP supports the Department's proposed definition of earnings and appreciates the agency's effort to provide clarity and transparency regarding the types of income included in earnings evaluations. While we do not object to the proposed definition of the earnings threshold, we request clarification regarding the use of the term "graduate program" in this proposed rule. **Given recent changes to federal student loan limits under H.R.1 and related negotiated rulemaking, including the new distinction between "graduate" and "professional" students, the AAFP urges the Department to confirm that medical students and others in professional degree programs (JD, PhD, etc.) will be considered to be in graduate programs for the purposes of this regulation, and that their earnings will be compared to the median earnings of working adults aged 25–34 with a baccalaureate degree as opposed to those with a graduate degree.**

Cohort Period and Qualifying Graduate Program

The Department's current definition of a "qualifying graduate program" is one where at least half of the program's graduates obtain licensure in a field where post-graduation training requirements apply. The list of applicable programs is chosen by the Department and published in the Federal Register, and it has always included the fields of medicine, osteopathy, dentistry, etc., among others. In this proposed rule, the Department seeks to remove the definition of a qualifying graduate program from Higher Education Act (HEA) regulations and instead evaluate all "program completers" by comparing their earnings four years after completion of their educational program with the average earnings of someone in a similar field but with a lower level of educational attainment. These accountability metrics will determine whether a program meets required performance thresholds to maintain eligibility for federal student aid. The agency proposes revising the cohort period from a two-year period to a one-year period, as outlined in H.R.1, as well as allowing for expanded cohort periods when the number of completers is deemed insufficient for reliable measurement – fewer than 30.

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While the AAFP understands H.R.1 specifies that the initial period used to evaluate program completers is the academic year four years before the year of determination, **we object to the proposed removal of the current qualifying graduate program definition and regulations. We strongly urge the Department to work with Congress to find the necessary regulatory flexibility to protect medical students and graduates.** The current regulations for cohort periods state, "If a program is a qualifying graduate program, the award years used for graduation shift three years further into the past (sixth and seventh award year prior for the two-year cohort, adding the eighth and ninth award year prior for a four-year cohort if needed to reach an n-size of 30) **to account for delayed earnings growth for mandatory postgraduation training such as a residency program**" (emphasis added).

The Department has long recognized that medical graduates, including those pursuing family medicine, undergo extended postgraduate training during which earnings are significantly constrained, followed by gradual income progression. Evaluating program performance based on early-career earnings risks misclassifying medical education programs as low-performing, particularly for primary care physicians, whose compensation remains substantially lower than many subspecialties despite their essential role.ⁱ **Primary care is the only health care component where an increased supply is associated with better population health and improved patient outcomes, which makes expanding and supporting the primary care physician workforce essential to achieving national health improvement goals.**ⁱⁱ

The AAFP urges the Department to adjust earnings metrics to more accurately reflect career-stage timing, including the extended periods of residency and fellowship training that are required for physician licensure and delay full earning potential. **We believe the current regulations that permit qualifying graduate programs to be evaluated three years further into the past than other programs are appropriate and should be maintained.** With a standard evaluation period of four years in the past, students in qualifying medical training programs would then have seven years before evaluations began. The AAFP believes this is an appropriate amount of time to account for the extended postgraduate training medical graduates experience, and **we urge the Department to maintain the current definition and regulations for a qualifying graduate program.**

Institutional Grants and Scholarships

The Department seeks to expand the definition of institutional grants and scholarships to include grants or scholarships that could convert to loans if students

do not meet certain requirements. The agency proposes to outline what is not considered an institutional grant or scholarship, including federal student aid; state, tribal, local, or private grants and scholarships; or any funding the institution does not control or direct.

The AAFP supports these proposed changes and appreciates the Department's effort to increase transparency by more clearly defining institutional reporting requirements. In particular, the proposed clarification regarding what constitutes an institutional grant or scholarship will help reduce ambiguity and improve consistency in reporting across institutions, which should lessen administrative burdens and increase the quality of data being reported. The AAFP believes that these updates will support more accurate data collection and enhance the comparability of program-level financial information provided to students, institutions, and policymakers.

Student Tuition and Transparency System (STATS)

Scope

The Department proposes to expand its accountability framework to the U.S. Territories and Freely Associated States, which have largely not been evaluated under earlier accountability metrics in this section of the HEA. The Department seeks to clarify that the proposed STATS framework will apply to "nearly all programs eligible for Title IV, HEA funds," including both gainful employment programs and eligible non-gainful employment programs offered by an eligible institution.

The AAFP supports these proposed changes and again commends the Department for its efforts to simplify reporting requirements and establish more consistent accountability metrics across institutions. Expanding the framework to apply broadly, including to programs in U.S. Territories and Freely Associated States, will promote greater transparency and comparability for students evaluating program options. The AAFP believes that applying a more uniform set of metrics, where appropriate, will better equip students to make informed decisions aligned with their educational and career goals, including entry into primary care. AAFP policy [emphasizes](#) the importance of informed student choice in supporting the family medicine workforce, and we encourage the Department to ensure that these accountability measures are implemented in a manner that does not inadvertently disadvantage programs leading to high-need fields such as primary care.

