March 2, 2026

The Honorable Linda E. McMahon
Secretary
United States Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Submitted electronically via Regulations.gov

RE: Comments on Notice of Proposed Rulemaking, Reimagining and Improving Student Education [Docket ID: ED-2025-OPE-0944], RIN 1840-AD98

Dear Secretary McMahon:

The foundations listed below are submitting these comments in response to the Department of Education's proposed regulations, "Reimagining and Improving Student Education," published in the Federal Register on January 30, 2026, to implement amendments to the Direct Loan program made by the One Big Beautiful Bill Act (H.R. 1).[1]

Through funding, convening, advocacy, and evidence-building, our foundations work alongside communities, practitioners, and institutions to advance health equity and ensure that everyone has a fair and just opportunity to be as healthy as possible. Our comments are shaped by the long-standing investments by many of our institutions in leadership development programs for nurses, physicians, and other health professionals.

We strongly oppose the Department's proposed regulation to exclude key health-related graduate programs from access to adequate federal student loans. As written, the proposal would cap federal graduate borrowing at $100,000 for students in many health-related graduate programs, including master's and doctoral degrees in advanced practice nursing and public health, while allowing a higher $200,000 cap for other programs designated as "professional," such as medicine and law.

Limiting federal loan access is unlikely to curb rising education costs or reduce tuition.[2] Instead, the proposal erects new barriers to graduate education for low- and middle-income students who lack generational wealth, prioritizing access to capital over merit, and treats such education as a liability rather than a public good.

Taken together, the proposed regulation would result in federal loan amounts that are insufficient to cover the costs of many critical health-related graduate degree programs. This will plausibly:

- Make it much harder for students, especially those from marginalized backgrounds, to complete these degree programs and enter these professions;
- Exacerbate shortages in the health workforce and make it less diverse;[3]
- Reduce access to care, particularly in rural communities and underserved urban areas;
- Weaken prevention efforts related to chronic disease, substance use, and maternal health; and

- Limit progress in closing health gaps affecting rural communities, racial and ethnic minorities, LGBTQIA+ people, and people with disabilities.[4] [5]

At a time when life expectancy is stagnating and health threats are escalating, this proposed rule excludes the very degrees that train frontline leaders responsible for prevention, preparedness, and care delivery.

We urge the Administration and the Department to withdraw this regulation, reopen the negotiated rulemaking process, and replace the proposed definition of professional degree with an inclusive, competency-based definition that reflects modern healthcare and public health practice and that incorporates master's and doctoral degrees in nursing, public health, and other health-related fields, as detailed in Section VI of this comment letter. (A bipartisan group of members of Congress made similar recommendations with a focus on graduate-trained nurses[6].) Such graduate degrees enable higher levels of professional practice, foster leadership opportunities and economic mobility, and are essential to meeting the health needs of our nation. More broadly, caps on graduate loans should be driven by the true costs of education in these fields *and* by workforce needs, not by definitions of professional (and non-professional) degrees that were never meant for such a purpose.

While outside of the scope of this rulemaking, we also urge the Department to reverse 2025 changes to the Public Service Loan Forgiveness program to ensure loan forgiveness is available to all health professionals serving their communities through nonprofits and government employers. This change would further enable qualified students to enter high-need health professions and, thereby, bolster our nation's health workforce.

I. Overview of the Proposed Rule

The Department proposes regulations to implement new federal student loan borrowing limits enacted under Section 81001 of the One Big Beautiful Bill Act (H.R. 1), effective July 1, 2026.

The statute:

- Establishes annual and aggregate caps on federal unsubsidized loans for graduate education;
- Makes new distinctions between "professional" graduate degrees and other graduate degrees, with professional degrees eligible for higher loan amounts;
- Eliminates the Graduate PLUS loan program, which allowed graduate students to borrow up to the full costs of their education;
- Creates a new lifetime cap on all federal loans inclusive of undergraduate and graduate borrowing, and subsidized and unsubsidized loans; and
- Imposes new limits on parental borrowing.

