

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 617  
(A-22)

Introduced by: Medical Student Section

Subject: Study a Need-Based Scholarship to Encourage Medical Student Participation in the AMA

Referred to: Reference Committee F

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1 Whereas, Meeting attendance and participation is an important and impactful part of student  
2 participation in the AMA, allowing students to connect with colleagues and with physician  
3 leaders, and mentors, which helps students find ways to stay involved in their future careers;  
4 and

5  
6 Whereas, Of indebted medical students, the mean educational debt of the medical school class  
7 of 2021 was \$203,062<sup>1</sup>; and

8  
9 Whereas, Cost is a significant barrier to student participation in the AMA's biannual meetings of  
10 the MSS and HOD, in which the AMA-MSS generally meets for two to three days prior to the  
11 House of Delegates (HOD) which meets for three or four additional days, with costs for the most  
12 recent in-person Annual and Interim HOD meetings as follows:

- 13 • Travel:
  - 14 ○ ~\$350-550 round-trip airfare for each A-19 and I-19 trips, individually.<sup>2</sup>
  - 15 ■ [Airport Transportation To/From Hotel 2019 HOD Meeting](#): \$35 One way;  
16 \$50 Two way.<sup>3</sup>
  - 17 ○ Hawaii-based meetings: ~\$670s-\$820s round-trip airfare.<sup>4</sup>
- 18 • Lodging:
  - 19 ○ 2019 Annual Meeting (Hyatt Regency in Chicago, IL):
  - 20 ■ Single: \$255 per night plus tax = \$299.34 per night
  - 21 ■ Double: \$280 per night plus tax = \$328.69 per night
  - 22 ○ 2019 Interim Meeting (Manchester Grand Hyatt and Marriott Marquis in San  
23 Diego, CA):
  - 24 ■ \$285 per night plus tax = \$321.28 per night.<sup>3</sup>
- 25 • Food:
  - 26 ○ 2019 Annual Meeting:
  - 27 ■ Chicago: \$34/day.<sup>6</sup>
  - 28 ○ [2019 Interim Meeting](#):
  - 29 ■ San Diego: \$33/day.<sup>5</sup>

30  
31 Whereas, All medical students are encouraged to attend the AMA-MSS meeting, and at least  
32 one delegate and alternate delegate from every medical school is expected to be at the  
33 assembly, and the HOD assembly is attended by student representatives from each region  
34 based on total region membership, in addition to student councilors, a section delegate and  
35 alternate delegate (MSS Internal Operating Procedures 10.4 through 10.4.6; AMA Bylaws 2.3  
36 through 2.3.6, 7.3.3 through 7.3.4.3), and MSS registrants at the A-19 MSS Meeting was 620  
37 members and at the I-19 MSS Meeting was 711 members (data provided by staff); and

38

1 Whereas, In addition to the AMA-MSS Annual and Interim meetings, medical student members  
2 may also participate in additional advocacy or region-specific conferences that require travel,  
3 such as the AMA Medical Student Advocacy Conference (in Washington, DC) and Region-  
4 specific Physicians of the Future Summits (held in various locations within each geographic  
5 region); and  
6

7 Whereas, Some MSS Regional Delegates and Alternate Regional Delegates to the HOD  
8 receive financial support from their state delegations, but a 2022 survey of the MSS Caucus  
9 showed that 51% of these delegates are receiving funding for travel and hotel, 12% for hotel  
10 only, and 37% receive no state funding; and  
11

