

**AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2017
RESOLUTION: A12**

INTRODUCED BY: Devki Joshi, Chair, Action Committee on Race, Ethnicity and Culture in Health; Eva Shelton Programming Coordinator, Action Committee on Race, Ethnicity and Culture in Health; Luis

SCHOOL: SUNY Downstate College of Medicine; University of Wisconsin-Madison; Baylor College of Medicine

SUBJECT: Principles Regarding Service in Underserved Areas and Service Obligations

TYPE: Resolution of Principles

1 WHEREAS, there is a significant need for primary care doctors working in medically
2 underserved areas.

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4 **THEREFORE BE IT RESOLVED** that the Principles Regarding Service in
5 Underserved Areas and Service Obligations (p. 26) be AMENDED to state:

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7 The American Medical Student Association:

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9 1. SUPPORTS the concept that each physician should ~~volunteer~~ **work** for a minimum of
10 two years in an area of geographic or specialty need, such service preferably to take place
11 following completion of graduate training;

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13 2. In regard to financing service obligations and initiatives;

14 a. SUPPORTS legislation providing tax exemptions, financial support, or other incentives
15 for health professionals going into shortage areas;

16 b. Regarding service obligations in underserved areas:

17 1. SUPPORTS the Public Health Service, Indian Health Service and National
18 Health Service Corps programs and URGES increased funding for such programs
19 to make positions available to any qualified applicant; (1994)

20 2. STRONGLY URGES the development of loan programs with loan forgiveness
21 features tied to service in areas of geographic and specialty need; and URGES
22 that such forgiveness be available to all individuals desiring such mechanisms and
23 for loans from any source used to finance medical and premedical education; and
24 further URGES that the level of such loans be commensurate with the real costs
25 of medical education;

- 26 ~~3. ENCOURAGES private sector efforts, such as a physician-poor community~~
27 ~~contracting with a student to provide later service in return for financial support~~
28 ~~while in medical school;~~
29 4. URGES all scholarship programs with service obligations to have hardship
30 provisions, since the needs, motivations and family commitments of a student
31 may change between the time the obligation is incurred and repayment in service
32 is expected;
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34 5. URGES the adoption of legislation to exempt from taxation income due to
35 service-dependent forgiveness of educational loans and scholarships;
36 6. SUPPORTS the concept of federal and state incentive grants directed at
37 meeting national health work-force objectives;

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41 4. SUPPORTS the National Health Service Corps in its efforts to deal with the problem
42 of placing medical resources and personnel in ~~needy~~ underserved urban areas in addition
43 to needy rural areas;

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45 ~~5. OPPOSES compulsory postgraduate service in a government-designated area, but~~
46 ~~believes that, should such service be imposed:~~
47 ~~a. all students should be at risk for service;~~
48 ~~b. students should receive tuition and cost of living expenses in exchange for service;~~
49 ~~c. the service program should meet the standards suggested for voluntary service~~
50 ~~programs in point 3;~~
51 ~~d. an equal choice between military and civilian service, with equal pay privileges, should~~
52 ~~be offered;~~
53 ~~e. male and female physicians should receive equal consideration and equal obligations~~
54 ~~commensurate with their professional capabilities.~~

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58 ~~7. URGES efforts to be made to increase incomes of providers serving in underserved~~
59 ~~communities to a level that is on par with providers not practicing in shortage areas.~~
60 (1994)

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63 FISCAL NOTE: None

64 65 **REPORT OF REFERENCE COMMITTEE A**

66 67 **DISCUSSION**

68 BOT: Adopt as amended

69 4. SUPPORTS the National Health Service Corps in its efforts to deal with the problem
70 of placing medical resources and personnel in medically ~~needy~~ underserved urban areas
71 and medically underserved in addition to ~~needy~~ rural areas;

5. OPPOSES compulsory postgraduate service in a government designated area, but believes that, should such service be imposed: a. all students should be at risk for service; b. students should receive tuition and cost-of-living expenses in exchange for service; c. the service program should meet the standards suggested for voluntary service programs in point 3; d. an equal choice between military and civilian service, with equal pay privileges, should be offered; e. male and female physicians should receive equal consideration and equal obligations commensurate with their professional capabilities.