Under H.R.1, graduate students pursuing professional degrees may borrow up to $50,000 annually in federal unsubsidized loans, with an aggregate cap of $200,000. Graduate students pursuing other degrees may borrow no more than $20,500 annually, with an aggregate cap of $100,000.[7] The damaging impact of these loan caps is exacerbated by the concurrent loss of Graduate PLUS loans, which will preclude students from accessing non-capped borrowing to

cover the full costs of graduate education, and a new lifetime borrowing limit of $257,500 across all federal educational loans.

Students in “non-professional” graduate programs—including many health-related graduate programs—will be especially harmed because of the more stringent caps on their borrowing. Affected degrees include master’s and doctoral degrees in nursing, public health, physician assistant studies, physical therapy, occupational therapy, social work, and other allied health professions. (See table on page 4 of this comment letter for a degree-by-degree analysis.)

To understand why these degrees are considered non-professional under the proposed rule, we can look at the work of the Reimagining and Improving Student Education (RISE) Committee, which was convened by the Department of Education to implement the new loans caps. The RISE Committee started with the definitions of professional and graduate degrees written into H.R. 1 and further delineated them in the proposed rule as follows:

> *We propose to define graduate student to mean a student who is enrolled in a program of study that is above the baccalaureate level and awards a graduate credential (other than a professional degree) upon completion of the program. Above the baccalaureate level means that the program ordinarily requires, as a prerequisite for enrollment, that a student first obtain a baccalaureate degree.*
>
> *In defining professional student, we apply the definition of a professional degree in 34 CFR 668.2 that was in effect on July 4, 2025, and clarify that such degrees meet the following elements:*
>
> > *signifies both completion of the academic requirements for beginning practice in a given profession and a level of professional skill beyond that which is normally required for a bachelor's degree;*
> >
> > *is generally at the doctoral level;*
> >
> > *requires at least six academic years of postsecondary education coursework for completion, including at least two years of post-baccalaureate level coursework;*
> >
> > *generally requires professional licensure to begin practice; and,*
> >
> > *includes a four-digit program Classification of Instructional Program (CIP) code, as assigned by the institution or determined by the Secretary, in the same intermediate group in certain fields.*
>
> *We also propose that a professional degree only includes degrees in the following fields:[2] Pharmacy (Pharm.D.), Dentistry (D.D.S. or D.M.D.), Veterinary Medicine (D.V.M.), Chiropractic (D.C. or D.C.M.), Law (L.L.B. or J.D.), Medicine (M.D.), Optometry (O.D.), Osteopathic Medicine (D.O.), Podiatry (D.P.M., D.P., or Pod.D.), Theology (M.Div., or M.H.L.), and Clinical Psychology (Psy.D. or Ph.D.).[8]*

Yet several of the RISE Committee’s “clarifications” are, in fact, new requirements, that are **not** included in the current applicable regulations, including the doctoral training provision, the six years of coursework provision, and the four-digit CIP code provision. (See section V of this

comment letter for a further critique of the definitions and their application.) The proposed regulation also states that workforce needs in specific fields were not considered when the rule was drafted, as Congress did not instruct the Department to take need into account when determining program eligibility.

As a result, many essential graduate-level health-related degrees are excluded from the Department's proposed definition of professional degrees and thus would not qualify for the higher loan limits if the regulation is finalized as proposed.

