

### Sample Edit and Rewrite – Elizabeth C. Haynes

#### Notes:

- This is a sample edit on a piece that needed a lot of work. In fact, it needed complete rewriting due to issues with structure and focus (among other problems, such as plagiarizing). The writer was unable to rise to the task, so I was asked to rewrite it.
- The rewritten version begins on page 4. I added some fresh research, corrected some data, and restructured the piece a bit.

## ORIGINAL (WITH MY EDITS)

### Health Care Professionals and Student Loan Debt: What You Need to Know

With great power comes great responsibility. And with great responsibility comes great...debt? For the many highly-trained health care professionals working in the United States today, chances are that's the case.

According to the Association of American Medical Colleges, the average medical student owes over \$200,000 in student loan debt. And 18% of medical students graduate with a whopping \$300,000 or more in debt. Medical school grads aren't the only ones who end up under tremendous amounts of debt, however. A recent CNBC article profiled a man named Tom Nigro, a certified registered nurse anesthetist. He is working on the front lines during the COVID-19 pandemic while dealing with repayment of his \$160,000 in student loans.

"I don't think I know anyone personally who doesn't have debt in my profession," Nigro told CNBC.

### Health care pros in many sectors carry heavy debt burdens.

It's not just physicians or hospital specialists like Nigro who are grappling with student loan debt. Health care professionals across the board are likely to end up with student loan debt.

- Average medical student debt: \$201,490
- Average dental school debt: \$292,169
- Average pharmacy school debt: \$172,329
- Average veterinary school debt: \$149,877

Sources: American Dental Education Association, American Association of Colleges of Pharmacy, American Veterinary Medical Association, via Nerdwallet

Commented [ECH1]: AP style says health care is two words. ☺

Commented [ECH2]: Pronouns are usually capitalized in titles.

Deleted: c

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Commented [ECH3]: I'm not a fan of one-sentence paragraphs. But I think it's especially important at the beginning if the intro is short. A lot of times search engines will preview the text

Commented [ECH4]: This is a compound adjective. We usually hyphenate when we use two adjectives in this way. In this case, the "noun" is the entire "healthcare professionals" phrase because we can't have one word without the other.

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Commented [ECH5]: In my own writing, I often start sentences with "And." But in professional writing, it reads as a very casual tone. I would suggest not doing that. I would suggest a change to "student loan debt—and 18% of medical students..."

Commented [ECH6]: We needed a transition here.

Commented [ECH7]: "A man" is very vague, and his sex doesn't matter in this article. This paragraph also has a sort of choppy pacing. I would suggest switching up the sentence to read: "A recent CNBC article profiled a certified registered nurse anesthetist named Tom Nigro, who is working on the front lines..."

Commented [ECH8]: AP style uses all caps for COVID.

Commented [ECH9]: Can we use a stronger phrase here to convey the urgency? Maybe "worrying about" or "fretting over the" or something similar.

Deleted: ovid

Commented [ECH10]: We need some more here. WHY

Commented [ECH11]: I really suggest shortening the [2] Deleted: Tom

Commented [ECH12]: We shouldn't use his first name [3]

Commented [ECH13]: We just ended two sentences... [4]

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Commented [ECH14]: Why no link on this bullet? I think

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Commented [ECH15]: This should be a footnote with... [6]

From these figures, it's evident that student loan debt is a serious issue for many of our nation's medical and health care workers.

## What happens to this debt in the event of a disability?

While student loan debt continues to rise, so does the number of American workers who will become disabled during their careers. A study by the U.S. Social Security Administration found that one of every four 20-year-olds will become disabled before reaching the typical retirement age. And the average disability episode that's serious enough to take an individual out of work lasts for an average of 2.5 years. That equates to 2.5 years with no income to cover necessary living expenses--or to keep up with steep student loan payments.

The question becomes: What can health care pros do about their student loan debts if they end up suffering from a disability?

The first option many may think of is student loan forgiveness. Forgiveness of loans is available to borrowers in very limited circumstances. However, most workers will never be eligible for any forgiveness if they become disabled. In light of the Covid-19 crisis, a bill was introduced in the House that would have forgiven frontline health care worker's loans, but the bill introduced in May is unlikely to receive any traction. In March of 2020, Congress included a six-month student loan payment reprieve in the major stimulus package--however that short-term relief didn't help those with loans currently financed through private lenders--and would not be helpful to someone facing disability.

