

AMERICAN MEDICAL ASSOCIATION
MEDICAL STUDENT SECTION

Resolution
(I-11)

Introduced by: Author name, Medical school, E-mail address

Subject: Encouraging Availability of Subsidized Federal Loans for Medical Students
(Remember that the resolution title will become the title of the new policy.)

Referred to: MSS Reference Committee
(-----, Chair)

1 Whereas, subsidized federal loans are no longer available for graduate students, and
2
3 Whereas, 81.9% of medical graduate students borrow money for school, with an average debt of
4 \$119,424, and
5
6 Whereas, 45.8% of PhD graduate students borrow money for school, with an average debt of \$57,860,
7 and
8
9 Whereas, the nature of compounding interest increases the debt of medical students at a rate far outpacing
10 graduate students, and
11
12 Whereas, because of residency, the earning power of medical students is severely reduced during the
13 years immediately following graduation as compared to other graduate students, precluding a student's
14 ability to meaningfully impact his or her debt during this time, and
15
16 Whereas, 1,100 medical students that graduated in 2013 did not receive residency positions. However,
17 these students graduate with the same average student debt following medical school, and
18
19 Whereas, (Insert final clause here); therefore be it
20
21 RESOLVED, that our AMA-MSS encourage the reevaluation of unsubsidized loans for medical students
22
23 RESOLVED, That our AMA-MSS encourage the reinstatement of subsidized federal loans for medical
24 students; and be it further
25
26 etc.
27
28 RESOLVED, That (Insert final resolve here).

Fiscal note: (Leave blank)

Date received: (Leave blank)

References:

Insert numbered references here, corresponding to reference numbers cited in the text of the resolution. Please do not use automated footnotes/endnotes. Please format references according to the following examples:

1. Journal articles
Barzansky B and Etzel S. (2007) Medical schools in the United States, 2006-2007. *Journal of the American Medical Association*, 298(9): 1071-1077.
2. Information from Web sites (including newspaper and magazine articles accessed online)
American Medical Association. (2009) “Developing AMA Policy.” Available at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/developing-ama-policies.shtml>.
3. Books
Campion, Frank. (1984) The AMA and U.S. Health Policy Since 1940. Chicago: Chicago Review Press.
4. Other sources – Please format uniformly.

Relevant AMA and MSS Policy:

List cited and other relevant AMA and MSS Policy, formatted as in the examples below. Use AMA PolicyFinder (www.ama-assn.org/go/policy) and the MSS Digest of Policy Actions (www.ama-assn.org/go/msspolicy) to search for policy.

H-295.918 Strengthening Education in Geriatrics

The AMA supports education in geriatric medicine, with defined curriculum content, goals, and objectives; and encourages enhanced training in residency programs for patient care of the elderly and that the leadership of specialty societies and continuing medical education centers encourage joint educational activities in geriatrics-related topics. (Res. 306, A-95; Reaffirmed: CME Rep. 2, A-05)

440.020MSS Support for Needlestick Prevention

AMA-MSS strongly supports the implementation of needlestick prevention devices, including but not limited to retractable needles or needleless systems, with the participation of physicians and other health care workers who will use such devices and, where appropriate, the introduction of such devices accompanied by the necessary education and training as part of a comprehensive sharps injury prevention and control program. (MSS Res 29, I-03)