12 Whereas, Many organizations provide funding for students to participate in their meetings, for  
13 example:

- 14 • the American College of Radiology (ACR) offers up to 15 stipends of \$150 to qualified  
15 medical students attending the ACR annual meeting when virtual<sup>7</sup>
- 16 • the American Academy of Family Physicians (AAFP) provides 250 scholarships of \$600  
17 to attend their national conference<sup>8,9</sup>
- 18 • the American Medical Women's Association (AMWA) gives scholarships to students and  
19 has special consideration to students with leadership positions, presenting posters,  
20 ambassadors, or who are traveling from far-away locations<sup>10</sup>
- 21 • the American Psychiatric Association (APA) provides up to 30 medical students variable  
22 funding to attend both the Annual Meeting and the Mental Health Services Conference<sup>11</sup>  
23 and specifically seeks to support underrepresented minority and racial/ethnic students
- 24 • the Society for Vascular Surgery (SVS) and American Academy of Neurology (AAN) also  
25 offer travel awards specifically focused on diverse student populations in addition to a  
26 general award<sup>12,13</sup>; and  
27

28 Whereas, A study of the AAFP's funding mechanism and conference attendance demonstrated  
29 that systematic programs to fund student participation in conferences increased attendance and  
30 likelihood of future conference attendance<sup>9</sup>; and  
31

32 Whereas, For general AMA-MSS members, until spring 2021 the sole AMA funding source for  
33 travel was the Medical Student Outreach Program (MSOP) Recruitment Commission; MSOP is  
34 a peer-to-peer mentorship initiative designed to promote first year medical student recruitment  
35 and engagement and based on recruitment numbers from early April 2021, the average  
36 Recruitment Commission per school would be around \$550; median around \$250<sup>14,15</sup>; and  
37

38 Whereas, In March 2021, the AMA announced a new travel scholarship, for up to \$1,000, for  
39 one student from each MSS Region (seven students total), to be awarded for the first time for  
40 the Annual 2022 Meeting, and as a part of the AMA Section Involvement Grant, MSOP  
41 instituted an AMA Annual Meeting Travel Grant for students to attend the MSS June 2022  
42 Meeting<sup>16,17</sup>; and  
43

44 Whereas, The AMA Ambassador Program provides leadership and networking opportunities for  
45 MSS members, including scholarships to attend and be trained at AMA advocacy  
46 conferences<sup>18</sup>; and  
47

48 Whereas, Besides the data from the informal poll above, data on student funding for meetings  
49 are not available, and likewise neither are data on financial or other barriers to student  
50 participation in AMA meetings; and  
51

1 Whereas, Our AMA is dedicated to the professional development of student, resident and  
2 fellow, and young physician section representatives (G-600.030); therefore be it  
3

4 RESOLVED, That our AMA will explore mechanisms to mitigate costs associated with medical  
5 student participation at national, in-person AMA conferences. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/11/22

DRAFT

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**RELEVANT AMA POLICY**

**Diversity of AMA Delegations G-600.030**

Our AMA encourages: (1) state medical societies to collaborate more closely with state chapters of medical specialty societies, and to include representatives of these organizations in their AMA delegations whenever feasible; (2) state medical associations and national medical specialty societies to review the composition of their AMA delegations with regard to enhancing diversity; (3) specialty and state societies to develop training and/or mentorship programs for their student, resident and fellow and young physician section representatives, and current HOD delegates for their future activities and representation of the delegation; (4) specialty and state societies to include in their delegations physicians who meet the criteria for membership in the Young Physicians Section; and (5) delegates and alternates who may be entitled to a dues exemption, because of age and retirement status, to demonstrate their full commitment to our AMA through payment of dues.

CCB/CLRPD Rep. 3, A-12

**Diversity in the Physician Workforce and Access to Care D-200.982**

Our AMA will: (1) continue to advocate for programs that promote diversity in the US medical workforce, such as pipeline programs to medical schools; (2) continue to advocate for adequate funding for federal and state programs that promote interest in practice in underserved areas, such as those under Title VII of the Public Health Service Act, scholarship and loan repayment programs under the National Health Services Corps and state programs, state Area Health Education Centers, and Conrad 30, and also encourage the development of a centralized database of

scholarship and loan repayment programs; and (3) continue to study the factors that support and those that act against the choice to practice in an underserved area, and report the findings and solutions at the 2008 Interim Meeting.