## The best option is to invest in income protection.

If a health care professional becomes disabled, their best bet for handling continued student loan payments is if they have income protection--often known as disability insurance. A good disability policy provides enough of a payout to cover all of the worker's expenses--including educational debts.

But not every disability policy is created equal. It's essential to be sure that a policy offers a payout that adequately covers living expenses, family responsibilities, the costs of keeping the private practice running and, of course, student loan debts. So the insurance broker should be asking health care professionals important questions like:

- How much total student loan debt do you have, and what are your monthly payments?
- How much coverage will you need to maintain your lifestyle?
- Do you provide uniquely specialized care or procedures that might not be covered by a typical individual disability insurance (IDI) policy?

Commented [ECH16]: Can you explicitly tell the reader how this is evident? Can you expand on how this debt impacts medical professionals in their daily lives, when things are normal? My impression, as an outsider, is that most doctors make plenty of money to cover the payments. But the CNBC article illustrates that my view is false by stating Nigro's salary (\$200k) and his monthly payment requirements (\$1400) and explaining how he is burdened (when it seems like 200k is plenty). We need to do that here in our own way.

This also is not enough alone to have an entire section dedicated to it. We need more than two short sentences, four short bullets, and one short sentence.

Deleted: student loan

Commented [ECH17]: Again, I would encourage footnotes and links out from the footnotes themselves rather than in the article text. Use hyperlinks in the article mostly to link to other articles on our site.

Commented [ECH18]: The official website uses both United States and U.S. as the formal name of the agency. I think we can get away with just U.S. here.

Commented [ECH19]: What age is that?

Commented [ECH20]: Suggest not using contractions unless we commonly do so in all content.

Deleted: 's

Commented [ECH21]: I'm not really sure I understand the sentence. The "average disability episode" and ... [7]

Commented [ECH22]: I think this idea needs to be ... [8]

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Commented [ECH23]: This is the start of a complete ... [9]

Commented [ECH24]: I think if we want to talk about ... [10]

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Commented [ECH25]: I don't think we've called them ... [11]

Commented [ECH26]: We just used a dash in the last ... [12]

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Commented [ECH27]: Awkwardly phrased. Suggest ... [13]

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Commented [ECH28]: I edited this for parallel structure ... [14]

Deleted: When healthcare professionals are shopping ... [15]

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Commented [ECH29]: I changed this because we are ... [16]

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Deleted: family's

- Does your current insurance product include "own procedures" coverage?
- Does your current disability insurance policy offer a student loan debt rider?

### Be sure to educate clients about riders.

Some policies may offer extras for specific situations like student loan debt forgiveness through additional loan riders. When educating health care pros about riders, be sure that your client fully understands when the rider will go into effect. Some policies may include an elimination period early on in the policy's life when the student loan rider cannot be activated. so be sure that your clients understand all of the details.

Hopefully, this article has helped you understand how to better educate health care professionals about the impact of their student loans on their future in the event of a disability. With the proper coverage in place, medical professionals can eliminate concerns about their medical education debt and concentrate on what matters most--healing people and saving lives.

**Commented [ECH30]:** This may need to be capitalized. I'm not sure.

**Commented [ECH31]:** Now I'm getting confused, because we are introducing all of these other reasons for coverage that have nothing to do with student loan debt. Ways to fix this:

1. Make this piece solely about student loan debt and how brokers can ensure their HCPs payments are covered.
2. Make this piece about student loan debt but add more context around life expenses. If we intend to advise the brokers on questions to ask, those questions need to be around what we've been discussing in the piece. So there needs to be broader context added if we want to use this full list.

**Commented [ECH32]:** I feel like this is in the wrong order. Thus far, we introduced a lot of ideas and then advised the broker on what questions to ask to ensure all those ideas are covered. The last of those questions was about riders, which we hadn't talked about yet. Now here is the info. It reads as out of order.