The following table outlines the borrowing limits before and after the proposed rule:

Comparison of Borrowing Caps on Direct Unsubsidized Loans Before and After the Department's Proposed Rule [7]									
	Prior to H.R.1				After July 1, 2026 if Rule is Finalized				
Degree	Annual Cap	Aggregate Cap (undergrad + grad)	Direct PLUS Loan		Annual Cap	Aggregate Cap (grad only)	Lifetime Cap (undergrad + grad)	Direct PLUS Loan	Dept. of Education's Proposed Classification
Pharmacy (PharmD), Dentistry (DDS or DMD), Veterinary Medicine (DVM), Chiropractic (DC or DCM), Law (LLB or J.D.), Medicine (MD), Optometry (OD), Osteopathic Medicine (DO), Podiatry (DPM, DP, or PodD), and Clinical Psychology (PsyD or PhD).	$33,000-$47,167	$224,000	Up to Cost of Attendance (CoA)		$50,000	$200,000	$257,500	Eliminated	Professional
Theology (MDiv or MHL),	$20,500	$138,500	Up to CoA		$50,000	$200,000	$257,500	Eliminated	Professional
Advanced Practice Nursing (MSN; NP; DNP)	$20,500	$138,500	Up to CoA		$20,500	$100,000	$257,500	Eliminated	Not professional
Public Health (MPH; DrPH)	$33,000-$37,167	$224,000	Up to CoA		$20,500	$100,000	$257,500	Eliminated	Not professional
Physician Assistant (MPAS)	$20,500	$138,500	Up to CoA		$20,500	$100,000	$257,500	Eliminated	Not professional
Other graduate degrees in fields such as occupational therapy, speech therapy, and physical therapy	$20,500	$138,500	Up to CoA		$20,500	$100,000	$257,500	Eliminated	Not professional

II. The Proposed Loans Caps Do Not Reflect the True Costs of Graduate Education

The Department's proposed loan caps for graduate degrees not deemed professional ($20,500 per year, $100,000 aggregate) do not reflect the true costs of education in health-related fields. Here are several examples:

- **Advanced practice nursing degrees:** Certified Registered Nurse Anesthetist (CRNA) programs offer doctoral degrees (DNP/DNAP) and typically require three years of study beyond a bachelor's in nursing. These programs frequently exceed $100,000 (and sometimes even $200,000) in total cost of attendance including tuition and living expenses.[9] Tuition is $135,466 at the University of Tulsa in Oklahoma, $147,591 at

Midwestern University in Arizona, $230,958 at Emory in Georgia, and $305,235 at Duke in North Carolina.[10] [11] [12] [13]

- **Physician assistant degrees**: Nearly all Master in Physician Assistant Studies (MPAS) programs, which require two to three years of study, exceed $100,000 once living expenses are included, with average debt loads exceeding $112,000. The MPAS program is $132,216 for in-state students and $205,084 for out-of-state students at the University of Florida and $228,207at the Keck School at the University of Southern California (USC).[14] [15] [16]
- **Public Health:** Master of Public Health (MPH) programs, which typically require two years of study, routinely exceed $100,000 at public and private institutions alike. An MPH at the University of Michigan costs approximately $131,000 for in-state residents, while comparable programs at Yale University exceed $160,000. When accounting for tuition and living costs, Doctor of Public Health (DrPH) programs commonly range from $90,000 to more than $140,000—on top of MPH costs.

An Urban Institute analysis of federal data shows that a substantial share of graduate students already borrow above the new loan limits:

- **Doctoral degrees in fields the Department deems non-professional**: 33% borrow above the annual limit and 25% borrow over the aggregate limit.
- **Master of Public Health**: 29% borrow above the annual limit and 20% borrow over the aggregate limit.
- **Master of Science** (which includes degrees like a Master of Science in Nursing, Physical Therapy, Occupational Therapy, and Nutrition, among others): 13% borrow above the annual limit and 4% borrow over the aggregate limit.[17]

In addition, graduate students who previously received Pell Grants (federal loans designed to assist low-income households) are significantly more likely to exceed the proposed caps and are least able to replace lost federal financing with personal or family resources.[18] Such students are more likely to be first in their families to go to graduate school, from rural communities, and from racial and ethnic minority groups.[19] [20]

The Urban Institute report also notes that “new loan limits for graduate students will likely lead many students to borrow from the private market, as has been true of undergraduates subject to loan limits.” Private lenders charge significantly higher interest rates—often reaching as high as 18 percent—compared with federal student loan rates, which do not exceed 9 percent.[21] Unlike federal loans, private student loans generally lack income-based repayment options, interest subsidies, and discharge protections and are governed by individual contract terms rather than the Higher Education Act. As a result, graduate students forced into the private market face higher monthly payments, greater risk of default, and fewer safeguards during periods of financial hardship.

