



655 K Street, NW, Suite 100
Washington, DC 20001-2399
T 202-828-0400
aamc.org

Submitted at www.regulations.gov

May 20, 2026

The Honorable Nicholas Kent
Under Secretary of Education
U.S. Department of Education
Office of Postsecondary Education
400 Maryland Avenue SW
Washington, DC 20202

RE: Public comments on the Notice of Proposed Rulemaking, Accountability in Higher Education and Access Through Demand-Driven Workforce Pell: Student Tuition and Transparency System (STATS) and Earnings Accountability. [Docket ID 2026-07666](#).

The AAMC (Association of American Medical Colleges)¹ submits this comment to reinforce our [August 2025 comments](#) regarding the Department of Education's proposed regulations implementing the One Big Beautiful Bill Act ([P.L. 119-21](#)), specifically the earnings threshold (§ 668.2(b)) used to determine higher education institutions' eligibility for participation in the Direct Loan program.

Specifically, we request clarification on the specific CIP-codes of bachelor's degree holders against which earnings for graduates of medical schools and other graduate and professional programs will be compared four years after graduation. We also request that the proposed earnings measurement system explicitly acknowledges the status of residents as **trainees** receiving stipends who have not yet reached their full earning potential, not equivalent or exactly comparable to working adults.

As noted in our [August 2025 comments](#), the economic trajectory of a physician is unique. Most individuals who complete an MD program enter residency training, which typically lasts three to seven years, depending on their specialty. Furthermore, many physicians pursue additional fellowship training, which may differ in length depending on the chosen specialty, extending this training period even further. During this period, MD graduates receive a stipend that is significantly below the earnings potential they achieve after completing their training. Because the proposed rule evaluates earnings four years post-completion, in many cases, the earnings snapshot that MD programs would be assessed on would reflect a trainee, not a fully realized professional physician. In other words, evaluating MD graduates' earnings four years post-completion, in many cases, would fail to reflect their true long-term earning capacity.

Based on the information provided in the proposed rule, it is not clear to us which national benchmark within CIP code 51, as presented in the Table titled "Program Earnings 3yr Working and Not Working 1718-1819 Completers (Credlev-CIP6)," the Department intends to use to compare the stipends that medical graduates earn four years post-completion to the median earnings of working adults aged 25-34 with a bachelor's degree. If the Department intends to use the four-digit CIP code 51.00, we would expect MD graduate earnings, including stipends for residents in training, to meet the benchmark. However, we note that because residency begins on July 1, depending on when the Department pulls the data, it would only reflect a partial snapshot

of resident stipends. Additionally, if the Department intends to use a different national benchmark within the table or modifies its approach to aggregating CIP codes or calculating the benchmark in the final rule, medical schools inadvertently could be penalized based on a framework that would not reflect graduates' realized earnings potential. **For your reference, past gainful employment / financial value transparency regulations addressing similar objectives recognized the unique nature of programs with specialized training pathways by measuring earnings over an extended period; six years rather three.**ⁱⁱ This extended period was granted in light of the precise issue described herein and the unique nature of the training pathway to become a physician. The unique pathway still continues, and so should an earnings measurement that captures a realistic trajectory of physician earning potential. Given the unique structure of medical education and training, we request that the Department explicitly recognize medical residency and clarify how it will be measured in the evaluation framework.

Sincerely,



Danielle Turnipseed, JD, MHSA, MPP

Chief Public Policy Officer

Association of American Medical Colleges

Cc: David J. Skorton, MD,

President and CEO

ⁱ The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 163 U.S. medical schools accredited by the [Liaison Committee on Medical Education](#); 13 Canadian medical schools accredited by the [Committee on Accreditation of Canadian Medical Schools](#); nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe. Learn more at aamc.org.

ⁱⁱ Office of Postsecondary Education, Department of Education. (2023, October 10). *Financial value transparency and gainful employment* (88 FR 70004). <https://www.federalregister.gov/documents/2026/04/20/2026-07666/accountability-in-higher-education-and-access-through-demand-driven-workforce-pell-student-tuition>. Accessed May 18, 2026.