**Deleted:** be in

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**Deleted:** of their policy and riders

## REWRITTEN

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### **Health Care Professionals and Student Loan Debt: What You Need to Know**

The average medical school graduate holds \$200,000 in student loan debt according to the most recent data available from the Association of American Medical Colleges (AAMC). In fact, the AAMC says 73% of all medical school graduates hold debt – a figure that includes not just doctors and surgeons, but also dentists, pharmacists, veterinarians, and other health care providers who hold expensive (but necessary) graduate degrees.

While some physicians draw in high salaries to help compensate for their heavy debt burdens, not all health care professionals feel secure in their ability to stay afloat financially even when times are good. One example is Tom Nigro, a certified registered nurse anesthetist who was recently profiled by CNBC. He's been working on the front lines during the pandemic while also buckling under \$160,000 of student loan debt.

"I don't think I know anyone personally who doesn't have debt in my profession," Nigro told CNBC. He lamented his inability to buy a house, start a family, or serve the underprivileged because of his \$1,400 monthly loan payments – even though he makes a respectable \$200,000 salary.

Nigro is able to get by through a more lucrative job at a private company for now. But if a disability were to strike that impeded his ability to work, how would he continue to make the loan payments? Would his individual disability insurance (IDI) or employer's group long-term disability (LTD) coverage be enough?

#### **Health care professionals need a real backup plan for their loans.**

Student loan amounts increase every year (currently up 2.5% from the previous calendar year) and only a few physicians are able to pay off their student loans quickly. A recent survey from Weatherby Healthcare found that 32% of doctors owed more than \$250,000, 49% owed more than \$200,000, and just 35% of them were able to pay off their debts in less than five years. Most professionals, then, are holding on to debt for years or decades while they work – debt that amounts to nearly \$2,250 per month on a 10-year federal repayment plan at 6.25% interest (assuming the average debt of \$200,000).

Disability policies usually cover 60-65% of income if a provider is suddenly unable to work. However, depending on how the plan was implemented, more of that income might be taxable than the recipient was expecting.

For example: If a physician were to purchase an individual plan with a \$6,250 monthly benefit, and also has a group plan through their employer with a \$10,000 monthly benefit, they might be expecting to receive \$16,250 per month in the event of a disability. But due to federal taxes on the group plan's benefit, the physician will receive only \$12,250 of income replacement while they are disabled. This \$4,000 difference could be what causes a default on the student loans.

*(continued...)*

**The risk for a disability event before loans are paid off is real.**

Brokers need to make sure their clients understand the real risk of a disability and the potential impact to their student loans if they cannot work. The U.S. Social Security Administration found that just over one in four of today's 20-year-olds will become disabled before the age of 67, and that most of the private-sector workforce has no long-term disability insurance.

There are also currently no real options for health care providers to manage their loan debts – except through insurance – if they are suddenly unable to work. Income-driven repayment plans or loan refinancing reduce the amount they have to pay each month, but do not eliminate the need to pay. Loan forgiveness programs require a commitment to work in underserved areas for a certain employer or period of time, which they cannot do if they become disabled. Even the six-month student loan reprieve passed by Congress during the pandemic did not apply to loans financed through a private lender.

**Brokers can provide peace of mind through supplemental policies or riders.**

Missing out on the student loan piece could mean financial devastation in the event of a disability, despite having seemingly good coverage. Some questions to ask health care professionals as you help them navigate coverage options are:

- How much total student loan debt do you have, and what are your monthly payments?
- Have you considered the real possibility that you could become disabled over the course of your career?
- What percentage of your living expenses do your loan payments comprise, and how much longer do you have left to make payments?
- Do you know how much of your disability benefits are taxable at the time of payment, and is that final payout going to be enough to also cover your loans?
- If you have a separate policy for student loan debt forgiveness, do you know when it goes into effect?

Having a full conversation about *all* of the health care provider's financial obligations – including their student loans – is the key to providing comprehensive coverage that offers enough protection in the event of a disability.

**Page 1: [1] Commented [ECH10]**      **Elizabeth C. Haynes**      **11/17/20 7:59:00 PM**

We need some more here. WHY do we care? Sure, that sounds bad, but what does that have to do with MGIS and insurance? We need to make that connection quickly. As I read the article further, I see that you are arguing the loan debt is the biggest challenge during a disability event. Is that really the case? Or is it just a significant challenge?