PRD: Recommend to adopt as written

IRD: recommends to adopt as written

ACTE: ACTE: ACTE representative spoke with the author to ensure that the necessary changes did not change the intention of the overall resolution

- 2b3: Encourages community based partnership that incentivized students to provide later service in underserved communities through financial support while in medical school.
- 5. Unstrike 5
- Premedical Caucus: N/A
- Other Groups: Voted to NA

SUMMARY OF DISCUSSION:

PROS: The committee was concerned in regards to the intention of the content and if it is further supported.

CONS: The author was unclear about some intentions

REFERENCE COMMITTEE COMMENTS:

ACTE believes that Line 5 should be unstruck. After discussing with the author, ACTE discovered that the author struck out because she felt language was outdated. If this issue is to ever come out in the future for some reason, ACTE wants to have it in the resolution so that AMSA could take a stance on the issue. Issues with the resolution were clarified by ACTE's discussion.

For 2B3, ACTE wants to replace the strikeout. After speaking to the author of this resolution, the reason that this language was struck because of private sector and confusion of how this is written currently. The author has no problem for communities paying for medical school in return for providing services after medical school. ACTE wanted to make the language clearer. This is another way to incentivize students to work in underserved communities. In addition to options such as the national corps, this is not in conflict with national corps, but in addition to it. This is an option that the community itself can initiate. BOT changed 4 due to semantics.

1 of 4 committee members believes this will lead to conflict of interest situations financially and therefore does not support the resolution. Additionally, the committee member believes that work in underserved communities should be voluntary.

REFERENCE COMMITTEE RECOMMENDATION:

Adopt as amended

The American Medical Student Association:

1. SUPPORTS the concept that each physician should ~~volunteer~~ **work** for a minimum of two years in an area of geographic or specialty need, such service preferably to take place following completion of graduate training;

2. In regard to financing service obligations and initiatives;

a. SUPPORTS legislation providing tax exemptions, financial support, or other incentives for health professionals going into shortage areas;

b. Regarding service obligations in underserved areas:

1. SUPPORTS the Public Health Service, Indian Health Service and National Health Service Corps programs and URGES increased funding for such programs to make positions available to any qualified applicant; (1994)

2. STRONGLY URGES the development of loan programs with loan forgiveness features tied to service in areas of geographic and specialty need; and URGES that such forgiveness be available to all individuals desiring such mechanisms and for loans from any source used to finance medical and premedical education; and further URGES that the level of such loans be commensurate with the real costs of medical education;

3. Encourages community based partnership that incentivized students to provide later service in underserved communities through financial support while in medical school.

4. SUPPORTS the National Health Service Corps in its efforts to deal with the problem of placing medical resources and personnel in **medically needy underserved** urban areas **and medically underserved in addition to needy** rural areas;

5. URGES the adoption of legislation to exempt from taxation income due to service-dependent forgiveness of educational loans and scholarships;

6. SUPPORTS the concept of federal and state incentive grants directed at meeting national health work-force objectives;

....

4. SUPPORTS the National Health Service Corps in its efforts to deal with the problem of placing medical resources and personnel in **needy underserved** urban areas in addition to needy rural areas;

5. OPPOSES compulsory postgraduate service in a government designated area, but believes that, should such service be imposed:

a. all students should be at risk for service;

b. students should receive tuition and cost-of-living expenses in exchange for service;

- c. the service program should meet the standards suggested for voluntary service programs in point 3;
- d. an equal choice between military and civilian service, with equal pay privileges, should be offered;
- e. male and female physicians should receive equal consideration and equal obligations commensurate with their professional capabilities.

.....

~~7. URGES efforts to be made to increase incomes of providers serving in underserved communities to a level that is on par with providers not practicing in shortage areas.~~
(1994)