

June 3, 2025

The Honorable John Thune
Senate Majority Leader
S-309, The Capitol
Washington, D.C. 20510

The Honorable Charles Schumer
Senate Minority Leader
S-230, The Capitol
Washington, D.C. 20510

The Honorable Bill Cassidy, MD
Chairman, Senate Committee on Health,
Education, Labor and Pensions
428 Senate Dirksen Office Building,
Washington, DC, 20510

The Honorable Mike Crapo
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member, Senate Committee on
Health, Education, Labor and Pensions
428 Senate Dirksen Office Building,
Washington, DC, 20510

The Honorable Ron Wyden
Ranking Member, Senate Committee
on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Majority Leader Thune, Minority Leader Schumer, Chairman Cassidy, Chairman Crapo, Ranking Member Sanders and Ranking Member Wyden:

On behalf of the American Society for Clinical Pathology (ASCP), I am writing to express our concern with many of the changes to federal student loans contained in Section III of H.Con.Res. 14, the Concurrent Resolution on the Budget for Fiscal Year 2025 recently approved by the U.S. House of Representatives. These cuts will undermine efforts to address the serious shortages of physicians and other healthcare professionals, such as pathologists and medical laboratory professionals.

America's laboratory professionals form the backbone of our healthcare system. These individuals perform all manner of diagnostic, prognostic, and screening tests, from cutting edge genetic and molecular studies to the highly complex analysis of body fluids and tissue samples. The information these professionals provide is essential for patients to receive safe, effective, and efficient care from their providers. Recent surveys of physicians estimate that 60-70 percent of medical decisions regarding a patient's diagnosis and/or treatment require laboratory data.

Currently, our nation is suffering from a severe shortage of pathologists (physician specialists) and medical laboratory professionals. The Association of American Medical Colleges expects increased demand for physicians over the next decade, [projecting](#) a shortage of between 37,800 and 124,000 physicians, with the largest disparities for physician specialists. Similarly, the ASCP's biennial [vacancy survey](#) surveys have

consistently identified shortages of qualified laboratory personnel, recently finding that core laboratories have a laboratory personnel vacancy rate of 18.5 percent. Medical laboratory scientists, also known as medical technologists, have routinely ranked as one of the top five worst shortage occupations within Veteran's Affairs Medical Centers.¹

Unfortunately, the reconciliation bill's proposed student financial loan cuts pose an existential threat to the development of our nation's healthcare workforce, including for pathologists and medical laboratory professionals. The legislation would eliminate the undergraduate subsidized and Grad PLUS loan programs (40% of medical students use Grad PLUS); set new limits on federal student loans (\$50,000 for undergraduate programs, \$100,000 for graduate student programs and \$150,000 for professional programs); cap the total amount of federal aid a student could receive annually at the median cost of college; set new eligibility requirements for the parent PLUS program and limit the maximum loan to \$50,000; prohibit time spent in medical residency programs from counting toward the Public Service Loan Forgiveness (PSLF) program; and consolidate income-driven repayment (IDR) into a proposed Repayment Assistance Plan that significantly lengthens the service obligation to 30 years before outstanding loan debt could be forgiven.

Today, the average medical school graduate graduates with approximately \$235,000 in medical school debt alone and a total of \$265,000 of combined medical and premedical education debt—amounts that significantly exceed the proposed caps. As a result, the reconciliation bill will make the cost of medical education unattainable for many aspiring pathologists and other physicians and/or force medical students into potentially higher-interest private loans that do not offer the same level of protection as federal loan programs. In addition, the reconciliation bill would likely impact which medical specialties medical students would consider, with more lucrative specialties being favored over less lucrative specialties. This would likely worsen specialty-specific shortages and patients in rural and underserved areas would likely face even more difficulty accessing care. While non-physician healthcare professionals generally have comparatively lower levels of student loan debt, they too have [significantly higher levels of student loan debt](#) than other fields (non-healthcare) and would be similarly affected. As a result, more intense personnel shortages should be expected if the reconciliation bill is signed into law in its current form.

The cost of medical and professional education speaks volumes as to why programs like the PSLF and ICRP are critical to developing the medical/healthcare workforce and providing quality patient care. A 2020 study reported that the IDR program was the most popular repayment tool for managing student debt, with 77.1% participation, and that

¹ [OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages Fiscal Year 2024](#), U.S. Department of Veterans Affairs Office of the Inspector General, page 9. Accessed May 22, 2025.

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more than 70 percent of medical residents plan to participate in the PSLF.² Programs like the PSLF have been key to ensuring that patients utilizing public and non-profit healthcare facilities are able to access quality care.

While we opposed the changes to the student loan provisions discussed above, ASCP is appreciative for the U.S. House of Representatives' leadership for including the [Freedom to Invest in Tomorrow's Workforce Act](#), HR 1151, in the reconciliation bill. HR 1151 will allow individuals to use their 529 accounts toward the cost of certain postsecondary credentialing expenses, like completing an accredited clinical training program, seeking professional certification, and paying for test preparation courses and related materials. We believe that this important measure, supported by more than 900 members of the Tomorrow's Workforce Coalition, will be a key tool in helping to address workforce needs and incentivizing individuals to attain board certification when available.

ASCP urges the Senate to find a way to ensure that the federal government can continue to facilitate the training of the physician and non-physician healthcare professionals on which Americans rely. If we can be of any assistance on this matter, please do not hesitate to contact me or Matthew Schulze, Senior Director of the ASCP Center for Public Policy, at matthew.schulze@ascp.org.

Sincerely,



Gregory N. Sossaman, MD, MASCP
President, ASCP

² Scheckel, Caleb J., Richards, Jesse R., Newman, Jessica R., Fangman, Ben D. and Poole, Kenneth G. "How Trainees Finance Their Medical Education: Implications of Higher Education Act Reform" *Journal of Osteopathic Medicine*, vol. 120, no. 6, 2020, pp. 370-379. <https://doi.org/10.7556/jaoa.2020.058>