**Page 1: [2] Commented [ECH11]**      **Elizabeth C. Haynes**      **11/17/20 7:25:00 PM**

I really suggest shortening the H2 titles where possible. This one could be shortened to:  
Healthcare pros in many sectors carry debt.

Most healthcare pros carry debt.

Debt is a universal issue for providers.

The burden of healthcare debt is heavy.

**Page 1: [3] Commented [ECH12]**      **Elizabeth C. Haynes**      **11/17/20 7:31:00 PM**

We shouldn't use his first name again after the first usage. See the quote above, where we correctly did not use Tom. ☺

**Page 1: [4] Commented [ECH13]**      **Elizabeth C. Haynes**      **11/17/20 7:26:00 PM**

We just ended two sentences with this same phrase. I am feeling like we are trying to rank for "student loan debt" but we don't need to stuff the piece this much. Also, keywords are not as important as they used to be.

Suggest rephrasing one of the sentences. Something like:

It's not just physicians or hospital specialists like Nigro who are grappling with heavy repayments. Health care professionals across the board are likely to end up with an extra financial burden.

Maybe research how long this burden usually lasts.

**Page 1: [5] Commented [ECH14]**      **Elizabeth C. Haynes**      **11/17/20 7:27:00 PM**

Why no link on this bullet? I think this would be a good place to use footnotes to cite sources rather than linking out.

**Page 1: [6] Commented [ECH15]**      **Elizabeth C. Haynes**      **11/17/20 7:28:00 PM**

This should be a footnote with citations; it should not be part of the article text. We are also missing a citation for the medical student debt stat.

**Page 2: [7] Commented [ECH21]**      **Elizabeth C. Haynes**      **11/17/20 7:48:00 PM**

I'm not really sure I understand the sentence. The "average disability episode" and "average of 2.5 years"? Can we rephrase this a bit for clarity and to avoid having two averages in one sentence?

Also, I would not start the sentence with "And.."

**Page 2: [8] Commented [ECH22]**      **Elizabeth C. Haynes**      **11/17/20 8:01:00 PM**

I think this idea needs to be introduced earlier in the piece. This is the core of the argument. This is also why the next paragraph feels a bit out of place.

**Page 2: [9] Commented [ECH23]**      **Elizabeth C. Haynes**      **11/17/20 7:51:00 PM**

This is the start of a complete sentence, so we need to capitalize.

**Page 2: [10] Commented [ECH24]**      **Elizabeth C. Haynes**      **11/17/20 7:53:00 PM**

I think if we want to talk about student loan forgiveness, we need to be careful. Up until now it hasn't even been a real option. However, the latest discussion from the Biden team is that they'd like to eliminate student debt – and they might very soon, by executive order or some other means not requiring Congress (if I read correctly). If that happens, that means two things:

1. You've just negated your entire argument about why income protection is needed solely because of student loan debt.
2. You've dated your article and will have to remember to come back and fix it.

I did not edit this paragraph. I will edit it in a later iteration if we decide to keep it.

**Page 2: [11] Commented [ECH25]**      **Elizabeth C. Haynes**      **11/17/20 7:58:00 PM**

I don't think we've called them "workers" thus far. Can we find a higher-level term here? Provider, perhaps. "Worker" is usually used for low-level jobs.

**Page 2: [12] Commented [ECH26]**      **Elizabeth C. Haynes**      **11/17/20 7:57:00 PM**

We just used a dash in the last sentence. Let's change this to something different. Having two in a row is generally too much.

**Page 2: [13] Commented [ECH27]**      **Elizabeth C. Haynes**      **11/17/20 8:02:00 PM**

Awkwardly phrased. Suggest: A good policy offers a payout that adequately covers...

**Page 2: [14] Commented [ECH28]**      **Elizabeth C. Haynes**      **11/17/20 8:04:00 PM**

I edited this for parallel structure. Every item in this list was a noun, and this one wasn't.

**Page 2: [15] Deleted**      **Elizabeth C. Haynes**      **11/17/20 8:05:00 PM**

**Page 2: [16] Commented [ECH29]**      **Elizabeth C. Haynes**      **11/17/20 8:05:00 PM**

I changed this because we are talking to brokers, from my understanding, and the focus was a bit backward as written