Framework

The Department currently uses two accountability metrics to assess a program's outcomes: the debt-to-earnings (D/E) rate test and the earnings premium measure test. The agency proposes to eliminate the D/E rate test, which establishes a maximum acceptable percentage of debt-to-earnings for graduates of a given program a set number of years after graduation, and to only use the earnings premium measure test going forward. The Department believes doing so would best align the regulations with statute, which explicitly provides for an earnings premium but does not establish a D/E rate. The D/E rate is administratively burdensome and complex for institutions to report, and the Department does not believe it will meaningfully impact program eligibility. The agency estimates the number of current programs expected to fail under the proposed framework would increase by 0.2%.

The AAFP supports the Department's proposal to remove the D/E rate test from this section of the HEA. We agree with the Department that eliminating this metric would meaningfully reduce administrative burden for institutions while having minimal impact on program eligibility determinations. This approach appropriately aligns the regulatory framework with statutory requirements and is consistent with Executive Order 14192, "Unleashing Prosperity Through Deregulation," which the AAFP [supports](#). We believe this proposal reflects an appropriately balanced effort to streamline reporting obligations while maintaining effective accountability standards.

Calculating Earnings Premium Measure

The Department proposes to slightly broaden the earnings premium measure so that programs will be considered passing if median earnings are equal to or exceed the applicable threshold, rather than only exceeding it. The proposal also clarifies that the calculation will rely on the most recent median earnings data for completers in the cohort period, specifically using earnings data from the fourth tax year after completion. The Department considered but did not end up proposing to remove an exclusion for completers of graduate programs, in which the Secretary excludes a student from the earnings premium measure calculation for a program if the student completed a higher credentialed graduate program subsequent to the completion of the original program.

The AAFP supports the Department's proposal to broaden the earnings premium measure to include programs where median earnings are equal to the applicable threshold, rather than only exceeding it. In light of the removal of the D/E rate measure, we believe it is appropriate for the Department to provide additional flexibility within the remaining accountability metric. The AAFP also greatly appreciates the Department's decision not to propose removal of the exclusion for completers of graduate programs. We agree with the concerns raised during the

negotiated rulemaking process regarding the potential unintended consequences of removing higher credential exclusions, and we thank the Department for maintaining this important flexibility for graduate students.

Reporting Requirements

The Department proposes to expand reporting requirements by applying them to a broader set of institutions and enhancing data collection to improve transparency and consistency. Going forward, institutions would be required to report licensure information for all states in which a program meets licensure requirements, rather than limiting reporting to those states within a metropolitan statistical area. The proposal also clarifies cost reporting by requiring student-specific tuition and fee data and introducing more precise reporting of residency tuition status, capturing whether students are charged in-state, out-of-state, or residency-independent rates. In addition, the Department proposes to refine certain data elements and timelines for reporting while removing references to qualifying graduate programs.

The AAFP supports the Department's efforts to expand reporting requirements and enhance transparency through more comprehensive and standardized data collection. In particular, we support the proposed expansion of licensure reporting to include all states in which a program meets licensure requirements, as this will provide more complete and actionable information for students evaluating program outcomes across jurisdictions. We also support the proposed refinements to tuition reporting, including student-specific tuition and fee data and clearer distinctions in residency tuition status, which will improve the accuracy and comparability of cost information. However, consistent with our comments in the "Cohort Period and Qualifying Graduate Program" section above, **the AAFP objects to the proposed removal of qualifying graduate programs from HEA regulations, and we wish to reiterate the importance of maintaining this designation to account for extended training timelines and delayed earnings associated with medical education. Retaining these provisions is essential to ensuring that reporting and accountability frameworks appropriately reflect the realities of licensure-dependent, postgraduate training pathways.**

Low-Earning Outcome Programs

The Department proposes to remove all references to the D/E rate metric and rely solely on the earnings premium measure as the basis for earnings accountability. Under this framework, both gainful employment and eligible non-gainful employment programs would be designated as low-earning outcome programs if they fail the earnings premium measure in two out of any three consecutive award

years in which it is calculated. The proposal also expands institutions' appeal rights related to low-earning outcome determinations and associated loss of Direct Loan eligibility; it would allow programs to reapply for Direct Loan eligibility after two years, rather than the current three. The Department further clarifies that ineligibility determinations would generally be limited to the Direct Loan program, rather than all federal student aid programs, and the proposal includes provisions to support orderly program closure, including pathways for affected students to transition to comparable programs.