CME Rep. 7, A-08; Reaffirmation A-13; Reaffirmation: A-16; Reaffirmed: CME Rep. 5, A-21

### **Principles of and Actions to Address Medical Education Costs and Student Debt H-305.925**

The costs of medical education should never be a barrier to the pursuit of a career in medicine nor to the decision to practice in a given specialty. To help address this issue, our American Medical Association (AMA) will:

1. Collaborate with members of the Federation and the medical education community, and with other interested organizations, to address the cost of medical education and medical student debt through public- and private-sector advocacy.
2. Vigorously advocate for and support expansion of and adequate funding for federal scholarship and loan repayment programs--such as those from the National Health Service Corps, Indian Health Service, Armed Forces, and Department of Veterans Affairs, and for comparable programs from states and the private sector--to promote practice in underserved areas, the military, and academic medicine or clinical research.
3. Encourage the expansion of National Institutes of Health programs that provide loan repayment in exchange for a commitment to conduct targeted research.
4. Advocate for increased funding for the National Health Service Corps Loan Repayment Program to assure adequate funding of primary care within the National Health Service Corps, as well as to permit: (a) inclusion of all medical specialties in need, and (b) service in clinical settings that care for the underserved but are not necessarily located in health professions shortage areas.
5. Encourage the National Health Service Corps to have repayment policies that are consistent with other federal loan forgiveness programs, thereby decreasing the amount of loans in default and increasing the number of physicians practicing in underserved areas.
6. Work to reinstate the economic hardship deferment qualification criterion known as the "20/220 pathway," and support alternate mechanisms that better address the financial needs of trainees with educational debt.
7. Advocate for federal legislation to support the creation of student loan savings accounts that allow for pre-tax dollars to be used to pay for student loans.
8. Work with other concerned organizations to advocate for legislation and regulation that would result in favorable terms and conditions for borrowing and for loan repayment, and would permit 100% tax deductibility of interest on student loans and elimination of taxes on aid from service-based programs.
9. Encourage the creation of private-sector financial aid programs with favorable interest rates or service obligations (such as community- or institution-based loan repayment programs or state medical society loan programs).
10. Support stable funding for medical education programs to limit excessive tuition increases, and collect and disseminate information on medical school programs that cap medical education debt, including the types of debt management education that are provided.
11. Work with state medical societies to advocate for the creation of either tuition caps or, if caps are not feasible, pre-defined tuition increases, so that medical students will be aware of their tuition and fee costs for the total period of their enrollment.
12. Encourage medical schools to (a) Study the costs and benefits associated with non-traditional instructional formats (such as online and distance learning, and combined baccalaureate/MD or DO programs) to determine if cost savings to medical schools and to medical students could be realized without jeopardizing the quality of medical education; (b) Engage in fundraising activities to increase the availability of scholarship support, with the support of the Federation, medical schools, and state and specialty medical societies, and develop or enhance financial aid opportunities for medical students, such as self-managed, low-interest loan programs; (c) Cooperate with postsecondary institutions to establish collaborative debt counseling for entering first-year medical students; (d) Allow for flexible scheduling for medical students who encounter financial difficulties that can be remedied only by employment, and consider creating opportunities for paid employment for medical students; (e) Counsel individual medical student borrowers on the status of their indebtedness and payment schedules prior to their graduation; (f) Inform students of all government loan opportunities and disclose the reasons that preferred lenders were chosen; (g) Ensure that all medical student fees are earmarked for specific and well-defined purposes, and avoid charging any overly broad and ill-defined fees, such as but not limited to professional fees; (h) Use their collective purchasing power to obtain discounts for their students on necessary medical equipment, textbooks, and other educational supplies; (i) Work to ensure stable funding, to eliminate the need for increases in tuition and fees to compensate for unanticipated decreases in other sources of revenue; mid-year and retroactive tuition increases should be opposed.
13. Support and encourage state medical societies to support further expansion of state loan repayment programs, particularly those that encompass physicians in non-primary care specialties.
14. Take an active advocacy role during reauthorization of the Higher Education Act and similar legislation, to achieve the following goals: (a) Eliminating the single holder rule; (b) Making the availability of loan deferment more flexible, including broadening the definition of economic hardship and expanding the period for loan deferment to include the entire length of residency and fellowship training; (c) Retaining the option of loan forbearance for residents ineligible for loan deferment; (d) Including, explicitly, dependent care expenses in the definition of the "cost of attendance"; (e) Including room and board expenses in the definition of tax-exempt scholarship income; (f) Continuing the federal Direct Loan Consolidation program, including the ability to "lock in" a fixed interest rate, and giving consideration to

