

September 17, 2025

Linda McMahon  
Secretary of Education  
400 Maryland Ave., SW  
Washington, DC 20202

*RE: Docket ID ED-2025-OPE-0016, Public Service Loan Forgiveness (PSLF) program*

Dear Secretary McMahon,

On behalf of the American Osteopathic Association (AOA), alongside the 34 undersigned osteopathic specialty and state associations – collectively representing nearly 200,000 osteopathic physicians and medical students – we write regarding the proposed changes to the Public Service Loan Forgiveness (PSLF) program. While we recognize that the Department of Education bears a responsibility to uphold PSLF program integrity, we are deeply concerned about the proposal’s likely impact on the long-term healthcare workforce, as the rule could limit financial assistance to physicians dedicated to serving their communities. In 2024, the average medical school graduate’s debt was \$234,597<sup>1</sup>. Physicians often choose rural and family medicine with the knowledge that the PSLF program will assist in offsetting their high education debt. If PSLF is threatened, physicians may be forced to turn to higher paying specialties or regions where physicians are paid more to ensure they are able to pay off their high loan burdens. Additionally, the U.S. faces a growing physician shortage, with HRSA projecting a shortage of 187,130 physicians by 2037<sup>2</sup>. As the nation faces a worsening physician shortage, rural communities continue to be impacted most.

The PSLF program encourages individuals to work in public service positions at non-profit organizations and across federal, state, local, and tribal governments in exchange for loan forgiveness after 10 years of public service and loan repayments. Because these public services positions often pay less than positions in the for-profit sector, the PSLF was created to support individuals who choose to serve these communities, which has been especially critical for patients in underserved rural and urban areas to access medical care. We appreciate that the Department seeks to bolster PSLF program integrity, but we find the proposals to not align with the program’s objective to encourage public service. The ambiguity of the proposed policies, on actions that may cause the Department to withdraw the PSLF qualifying status of employers, jeopardizes the employees of the entire organizations. The uncertainty created by these regulations may dissuade physicians from pursuing public service altogether, resulting in reduced physician workforce in rural and underserved areas across the United States.

We are concerned that one of the unintended consequences of this policy is that legitimate non-profit organizations, that are committed to serving their communities, may inappropriately lose their status as a PSLF qualifying employer. For example, as physicians, it is our duty to provide medically necessary care to patients. *Under the Emergency Medical Treatment and Labor Act (EMTALA)*, physicians are responsible for screening and stabilizing all patients who present at emergency departments, regardless of citizenship, immigration status, sex, or ability to pay for care. Physicians do not inquire about

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<sup>1</sup> Hanson, Melanie. “Average Medical School Debt” EducationData.org, August 28, 2024. Available [here](#).

<sup>2</sup> HRSA National Center for Health Workforce Analysis. Physician Workforce: Projections, 2022-2037. Available [here](#).

patients' immigration status during diagnosis and treatment, nor is it medically necessary to do so. We are concerned about the lack of clarity in the proposals for what constitutes "aiding or abetting" violations of immigration law under the Secretary of Education's description and whether this could impact physicians providing medically necessary care to patients of unknown immigration status. We hold similar concerns with other terms defined among the "activities with a substantial illegal purpose" as outlined in the regulation. We urge the agency to consider how this rule will impact physicians providing evidence-based care, and ensure that these individuals are assured the ability participate in PSLF when serving their communities with non-profit or government organizations.

Ultimately, we urge the Department of Education to maintain current regulatory language and not to move forward with the proposed rule. However, should the Department choose to move forward, we urge it to finalize several key protections established in the rule based on negotiated rulemaking, including:

- Allowing employers to implement corrective action plans prior to final determinations withdrawing their PSLF qualifying status, and enabling employees to make PSLF-eligible payments while employers implement such plans;
- Establishing a clear evidentiary standard for determining whether an employer engaged in substantial illegal activity; and
- Ensuring that activities constituting free speech are explicitly protected.

Even with the above changes, we are concerned that this rule may have a chilling effect on individuals choosing to pursue public service. In healthcare, this rule will disproportionately impact rural and underserved communities' access to timely and quality medical care, an issue we know this administration is focused on solving.

Again, we appreciate the opportunity to submit comments on this critical issue. The AOA, our affiliates, and our members value the PSLF program and welcome the opportunity to work with the Department on policy that balances program integrity and maximizes the impact of the federal resources available to the program to support access to medical care. If you have any questions or if the AOA can be a resource, please contact AOA Vice President of Public Policy, John-Michael Villarama, at [jvillarama@osteopathic.org](mailto:jvillarama@osteopathic.org) or (202) 349-8748.

Sincerely,

American Osteopathic Association  
American College of Osteopathic Emergency Physicians  
American College of Osteopathic Family Physicians  
American College of Osteopathic Internists  
American College of Osteopathic Pediatricians  
American Osteopathic Academy of Addiction Medicine  
American Osteopathic College of Occupational and Preventive Medicine  
American Osteopathic College of Radiology  
Student Osteopathic Medical Association

Arizona Osteopathic Medical Association  
Connecticut Osteopathic Medical Society  
Florida Osteopathic Medical Association

Georgia Osteopathic Medical Association  
Illinois Osteopathic Medical Society  
Indiana Osteopathic Association  
Iowa Osteopathic Medical Association  
Kansas Association of Osteopathic Medicine  
Kentucky Osteopathic Medical Association  
Maine Osteopathic Association  
Maryland Association of Osteopathic Physicians  
Massachusetts Osteopathic Society  
Michigan Osteopathic Association  
Minnesota Osteopathic Medical Society  
Missouri Association of Osteopathic Physicians and Surgeons  
New Jersey Association of Osteopathic Physicians and Surgeons  
New York State Osteopathic Medical Society  
North Carolina Osteopathic Medical Association  
Ohio Osteopathic Association  
Osteopathic Physicians & Surgeons of California  
Osteopathic Physicians and Surgeons of Oregon  
Pennsylvania Osteopathic Medical Association  
Rhode Island Society of Osteopathic Physicians and Surgeons  
South Carolina Osteopathic Medical Society  
Texas Osteopathic Medical Association  
Washington Osteopathic Medical Association