III. The Proposed Loan Caps Would Adversely Affect the Health Workforce and Access to Care

Because the new loan limits are insufficient for covering the true costs of graduate education, potential students are left with three choices: 1) turn to expensive private loans; 2) seek out programs with costs that are below loan limits, if they exist, while potentially sacrificing the highest quality or best-fit schools; or 3) defer or rule out the pursuit graduate education. Some substantial proportion—possibly 10 percent or higher based on recent federal analyses—may choose (or be forced to choose) option three, resulting in a contraction in supply of new professionals in health-related fields desperately in need of them.[22]

We offer several examples below of health-related fields affected by the new loan caps and the attendant impacts on the health workforce and access to care.

Advanced Practice Nurses

Advanced practice nurses play an essential role in primary care and hospital-based care across the country, especially in rural communities. Nurse practitioners, who require at least master's level training and are increasingly seeking doctoral training, can provide the full scope of primary care services without physician supervision in 27 states and Washington, D.C., reflecting a bipartisan consensus about their ability to fill critical healthcare needs. This role is becoming even more vital as the United States is projected to face a shortage of 187,130 physicians by 2037, including 87,150 primary care physicians, according to the Health Resources and Services Administration.[23]

Similarly, CRNAs provide essential anesthesia care services in communities where physician anesthesiologists are scarce. They also serve alongside anesthesiologists in better resourced communities, allowing physicians to devote their time to the most complex cases. According to the Bureau of Labor Statistics (BLS), the need for nurse practitioners is projected to grow by 40 percent and the need for nurse anesthetists is projected to grow by 9 percent between 2024 and 2034, reflecting an aging U.S. population, increases in chronic disease, and an inadequate supply of new physicians.[24]

In addition, nurses with master's and doctoral degrees play an important role in teaching future nurses as faculty at nursing schools. The new loan limits will only worsen a severe faculty shortage that already forces schools to turn away tens of thousands of qualified applicants each year.[25]

Physician Assistants

Physician assistants (PAs) are another cornerstone of the modern primary care workforce, especially in rural settings. According to the Medicare Payment Advisory Commission (MedPAC), 8.8 million Medicare beneficiaries received care from a PA in 2017—up from 4.5 million in 2010. BLS data project that the need for PAs will grow by 20 percent between 2024 and 2034.[26]

A substantial share of PA students come from low- and middle-income backgrounds and lack access to family resources to bridge financing gaps.[27] Lower borrowing limits will likely deter low and middle-income qualified applicants, increase financial stress during training, and reduce completion rates. Financial pressure may also push PA students away from primary care and

underserved settings (as has also been seen among physicians) toward higher-paying specialties, undermining federal and state efforts to strengthen the primary care workforce.[28]

Public Health

Public health is the field primarily responsible for preventing disease and promoting health at the population level through collaborations between governmental agencies and community organizations. It includes work such as restaurant inspections that prevent foodborne illness, vaccine clinics that stop outbreaks before they spread, maternal and child health programs that support healthy pregnancies and early childhood development, cross-sector initiatives for older adults and family caregivers, and emergency preparedness and response for hurricanes, wildfires, pandemics, and other disasters.[29] Public health professionals also conduct surveillance, analyze data, and lead initiatives to address health inequities, environmental hazards, and chronic disease.