grace periods in renewals of federal loan programs; (g) Adding the ability to refinance Federal Consolidation Loans; (h) Eliminating the cap on the student loan interest deduction; (i) Increasing the income limits for taking the interest deduction; (j) Making permanent the education tax incentives that our AMA successfully lobbied for as part of Economic Growth and Tax Relief Reconciliation Act of 2001; (k) Ensuring that loan repayment programs do not place greater burdens upon married couples than for similarly situated couples who are cohabitating; (l) Increasing efforts to collect overdue debts from the present medical student loan programs in a manner that would not interfere with the provision of future loan funds to medical students.

15. Continue to work with state and county medical societies to advocate for adequate levels of medical school funding and to oppose legislative or regulatory provisions that would result in significant or unplanned tuition increases.

16. Continue to study medical education financing, so as to identify long-term strategies to mitigate the debt burden of medical students, and monitor the short-and long-term impact of the economic environment on the availability of institutional and external sources of financial aid for medical students, as well as on choice of specialty and practice location.

17. Collect and disseminate information on successful strategies used by medical schools to cap or reduce tuition.

18. Continue to monitor the availability of and encourage medical schools and residency/fellowship programs to (a) provide financial aid opportunities and financial planning/debt management counseling to medical students and resident/fellow physicians; (b) work with key stakeholders to develop and disseminate standardized information on these topics for use by medical students, resident/fellow physicians, and young physicians; and (c) share innovative approaches with the medical education community.

19. Seek federal legislation or rule changes that would stop Medicare and Medicaid decertification of physicians due to unpaid student loan debt. The AMA believes that it is improper for physicians not to repay their educational loans, but assistance should be available to those physicians who are experiencing hardship in meeting their obligations.

20. Related to the Public Service Loan Forgiveness (PSLF) Program, our AMA supports increased medical student and physician participation in the program, and will: (a) Advocate that all resident/fellow physicians have access to PSLF during their training years; (b) Advocate against a monetary cap on PSLF and other federal loan forgiveness programs; (c) Work with the United States Department of Education to ensure that any cap on loan forgiveness under PSLF be at least equal to the principal amount borrowed; (d) Ask the United States Department of Education to include all terms of PSLF in the contractual obligations of the Master Promissory Note; (e) Encourage the Accreditation Council for Graduate Medical Education (ACGME) to require residency/fellowship programs to include within the terms, conditions, and benefits of program appointment information on the employer's PSLF program qualifying status; (f) Advocate that the profit status of a physician's training institution not be a factor for PSLF eligibility; (g) Encourage medical school financial advisors to counsel wise borrowing by medical students, in the event that the PSLF program is eliminated or severely curtailed; (h) Encourage medical school financial advisors to increase medical student engagement in service-based loan repayment options, and other federal and military programs, as an attractive alternative to the PSLF in terms of financial prospects as well as providing the opportunity to provide care in medically underserved areas; (i) Strongly advocate that the terms of the PSLF that existed at the time of the agreement remain unchanged for any program participant in the event of any future restrictive changes; (j) Monitor the denial rates for physician applicants to the PSLF; (k) Undertake expanded federal advocacy, in the event denial rates for physician applicants are unexpectedly high, to encourage release of information on the basis for the high denial rates, increased transparency and streamlining of program requirements, consistent and accurate communication between loan servicers and borrowers, and clear expectations regarding oversight and accountability of the loan servicers responsible for the program; (l) Work with the United States Department of Education to ensure that applicants to the PSLF and its supplemental extensions, such as Temporary Expanded Public Service Loan Forgiveness (TEPSLF), are provided with the necessary information to successfully complete the program(s) in a timely manner; and (m) Work with the United States Department of Education to ensure that individuals who would otherwise qualify for PSLF and its supplemental extensions, such as TEPSLF, are not disqualified from the program(s).

21. Advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student loan burden.

22. Strongly advocate for the passage of legislation to allow medical students, residents and fellows who have education loans to qualify for interest-free deferment on their student loans while serving in a medical internship, residency, or fellowship program, as well as permitting the conversion of currently unsubsidized Stafford and Graduate Plus loans to interest free status for the duration of undergraduate and graduate medical education.

CME Report 05, I-18; Appended: Res. 953, I-18; Reaffirmation: A-19; Appended: Res. 316, A-19; Appended: Res. 226, A-21; Reaffirmed in lieu of: Res. 311, A-21; Modified: CME Rep. 4, I-21

#### **Financial Aid to Medical Students H-305.999**

Our AMA urges physicians to contribute to the AMA Foundation for support of medical education and provision of scholarships to medical students.

Res. 6, A-70; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Modified: CME Rep. 2, A-10; Reaffirmed: CME Rep. 01, A-20

#### **MSS Internal Operating Procedures (IOPs)**

- 10.4. Purposes of the Meeting. The purposes of the meeting shall be:
- 10.4.1. To hear such reports as may be appropriate.
  - 10.4.2. To elect, at the Assembly meeting prior to the Interim Meeting of the AMA, the Chair-elect of the Governing Council of the MSS, and the Medical Student Trustee. To elect at the Assembly meeting prior to the Annual Meeting of the AMA, the remaining members of the Governing Council, with the exception of the Immediate Past Chair.
  - 10.4.3. To adopt procedures for election of Medical Student Regional Delegates and Alternate Regional Delegates, consistent with AMA Bylaw 2.3.3.
  - 10.4.4. To elect Medical Student Regional Delegates and Alternate Regional Delegates at the Assembly meeting prior to the Interim Meeting of the AMA.
  - 10.4.5. To adopt resolutions for MSS policy and for submission to the House of Delegates of the AMA.
  - 10.4.6. To conduct such other business as may properly come before the meeting.

#### **AMA Bylaws**

AMA Bylaws 2.3 through 2.3.6, 7.3.3 through 7.3.4.3

2.3 Medical Student Regional Delegates. In addition to the delegate and alternate delegate representing the Medical Student Section, regional medical student delegates and alternate delegates shall be apportioned and elected as provided in this bylaw.

2.3.1 Qualifications. Medical Student Regional delegates and alternate delegates must be active medical student members of the AMA.

2.3.2 Apportionment. The total number of Medical Student Regional delegates and alternate delegates is based on one delegate and one alternate delegate for each 2,000 active medical student members of the AMA, as recorded by the AMA on December 31 of each year. Each Medical Student Region, as defined by the Medical Student Section, is entitled to one delegate and one alternate delegate for each 2,000 active medical student members of the AMA in an educational program located within the jurisdiction of the Medical Student Region. Any remaining Medical Student Section Regional delegates and alternate delegates shall be apportioned one delegate and one alternate delegate per region(s) with the greatest number of active AMA medical student members in excess of a multiple of 2,000. If two regions have the same number of active AMA medical student members, ties will be broken by lottery by the MSS Governing Council.

