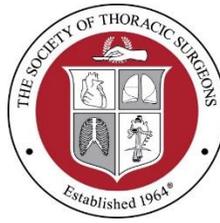


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July 3, 2019

Sent via email

The Honorable Nydia Velázquez
Chairwoman
House Small Business Committee
2361 Rayburn House Office Building
Washington, DC 20515

The Honorable Steve Chabot
Ranking Member
House Small Business Committee
2069 Rayburn House Office Building
Washington, DC 20024

Re: House Small Business Committee Hearing on Student Loans

Dear Chairwoman Velázquez and Congressman Chabot,

On behalf of The Society of Thoracic Surgeons (STS), I write to thank you for holding a hearing on “Rising Student Loan Debt and the Decline of the Small Medical Practice”. We appreciate the opportunity to comment on the ways medical students’ loans affect the cardiothoracic surgical workforce. Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,600 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lungs, and esophagus, as well as other surgical procedures within the chest. The mission of the Society is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

STS recognizes that student loans can be an economic barrier for medical professionals to practice in underserved areas. In 2016, an STS survey of the cardiothoracic surgery workforce concluded that educational debt is an “ongoing challenge” for the specialty.ⁱ Over 20% of cardiothoracic surgeons had more than \$100,000 in educational debt at the time they began active surgical practice. The percentage of cardiothoracic surgeons with \$60,001 or more of debt has steadily increased from 24.4% in 2005 to 34.2% in 2014.

STS has endorsed options to incentivize surgeons to practice in underserved areas including loan deference and loan forgiveness programs. Additionally, to combat looming physician shortages, STS supports increasing the caps on the number of full time equivalent residents for which hospitals receive federal funding. These types of policy solutions reduce the economic barriers for medical professionals to choose work in underserved areas. Ensuring a cardiothoracic surgeon is practicing at a hospital or facility closer to a patient’s home can be the difference between life and death.

One current cardiothoracic surgery resident described her experience as follows:

I graduated from medical school in 2010 with over \$167,000 in educational loans. At that time, I also had \$10,000 in educational loans from my bachelor’s degree. I matched into a general surgery training program in California. When my 6-month grace period on the loans ended, I was very disappointed to find that there were no good options for someone in my position to a) be financially independent and b) make payments on my

student loans. To put it in perspective, my salary in 2010 was \$48,140, which after taxes was ~3,000/month. Renting a 1-bedroom apartment was \$1,350/month. In 2019, my salary as second-year fellow in cardiothoracic surgery is \$70,076 or \$4,380/month and the median rent for a 1-bedroom apartment here is now \$2,491. From the moment I started my surgical training as an intern to now, with my rent consuming 45-57% of my income, after other basic living expenses, I have not been able to make meaningful contributions to my loans. To pay off my loans in 10 years, monthly payments require \$2,037; with a 30-year repayment plan, monthly payments would be \$1,154...For trainees like myself who do not come from wealthy backgrounds, the burden this level of educational debt causes is not insignificant. When I chose this path, I really had no concept of the reality of the financial consequences of my educational debt for my family and me. The one thing I know for sure is that as I near the end of my training, one of my top priorities when looking for a job is a path to financial independence and being able to pay back my loans. – Cardiothoracic surgery resident in California

With such a significant burden from student loans, cardiothoracic surgery residents are unlikely to undertake the financial risk of starting a practice, especially in an underserved area, when more reliable and higher income sources are available at established practices or hospitals given significant student loan payments. We applaud the House Small Business Committee for highlighting why medical professionals are more likely to have higher debt levels, and the impact it has on providers and, ultimately, patients' access to care.

STS remains fully committed to improving the quality, safety, and efficiency of care for all patients. Thank you for your leadership on this important issue. Please contact Courtney Yohe Savage, STS Director of Government Relations, at cyohe@sts.org or 202-787-1230 should you need additional information or clarification. We look forward to working with you.

Sincerely,



Robert S.D. Higgins, MD
President

¹ <https://www.ncbi.nlm.nih.gov/pubmed/27637287>