

## Medical Student Executive Council

UT Health Science Center  
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To Whom It May Concern:

We are writing in regard to the tuition and fees charged to students at the University of Tennessee's College of Medicine. As evidenced in the chart below, these costs have risen dramatically in the past few years.

### UT College of Medicine Tuition Plus Fees

	1998/99	1999/2000	2000/01	2001/02	2002/03
UT Resident	\$9,973	10,611	11,651	13,355	17,172
UT Non Resident	\$19,503	22,047	24,231	27,821	33,086

There are several notable statistics about tuition and debt levels at UT College of Medicine that we would like to bring to your attention. The statistics were derived from the AAMC Tuition and Student Fees Reports 1998/99 to 2002/03, and the 2002 Annual Medical School Graduate Questionnaire

- Last year state resident **tuition increased by 22%**. Tuition plus fees increased by 28.6%.
- UT Medical school tuition plus fees is currently 17%, or \$2,500 per year, **above the national average** state resident public medical school tuition and fees of \$14,635.
- UT's non-resident tuition and fees is about \$2,000 per year above the national public medical school average non-resident tuition and fees of \$31,010.
- The average public medical school tuition plus fees for a state resident in the southeastern region is \$11,409. **We are the second most expensive public medical school in the south**, surpassed only by the University of Virginia's medical school.
- Although tuition increases are occurring everywhere, our tuition in the past few years has consistently risen at a much faster rate than our counterparts.
- The national average debt for students graduating from a public medical school is now \$91,389 and has increased by 46% since 1996.
- At UT, the number of students with over \$100,000 in medical school debt (not including undergraduate debt) has increased from 15.5% of us in 2000, to 16.9% of us in 2001, to 23.8% of us in 2002.

According to the UT Center for Health Services Research, state appropriations to the University of Tennessee, College of Medicine have in fact been very stable over the past 5 years, with average increases of 3.3 percent per year. However, there is reason to believe that due to managed care, the clinical revenue sources for the school have been able to provide less money for education. The rules governing distribution of graduate medical education funds from TennCare have also resulted in fewer funds for the university. **Despite the relative plateau in state appropriations, medical students still had notable increases in tuition** as evidenced by

the above chart. We would argue that since tuition has risen so dramatically in the past few years that students, who have no income source besides loans, are actually already bearing their share of the burden that Tennessee's financial situation currently places upon us as citizens. These dramatic increases in tuition are already having an extremely negative impact upon the UT College of Medicine, its appeal to future applicants, and its future graduates.

In 2001/02 **funds raised from our tuition constituted only 2.75% of the entire UT College of Medicine's operating budget.** The actual cost of educating each student is difficult to extrapolate from the costs of running an institution that also does research, and provides clinical care to some of Tennessee's neediest people. The same people under the same roof contribute to many of these endeavors. Although increasing tuition seems to be an easy solution, it actually produces a mere drop of money in a very large bucket, thus providing minimal benefits.

At the same time, increasing tuition has the potential of doing major damage to UT College of Medicine as an institution. The most obvious negative effect is the **decreased appeal for school applicants.** Many students choose to attend a public institution because of the tremendous financial advantage it offers; if UT continues to be more expensive relative to its peers, then students who have the opportunity to attend elsewhere will be less likely to choose UT. In fact, **this past year's entering class is composed in greater proportion than ever before of people who started out on the waiting list.** It does not escape the notice of potential applicants that there are private medical schools that charge as little as \$4,500 more per year than UT currently charges its students. In the mind of a potential student, what is the advantage of choosing any public institution if it cannot contain tuition much below that of private institutions?

The University is also doing itself a grave disservice by **squandering one of its greatest potential resources: its current students.** Students who matriculate to graduate school make a commitment to that institution; there is very little likelihood of changing career paths, and in the medical community there is little possibility of transferring schools. Students commit themselves to the full four-year process at that institution. Having tuition increases of 15% one year, and then 22% the following year is extremely frustrating for those students, especially when that decision is handed down from administrators and committees who have little to no contact with them. These decisions are also often made late in the summer, when some students have already started the school year. It is a poor process when students can suddenly be charged higher fees in the midst of purchasing a four-year degree with little possibility for recourse or debate.

Current students may sometimes be overlooked as a resource for the institution, but we assure you that we are, and that we can be even more valuable as future alumni. It is not unreasonable to consider that students who harbor resentment toward UT for unusually steep increases in tuition that they experienced during their enrollment will be less inclined to contribute to future endowments and funds as alumni. The medical school would be relinquishing a much greater possible income in the future for a few thousand extra tuition dollars today. **A high level of dissatisfaction among students will have a major impact upon this university, and its plans to expand its revenue base.**

Finally we would like to point out that the state of Tennessee and UT College of Medicine have continued to urge students toward primary care, which is comprised of disciplines that are consistently less financially rewarding. At the same time, the AAMC's annual graduate questionnaire completed by graduating medical students nationwide indicates that an increasing number of students are reporting that debt had some influence in their specialty choice, while the number reporting that debt had no influence is decreasing. **Students graduating with six-figure debt loads are simply not able to serve this state in the same manner that students graduating with much lower debt might be able to.**

In light of these concerns, we would like to propose that those persons who are responsible for determining tuition rates at UT College of Medicine consider ways that we can cap or curb tuition increases. Methods used at other medical schools nationwide include:

- Freezing tuition for matriculating students such that they pay the same amount for their four years of attendance. Tuition increases only apply to the incoming class.
- Capping tuition at the 40<sup>th</sup> percentile of tuitions charged by public medical schools across the nation.
- Capping the percentage increase allowed in one year.
- Having more student representation and involvement in tuition decisions.
- Increased and earlier communication about tuition decisions.

We would appreciate your consideration of these possible long-term solutions to the recurring problem of dramatic increases in tuition faced by graduate medical students at UT. We expect that you will take into account the precipitous tuition increases that medical students have recently faced, as well as UT's cost compared with its peer institutions during discussions about tuition in the coming year.

Thank you,

**the Medical Student Executive Council**