2.3.2.1 Effective Date. In January of each year the AMA shall notify the Medical Student Section Governing Council of the number of seats in the House of Delegates to which each Medical Student Region is entitled. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

2.3.3 Election. Medical Student Regional delegates and alternate delegates shall be elected by the Medical Student Section in accordance with procedures adopted by the Section. Each elected delegate and alternate must receive written endorsement from the constituent association representing the jurisdiction within which the medical student's educational program is located, in accordance with procedures adopted by the Medical Student Section and approved by the Board of Trustees. Delegates and alternate delegates shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting of the House of Delegates. Delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.3.3 Representatives to the Business Meeting.

7.3.3.1 Representatives. The AMA medical student members of each educational program as defined in Bylaw 1.1.1 may select one representative and one alternate representative. An educational program as defined in Bylaw 1.1.1 that has a total student population (excluding students at associated administrative campuses) greater than 999 may select one additional representative and one additional alternate representative.

7.3.3.2 Medical School Separate Campus. The AMA medical student members of an educational program as defined in Bylaw 1.1.1 that has more than one campus may select a representative and an alternate representative from each campus. A separate campus is defined as an administrative campus separate from the central campus where a minimum of 20 members of the medical student body are assigned for some portion of their instruction over a period of time not less than an academic year. The Governing Council shall establish appropriate rules, subject to approval of the Board of Trustees, for credentialing all representatives.

7.3.3.3 National Medical Specialty Societies, Federal Services, and Professional Interest Medical Associations. Each national medical specialty society, Federal Service, and professional interest medical association granted representation in the House of Delegates that has established a medical student component is entitled to one representative and one alternate representative selected by the medical student members of the organization. The Governing Council shall adopt uniform rules and criteria to determine if an organization represented in the House of Delegates has established a medical student membership component so as to qualify for representation at the Business Meeting. The procedure by which

the medical student representative from the organization is selected must meet the requirements established by the Governing Council.

7.3.3.4 National Medical Student Organizations. National medical student organizations that have been granted representation in the Medical Student Section Business Meeting may select one representative and one alternate representative.

7.3.3.4.1 Criteria for Eligibility. National medical student organizations that meet the following criteria may be considered for representation in the Medical Student Section Business Meeting:

- a. The organization must be national in scope.
- b. A majority of the voting members of the organization must be medical students enrolled in educational programs as defined in Bylaw 1.1.1.
- c. Membership in the organization must be available to all medical students, without discrimination.
- d. The purposes and objectives of the organization must be consistent with the AMA's purposes and objectives.
- e. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.

7.3.3.4.2 Procedure. The Medical Student Section shall adopt appropriate rules for the application, acceptance and retention of national medical student organizations. Recommendations for acceptance and discontinuance shall be subject to the approval of the Board of Trustees.

7.3.3.4.3 Rights and Responsibilities. The medical student representative of each national medical student organization granted representation in the Business Meeting shall have full voting rights, including the right to vote in any elections at the conclusion of a 2-year probationary period with regular attendance. The representatives shall not be eligible for election to any office in the Medical Student Section.

7.3.3.5 Other Groups. The Association of American Medical Colleges – Organization of Student Representatives and the American Association of Colleges of Osteopathic Medicine – Council of Osteopathic Student Government Presidents are each entitled to one representative and one alternate representative selected by the medical student members of the organization. The procedure by which the medical student representative from each of these groups is selected must meet the requirements established by the Governing Council.

7.3.3.6 Certification. All representatives to the Business Meeting must be medical student members of the AMA and shall be properly certified to the Governing Council in accordance with rules established by the Governing Council.

7.3.4 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw 7.0.6.1, the purposes of the meeting shall include:

7.3.4.1 To elect the medical student trustee at the Business Meeting prior to the Interim Meeting of the AMA.

7.3.4.2 To adopt procedures for election of Medical Student Regional delegates and alternate delegates established in Bylaw 2.3.

7.3.4.3 To elect Medical Student Regional delegates and alternate delegates at the business meeting prior to the Interim Meeting of the AMA. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.