

PROVIDE FINANCIAL RELIEF FOR RESIDENTS

THE ISSUE:

Medical education debt has reached an alarming level, with the average medical student carrying \$235K in debt upon graduation. In addition to four years of medical school, aspiring cardiologists must complete an internal medicine residency (typically three years) and a cardiology fellowship (typically three years), with subspecialties often requiring additional training. Currently, interest on student loans will continue to accrue during these training periods.

Cardiovascular trainees, like their peers in other specialties, participate in rigorous residency and fellowship programs that require long hours and significant personal sacrifices, all while earning modest stipends that do not reflect their eventual contributions to the health care system. Additionally, provisions from the **One Big Beautiful Bill Act (OBBBA)** cap the amount of federal unsubsidized loans that a medical student may obtain in any academic year at \$50K and set the maximum aggregate limit for professional-degree unsubsidized loans at \$200K.

Many young clinicians experience financial hardship, limiting their career choices and discouraging them from pursuing certain specialties or practice settings – such as academic medicine or underserved communities – where their expertise is needed most.

ACC'S POSITION:

Through legislation such as the **Resident Education Deferred Interest (REDI) Act** (H.R. 2028/S. 942), Congress can reduce financial stress for residents, allowing them to concentrate on their medical training and patient care instead of accumulating debt. Many aspiring cardiologists struggle to afford the high costs of medical school and the expenses associated with residency and fellowship.

There is a growing demand for cardiovascular clinicians across the country; nearly half of U.S. counties currently lack a cardiologist. It is estimated that the U.S. will experience a shortage of 8,650 cardiologists by 2037. Therefore, it is crucial to take the necessary steps to ensure financial stability for those who will be responsible for safeguarding the heart health of all Americans. The **REDI Act** represents a pragmatic and necessary step toward creating a more sustainable and equitable medical education system.

ACC'S ASK:

Cosponsor and support the **REDI Act** (H.R. 2028/S. 942) introduced by **Reps. Brian Babin, DDS, (R-TX)** and **Chrissy Houlahan (D-PA)** in U.S. House and **Sens. John Boozman (R-AR)** and **Jacky Rosen (D-NV)** in the U.S. Senate.

KEY TAKEAWAYS



The average medical student graduates with \$235K in debt. The **OBBBA** capped lifetime borrowing limits for professional programs at \$200K, well below the average cost of attending medical school.



The National Center for Healthcare Workforce Analysis projects the U.S. will face a shortage of 8,650 cardiologists by 2037.



Nearly half of U.S. counties – 86.2% of rural counties – do not have a cardiologist.



On average, each physician supports 17.1 jobs across the U.S., including care team members.

IMPROVE ACCESS TO MATERNAL MONITORING TOOLS

THE ISSUE:

Expanding access to tools that improve outcomes for pregnant and postpartum women reflects a broader commitment to harnessing digital innovation to strengthen maternal health systems. Remote patient monitoring plays a critical role in the early detection and management of complications during pregnancy and the postpartum period. Tools such as blood pressure cuffs, glucose monitors and pulse oximeters can help patients and clinicians check for irregularities in blood pressure, blood glucose and pulse rates to identify issues like pre-eclampsia and gestational diabetes before they become life-threatening. By identifying barriers to coverage for these technologies and equipping states with updated resources and guidance, the **Connected Maternal Online Monitoring (MOM) Act** (H.R. 4977/S. 141) takes an important step toward safer maternity care for all.

ACC'S POSITION:

The ACC supports policies that embrace innovative technologies enabling enhanced coordination between obstetric and cardiovascular care teams, improving risk factor management and expanding access to timely care.

The **Connected MOM Act** offers a thoughtful, bipartisan blueprint for how federal policy can empower states to bridge gaps in access and improve maternal and infant health outcomes nationwide.

ACC'S ASK:

Cosponsor and support the **Connected MOM Act** (H.R. 4977/S. 141) introduced by **Reps. Lois Frankel (D-FL), Maria Salazar (R-FL), Kathy Castor (D-FL) and Julia Letlow (R-LA)** in the U.S. House and **Sens. Bill Cassidy, MD, (R-LA), Maggie Hassan (D-NH), Todd Young (R-IN) and Raphael Warnock (D-GA)** in the U.S. Senate.

KEY TAKEAWAYS



Cardiovascular disease is a leading cause of pregnancy-related deaths in the U.S.



Nearly two of three maternal deaths in the U.S. occur during the postpartum period.



Women of color face the highest risk of maternal death in the U.S. - 69.9 deaths per 100,000 live births among black women compared to the average 22 deaths per 100,000 live births.



Remote monitoring is a key component of this modernized approach, particularly for patients facing geographic, financial or logistical barriers to in-person visits.



The **Connected MOM Act** passed by voice vote in the U.S. Senate in 2024.