The public health workforce is currently insufficient to meet existing responsibilities, with estimates indicating a need for approximately 80,000 additional state and local public health professionals to deliver even a basic set of core services nationwide.[30] There is a particularly acute need for roles requiring advanced graduate training, including public health nursing, epidemiology, emergency preparedness and operations, and health informatics. Moreover, federal funding cuts and workforce reductions from the past year are making the situation more dire.[31]

Federal oversight bodies have cautioned that persistent understaffing weakens the nation's capacity to detect, prevent, and respond to public health emergencies, increasing the risk of preventable disease, avoidable mortality, and disruptions to essential public services including efforts to prevent and reduce chronic disease.[32] Small and rural communities and populations facing social and economic barriers to good health will bear the brunt of these harms.

Graduate public health education—including MPH and DrPH programs—provides the scientific, analytical, and leadership training necessary to prepare professionals for critical workforce roles. Therefore, the proposed regulation and other policies that restrict access to affordable education are short-sighted and detrimental to the health of our nation.

IV. The Proposed Loan Caps Would Exacerbate Disparities in Education and Health Outcomes

Our foundations are firmly committed to advancing health and racial equity—that is, a society in which everyone has a fair opportunity to be healthy regardless of income, zip code, or race. The proposed regulation will worsen longstanding disparities in pursuing higher education, achieving economic mobility, and accessing healthcare and public health services.

Under the proposed rule, students with family wealth will retain access to graduate education that leads to professional advancement and higher lifetime earnings, while students without such resources will face diminished or foreclosed opportunities. Students from low- and middle-income families and students who are Black, Hispanic, Native American, and Pacific Islander will be disproportionately harmed. This dynamic substitutes capital for merit, placing barriers in

the talent pathway and reinforcing a K-shaped economy in which professional progress is determined by ability to pay rather than skill, commitment, or public need.[33]

The proposed classification of advanced practice nurses, MPHs and DrPHs, and other highly trained health practitioners as "non-professional" is itself marginalizing and demeaning. It fails to recognize the rigorous education, specialized skills, and personal sacrifice necessary in such fields and diminishes their essential role in healthcare delivery and public health systems. This framing is particularly harmful because many affected professions, like nursing, are disproportionately composed of women, signaling that their work is less valued and reinforcing historical patterns of gendered inequity in the health professions.[34] [35]

Black women will face disproportionate harms from inadequate federal loans. They already carry the highest average levels of graduate student debt due to structural discrimination manifesting as lower household wealth, pay inequities, and greater reliance on borrowing to access advanced education. These impacts will have intergenerational consequences, affecting the approximately 9 million children living in households where Black women are the primary earners.

Ultimately, inequitable access to graduate education will adversely affect patient care and community health. Research consistently demonstrates that a diverse health workforce improves access to care, strengthens patient-provider trust, and leads to better health outcomes for all patients and especially for people of color, women, LGBTQIA+ individuals, people with disabilities, people in rural communities, and other historically underserved populations.[36] Diverse care teams are also more likely to challenge assumptions, reduce bias, and improve decision-making and safety.[37] In addition, health professionals from underrepresented racial and ethnic backgrounds are more likely to practice primary care and to serve in medically underserved communities, meaning that constricting pathways for these students will directly reduce access to care where need is greatest.[38]

V. The Proposed Definition of Professional Degree Is Misaligned with Purpose and Inconsistently Applied

The Department's proposed definition of professional degree programs is misaligned with its stated purpose and applied inconsistently across fields. Preexisting Department definitions upon which the regulation draws were developed for other contexts, such as classification and reporting, and were never intended to determine who should have access to higher borrowing limits. Repurposing those older categories to govern federal loan access and amounts, without revisiting their underlying rationale, produces arbitrary distinctions that do not reflect how health professions are structured, regulated, or practiced.

To demonstrate these inconsistencies, we describe how the rule treats nursing, public health, social work, and physician assistant professionals. Nurse practitioners prepared through MSN and DNP programs clearly meet the regulation's own stringent criteria: they complete extensive graduate-level education, obtain additional certification and licensure, and in 27 states plus the District of Columbia they have full practice authority, meaning they independently evaluate, diagnose, and treat patients, including prescribing medications, under the exclusive authority of the state board of nursing. In other words, nurse practitioners practice as autonomous

professionals in most of the country, not as supervised subordinates, and their roles are distinct from those of registered nurses.[39] Nonetheless, the Department dismisses MSN and DNP degrees as "nonprofessional" on the grounds that students are already licensed nurses when they enter these programs and that practice authority varies by state. These criteria are not applied consistently to other professions whose scopes of practice also differ across jurisdictions.