The AAFP supports the Department's decision to refine program accountability consequences in a manner that is both more targeted and equitable. In particular, we support the proposed expansion of institutional appeal rights, which will help ensure that program-level determinations are accurate and allow institutions to address potential data or methodological concerns. We also appreciate the Department's clarification that ineligibility determinations will generally be limited to the Direct Loan program, as this approach mitigates the risk of broader disruptions to student access to federal aid. Finally, the AAFP supports the inclusion of orderly program closure provisions and transition pathways, which are critical to protecting students and ensuring continuity of education for those enrolled in affected programs.

Student Warnings

The Department proposes revising student warning requirements to align with the new earnings accountability framework and apply them based on a program's performance on the earnings premium measure. Institutions would be required to provide timely warnings to current and prospective students when a program is at risk of losing eligibility and to reissue warnings if sufficient time has elapsed prior to enrollment. The proposed regulations would standardize the content of these warnings, including disclosure of potential loss of federal aid; available academic and financial alternatives; and whether students can continue, transfer, or receive refunds if a program becomes ineligible. Additionally, the proposal maintains requirements for student acknowledgment of warnings prior to disbursement of Title IV funds and ensures that warnings are accessible to students, including those with limited English proficiency.

The AAFP supports the Department's proposed revisions to the student warning requirements and appreciates efforts to ensure that students are provided with clear, timely, and actionable information when a program is at risk of losing eligibility. We support the proposed standardized content and acknowledgment requirements, which promote informed decision-making and transparency regarding program

outcomes and potential loss of federal student aid. The AAFP also strongly supports the requirement that warnings be accessible to all students, including those with limited English proficiency, as this [aligns](#) with our policy supporting funding for culturally sensitive interpretive services and equal access to information. Ensuring that all students can meaningfully understand these warnings is essential, and we thank the Department for protecting student autonomy in this regard.

Institutional and Financial Assistance Information for Students

Institutional and Programmatic Information

The Department proposes revising institutional and programmatic disclosure requirements to align with the STATS framework and provide more comprehensive program-level information to students. A key provision proposed to remain requires institutions to disclose additional outcome and financing information, including the percentage of students enrolled in a program during the most recently completed award year who received a Direct Loan, a private loan, or both. The proposal is intended to improve transparency around student borrowing patterns and enable prospective students to better evaluate the financial characteristics of individual programs. These enhanced disclosures would be made available through institutional reporting and the Department's program information tools to support more informed decision-making.

The AAFP supports the Department's proposed enhancements to institutional and program-level disclosures, particularly the inclusion of detailed information on student borrowing patterns. **We strongly support the existing requirement that institutions report the percentage of students who receive Direct Loans, private loans, or both, as this information will provide critical insight into how students finance their education and the extent to which they rely on higher-risk borrowing.** As the Department notes, "a private loan is often the difference between federal loan annual maximums and the overall cost of attendance," and these loans can carry less favorable terms and represent a significant financial burden for students. **Increased transparency in this area will better equip prospective students to assess program affordability and make more informed decisions about their educational and financial pathways, which is especially important for family medicine and primary care students.**

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.ⁱⁱⁱ The high burden of medical education costs contributes to worsening physician shortages and puts medical education out of

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reach for many potential physicians, particularly those from low- and middle-income backgrounds. Without access to robust federal student loan options, students and residents may be forced to rely on private financing. 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.^{iv} 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.^v

Given that younger and lower-income borrowers are less likely to have strong credit profiles and are therefore more likely to face elevated borrowing costs, greater reliance on private loans may further deter entry into the physician workforce. Transparent disclosure of borrowing patterns by institutions and preservation of federal student loan options are essential to ensuring that financial barriers do not deter students from entering primary care fields that are critical to addressing national workforce shortages and improving population health outcomes. **We [urge](#) the Department to continue working with Congress and external stakeholders to expand federal student aid opportunities for future physicians to help counteract the projected shortage of up to 40,400 primary care physicians by 2036.**^{vi}

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 reiterates its support for the Department's efforts to improve transparency and accountability across higher education programs, and we reemphasize the need for a more tailored approach for licensure-dependent professional programs such as medicine. We strongly encourage the Department to maintain regulatory flexibility for qualifying graduate programs, refine earnings measurement timelines, and incorporate program-specific considerations that reflect the realities of medical education. These adjustments are necessary to preserve access to medical training for students of all backgrounds and to avoid exacerbating existing physician workforce shortages. The AAFP remains committed to working with the Department and other stakeholders to advance higher education policies that will help bolster our health care workforce and advance access to high-quality primary care for every individual. 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".

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

ⁱ 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. Epub 2016 Jun 13. PMID: 27295187; PMCID: PMC5023611.

ⁱⁱ 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>.

ⁱⁱⁱ Hanson, M. Student Loan Debt Statistics. *EducationData.org.* June 29, 2023. <https://educationdata.org/student-loan-debt-statistics>.

^{iv} 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/>.

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

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