Medical Student Loan Debt and Primary Care for Rural and Medically Underserved Areas: Is It Just About the Money?

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Abstract

Medical student loan debt is a significant burden preventing physicians from entering primary care and from practicing in rural and underserved locations. A 2009 Josiah Macy Junior Foundation and Robert Graham Center report notes that student characteristics which increased the likelihood of choosing primary care in rural and in underserved areas include rural birth, interest in serving underserved minority populations, and rural or inner-city training experiences. The report’s number one recommendation is to create more opportunities for students and young physicians to trade debt for service such as through the National Health Service Corps (NHSC) or military programs. Identifying qualified medical students who are already inclined towards a career in primary care, supporting them through new Title VII Centers of Excellence in Primary Care, and alleviating their debt load via year-for-year pay back service commitments should be supported as strategies for increasing access to primary care in underserved areas.

The student physician can be nurtured towards this dual goal through subsidized education and living expenses during medical school and residency. The return for financial support is year-for-year service where needed. I recommend support for the Increasing Primary Care Access Act of 2014/S 1798 which would create Centers of Excellence in Primary Care and would provide funding for six to ten allopathic (MD) and osteopathic (DO) medical schools to increase training, recruitment and retention of primary care physicians especially in rural and medically underserved areas and the creation of new curricular programs designed towards these goals.