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**Association of American Medical Colleges
Group on Student Affairs
Recommendations for Student Healthcare and Insurance**

Part 1. Healthcare Recommendations

1. Access to, and insurance coverage for, mental health services by mental health professionals should be offered to all medical students in concordance with current LCME standards. This coverage should include a broad spectrum of psychiatric diagnoses.
2. Medical students should have the choice of medical care from physicians not directly involved in their evaluation or decisions about their promotion or graduation.

Part 2. Health Insurance Recommendations

3. Medical schools should require that all medical students have an active health insurance policy. Schools should offer a policy that provides coverage for the 12-month calendar year. Medical students should be allowed to select a personal policy after providing documentation that the policy provides comparable coverage.
4. Schools should document, on an annual basis, the health insurance coverage for each medical student.
5. The school-sponsored health insurance policy should cover medical students when they are on approved rotations in another state.
6. A medical student on an approved Leave of Absence should be allowed to continue coverage under the school-sponsored health insurance policy. Medical students who withdraw or are dismissed from medical school, and who have prepaid for their health insurance, should be allowed to remain on the school-sponsored health insurance policy for the remainder of the policy period.
7. The choice of a school-sponsored health insurance policy to cover medical students must take into consideration the unique and special needs of students in a medical education program.
8. School-sponsored health insurance policies should cover pre-existing conditions.

9. School-sponsored health insurance policies should offer medical students the opportunity to purchase additional coverage for spouses, domestic partners, and dependents at a market value cost.
10. School-sponsored health insurance policies for medical students should offer some form of prescription drug coverage, including hormonal contraception.
11. School-sponsored health insurance policies for medical students should have lifetime coverage limits consistent with the cost of a major or catastrophic medical illness.
12. Schools should offer medical students the option of electing insurance coverage for a reasonable level of dental care.
13. Schools should be in compliance with Occupational Safety and Health Administration (OSHA) standards related to infection control, and they should provide coverage for any differences between the cost of treatment and follow-up for an “education-related” injury sustained by a medical student and the reimbursement provided by the school-sponsored health insurance policy.
14. Schools should require medical students to obtain evacuation insurance (for medical illness and injury and for reasons of civil unrest) when they are engaged in school-sanctioned activities outside of the United States. Consideration should also be given to coverage that would ensure the return of remains in the case of death.
15. Medical students should be provided with clear and concise explanations of school-sponsored health, liability and disability insurance plans, including information related to additional fees for services beyond those covered by the school-sponsored insurance policy.

Part 3. Liability Insurance Recommendations

16. Schools should provide sufficient liability insurance for medical students to complete all school-sponsored aspects of their medical education and training, including any community service activities provided under the supervision of school faculty members.

Part 4. Disability Insurance Recommendations

17. Schools should require disability insurance coverage for all medical students and provide access to policies with benefits extending to age 65.
18. Disability insurance coverage for medical students should begin the first day of enrollment and should have the option of portability into residency programs.

Approved: AAMC Executive Council, February 2005