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 WHEREAS, there is a significant need for primary care doctors working in medically underserved areas. **THEREFORE BE IT RESOLVED** that the Principles Regarding Service in Underserved Areas and Service Obligations (p. 26) be AMENDED to state: 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;

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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; 33 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; 38 39 40 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; 44 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. 55 56 57 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)61 62 63 FISCAL NOTE: None