

**Title:** Health Insurance for Medical Students

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**Position Statement:** The American Medical Women's Association (AMWA) advocates for universal health care, including reproductive health coverage, for those studying to be physicians.

**Background:** The Affordable Care Act (ACA) allows dependents to remain on their parents' health insurance until age 26; however, few medical students have this option for the entirety of their medical education, as the average age of students entering medical school is 24 years old.<sup>1</sup> For the 2017-2018 academic year, the American Association of Medical Colleges (AAMC) reported that 25% of all medical school applicants were 25 years of age or older.<sup>1</sup> These students will be responsible for obtaining their own insurance plan during medical school. While health insurance is mandatory, not all medical schools offer university-sponsored health insurance policies; for schools that do, the charge is added to the students' tuition costs. Unexpected medical bills can be detrimental to medical students living on a fixed budget, and cost concerns can lead to students delaying or forgoing needed care.

For the 2020-2021 academic year, the AAMC reports the annual cost of medical school was between \$41,438 to \$61,490. Institutions participating in the AAMC's yearly survey reported costs of university-sponsored insurance policies ranging from \$2700 to \$6700/year.<sup>2</sup> The comprehensiveness of coverage and the out-of-pocket costs students must incur vary by university. In a 2015 study at a major research university, students in graduate programs voiced concerns over the financial obligations, copayments, and deductibles associated with their health insurance.<sup>3</sup>

Female medical students have the added concern of obtaining a health insurance plan that offers comprehensive sexual and reproductive health coverage. The American College Health Association (ACHA) creates standards for student health insurance coverage, including best practices for sexual and reproductive healthcare. Although these best practices must comply with ACA requirements, women attending private institutions often do not receive comprehensive reproductive healthcare because of the institutions' restrictive religious affiliations. The ability of private medical schools to restrict access to sexual and reproductive healthcare was upheld by Supreme Court decision in 2018.<sup>4</sup> Many medical students plan to start a family while completing their degree or already have dependent children when applying to medical school. Reproductive health coverage and dependent coverage are key concerns for medical students and should be accessible to all, regardless of medical school attended.

Additionally, medical students may lose health insurance coverage when school enrollment is needed to qualify. A 2012 study found that students lose health insurance coverage when they have a leave of absence in their education.<sup>5</sup> This lapse in insurance coverage may prevent students from receiving needed health services, forcing them to obtain outside insurance, creating additional financial burden. These barriers to receiving health services, including mental healthcare, may prevent students from returning to school and completing their degrees.

While non-university funded health plans may be available to students, many are unreasonable alternatives. With proscription of full-time employment during medical school, employer-sponsored private plans are not an option. Private marketplace plans offer more customizability, but often come at a higher cost for comprehensive care. This shifts the burden of plan selection and navigation to busy medical students. Medicaid and SCHIP are comprehensive plans, but students lose the ability to choose their provider. Many students fail to qualify for Medicaid and SCHIP due to their income or out-of-state status. States such as Indiana and Utah further limit student qualification by requiring “community involvement.”<sup>6</sup>

Although health insurance coverage is legally required, data regarding the health insurance status of professional school students, especially medical school students, are almost nonexistent. Statistics tabulating college student populations rarely differentiate between undergraduate and graduate-level students. Of the studies that focused on graduate and professional student populations, student survey information was limited to that individual institution.<sup>2,4,6,7,8,9,10,11</sup> In 2011, it was estimated that as many as 3 million students are covered under university-sponsored health insurance plans, a figure that has likely increased as more institutions make health insurance mandatory.<sup>12</sup> Because insurance plans are decided by university administrators at each institution, cost, quality, and choice provided by plans are inconsistent between universities. Few universities compile or are willing to provide statistics detailing where their students obtain their coverage. Although the exact number of students affected by limited health insurance coverage is unknown, estimates can be made: in 2019, 51% of medical students identified as female, a statistic that continues to trend upward.<sup>13</sup> Approximately 30% of all medical schools are private, with legal freedom to offer limited reproductive healthcare.<sup>14</sup> These values offer a glimpse into the scope of students affected by limited health insurance, specifically women in medical school.

We need competent, passionate physicians to represent the community. The best way to meet our nation’s demand for physicians is by eliminating obstacles preventing students from entering medical school or being unable to graduate once accepted. A universal health insurance program ensures medical students have access to the health care they need and decreases the overall cost of medical education.

## References:

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- <sup>4</sup> Little Sisters of the Poor Saints Peter & Paul Home v. Pennsylvania, 140 S. Ct. 2367 (2018).
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<sup>12</sup> United States Centers for Medicare and Medicaid Services. (2011, February 9). *Improving Health Insurance Protections for Students*. Washington, DC: Author. Retrieved from <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/students02092011a>

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