The Department's analysis similarly narrows the definition of professional degree for public health and social work in ways that are disconnected from real-world practice. MPH and DrPH programs are excluded because licensure is not uniformly required for public health roles, even though these degrees function as the primary entry-level and advanced credentials for leadership in public health agencies, health systems, and community organizations.[40] MSW programs are discounted on the basis that some jurisdictions license bachelor-level social workers, ignoring that the MSW is the standard requirement for independent clinical practice and many supervisory and specialized roles. Physician assistant programs are excluded because many states require some form of physician supervision, even as PAs function nationwide as a distinct profession with their own accredited training, licensure, and defined scope of practice. Taken together, these choices treat degrees that are central to the modern health and social service workforce as optional or ancillary, despite their clear alignment with the regulation's stated emphasis on preparing individuals for specific professions.

At the same time, the regulation designates certain theological degrees as professional even though they do not meet the very criteria used to exclude health professions programs. Master of Divinity and Master of Theology degrees are not doctoral level, are not tied to state licensure, and are not legally required for practice as clergy or religious leaders. In many faith traditions and settings, pastoral roles can be filled without these degrees and without any formal professional regulation by the state. Elevating these programs as archetypal professional degrees, while denying that status to graduate credentials that are widely required or expected for independent practice in nursing, public health, social work, and other health fields, underscores the internal inconsistency of the proposed definition.

In practice, the Department appears to be using a shifting and uneven standard, demanding strict licensure requirements, universal independent practice, and a single mandatory degree for entry into a profession when evaluating health and social service programs, yet the proposed rule relaxes or ignores those same requirements when evaluating other degrees such as theology. This approach is misaligned with the regulation's purpose of identifying programs that prepare students for genuine professional roles and is inconsistent with the realities of contemporary healthcare and public health systems, where team-based practice, layered credentials, and state-by-state variation are the norm.

VI. An Inclusive, Competency-Based Definition of Professional Degrees Would Be More Coherent and Meet the Nation's Health Workforce Needs

We urge the Department of Education to adopt an inclusive, competency-based definition of professional degrees that is reflective of modern healthcare and public health practice. This definition:

- Should be anchored in a central element of the original regulatory definition of professional degree found in 34 CFR 668.2[41]—namely, a degree that "signifies completion of academic requirements for beginning practice in a profession and a level of professional skill beyond that normally required for a bachelor's degree";
- Could leverage CIP code 51 (Health Professions and Related Clinical Sciences), or another similar classification system, to identify relevant health-related fields for inclusion as recommended by a broad coalition of health professions, education programs, and professional associations;[42]
- Should recognize both master's and doctoral training in such fields; and
- Should require completion of graduate education from an accredited school or program.

Accordingly, we recommend the definition of professional degree be expanded to include, but not be limited to, the following degrees: master's and doctoral degrees in nursing (MSN, DNP, DNAP, PhD); physician assistant studies (MPAS); public health (MPH, DrPH); occupational and physical therapy (OTD and DPT); nutrition; audiology and speech pathology; health informatics; medical imaging and radiation sciences; and social work. This is in addition to the previously included degrees of Pharmacy (PharmD), Dentistry (DDS or DMD), Veterinary Medicine (DVM), Chiropractic (DC or DCM), Medicine (MD), Optometry (OD), Osteopathic Medicine (DO), Podiatry (DPM, DP, or PodD), and Clinical Psychology (PsyD or PhD).

Such a definition would recognize the full range of disciplines necessary for high-quality, comprehensive health promotion, disease prevention, and disease management at the individual and community levels. Modern health systems depend not only on doctors, dentists, and pharmacists but also on advanced practice nurses, physician assistants, public health professionals, occupational and physical therapists, social workers, behavioral health specialists, nutritionists, and health informaticians. Treating only a narrow subset of these fields as professional ignores how care is actually delivered and undervalues capacities that are indispensable to access, quality, and health equity.

The inclusion of both master's and doctoral training would reflect the fact that different fields and sub-fields in the health professions require different levels of training. Nurses with master's degrees—such as certified nurse midwives—offer professional services that baccalaureate-trained nurses cannot provide. In turn, nurses with doctoral training—such as CRNAs—provide even more complex, specialized care. Similar professional stratification exists in public health and other health-related fields.

The requirement for accreditation roots the definition of professional degree in academic rigor, competency development, and standards of professional practice rather than program length or level. Moreover, educational accreditation is more appropriate than professional accreditation or licensing in determining eligibility for educational loans and attendant loan caps.

Overall, such an approach would ensure equitable access to education financing across all accredited, graduate programs preparing students for professional practice in health-related fields; foster a strong and sustainable health workforce; and enhance predictability for students and educational institutions.

VII. Alternative Strategies May be More Effective at Reducing Student Debt and Education Costs

Despite the Department's stated intentions, the new federal borrowing caps in H.R.1 are unlikely to reduce underlying educational costs.[43]

In practical terms, the proposal does far more to shift costs onto students and families, especially those with the least wealth and fewest alternatives, than to change the fundamental dynamics of pricing in graduate education. By limiting access to affordable federal credit without addressing the structural drivers of tuition, the Department risks reducing who can enter critical health professions rather than reducing what those programs actually cost.

Instead of limiting access to federal loans, the Department should pursue policies that support students more fully. This includes expanding non-debt financing such as grants and fellowships, reversing recent restrictions that the Department placed on the Public Service Loan Forgiveness program, and encouraging employer-based investments in graduate education, including tuition support and loan forgiveness.

Research consistently shows that workforce investments can yield economic and social returns of up to 10-to-1 and that graduate degrees deliver substantial lifetime economic value, particularly for women.[44] Public health offers a clear illustration of this return on investment. Syntheses of dozens of studies of public health interventions estimate that every dollar invested in public health yields on the order of 14 dollars in medical and societal savings.[45] When federal policy makes it harder for students to finance the graduate education required for many public health roles, it not only reduces borrowing but also undercuts one of the most cost-effective strategies for improving population health.

VIII. Conclusion

We urge the Department to withdraw this regulation, reopen the negotiated rulemaking process, and replace the proposed definition of professional degree with an inclusive, competency-based definition that reflects modern healthcare and public health practice and that incorporates master's and doctoral degrees in nursing, public health, and other health-related fields. In addition, the federal government, universities, and employers should make other debt and non-debt funding available to cover the true costs of health-related graduate education. Only by protecting these critical fields and ensuring students have access to sufficient federal financial support can we safeguard the nation's health workforce, ensure access to high-quality care for all communities, and promote health equity.

We have included numerous citations to supporting research, including direct links to research. We direct the Department to each of the materials we have cited and made available through active links, and we request that the full text of each of the studies and articles cited, along with the full text of our comment, be considered part of the formal administrative record for purposes of the Administrative Procedure Act. If the Department is not planning to consider these materials part of the record as we have requested here, we ask that you notify us and provide an opportunity to submit copies of the studies and articles into the record.

We appreciate the opportunity to comment and look forward to continued engagement on this important issue. If you have any questions about our comments, please contact Alyson Northrup at anorthrup@rwjf.org.

Sincerely,

Blue Shield of California Foundation
Eyes on Health
Foundation for a Healthy St. Petersburg
Grantmakers In Health
Horizon Foundation
The Joyce Foundation
Kate B Reynolds Charitable Trust
Michael Reese Health Trust
Missouri Foundation for Health
Partners for Health Foundation
Perigee Fund
Philadelphia Health Partnership
Phoenixville Community Health Foundation
Robert Wood Johnson Foundation
Ronald W. Naito MD Foundation
The California Endowment
The Colorado Health Foundation
The John A. Hartford Foundation
United Methodist Health Ministry Fund

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[1] U.S. Department of Education, *Reimaging and Improving Student Education*, ED-2025-OPE-0944 (Jan. 30, 2025), https://public-inspection.federalregister.gov/2026-01912.pdf.
[2] AccessLex Institute, *From Aspiration to Limitation – The Impact of Graduate Loan Caps* (Sept. 4, 2025), https://www.accesslex.org/news-tools-and-resources/aspiration-limitation-impact-graduate-loan-caps (accessed Feb. 13, 2026).
[3] Barna, M. *Abrupt layoffs at CDC, other HHS agencies endanger public health*, American Public Health Association (Apr. 2, 2025), https://www.apha.org/publications/public-health-newswire/public-health-newswire/articles/(clone)-firing-of-hhs-workers (accessed Feb. 13, 2026).
[4] Postsecondary National Policy Institute, *Rural Students in Higher Education* (Mar. 2023), https://pnpi.org/wp-content/uploads/2023/03/RuralStudents_Mar23.pdf (accessed Feb. 13, 2026).
[5] National Association of Student Financial Aid Administrators, *NASFAA Issue Brief: Doubling The Maximum Pell Grant* (Feb. 2026), https://www.nasfaa.org/issue_brief_double_pell (accessed Feb. 13, 2026).
[6] U.S. Congress, *Merkley, Wicker, Kiggans, Bonamici Lead Bipartisan, Bicameral Effort to Oppose New Limits on Student Loans for Nurses* (Dec. 12, 2025), https://www.merkley.senate.gov/wp-content/uploads/Final-Letter-to-Under-Secretary-Kent-on-Nursing-Loans.pdf (accessed Feb. 13, 2026).
[7] Hegji, Alexandra, *The Department of Education's Proposed Rule to Define "Professional Student": Frequently Asked Questions*, CRS Report R48768 (Feb. 24, 2026), U.S. Congress. https://www.congress.gov/crs-product/R48768?s=1&r=27.
[8] 34 C.F.R. § 668.2.
[9] All CRNA Schools, *The Cost of Nurse Anesthetist School* (Dec. 27, 2023), https://www.all-crna-schools.com/cost-of-nurse-anesthetist-school/ (accessed Feb. 13, 2026).

[10] AMN Healthcare, *Raising the Bar in CRNA Education: What the 2025 Deadline Means* (June 23, 2023), https://www.amnhealthcare.com/blog/physician/locums/raising-the-bar-in-crna-education-what-the-2025-deadline-means/ (accessed Feb. 13, 2026).
[11] All CRNA Schools, *Midwestern University Glendale Nurse Anesthetist Program* (2022), https://www.all-crna-schools.com/midwestern-university-glendale-nurse-anesthetist-program/ (accessed Feb. 13, 2026).
[12] All CRNA Schools, *Emory University DNP Nurse Anesthesia Program* (Mar. 5, 2023), https://www.all-crna-schools.com/emory-university-dnp-nurse-anesthesia-program/ (accessed Feb. 13, 2026).
[13] All CRNA Schools, *Duke University School of Nursing CRNA Program*. (n.d.), https://www.all-crna-schools.com/duke-university-school-of-nursing-crna-program/ (accessed Feb. 13, 2026).
[14] Pasquini, Stephen, *How Much Does it Cost to go to Physician Assistant (PA) School*? (2025), The PA Life, https://www.thepalife.com/how-much-does-it-cost-to-go-to-physician-assistant-pa-school/ (accessed Feb. 13, 2026).
[15] University of Florida Office of Financial Aid, *Physician Assistant Cost of Attendance 25-26*. c (2025-2026), https://finaid.med.ufl.edu/costs/physician-assistant-23-24/.
[16] Keck School of Medicine of USC, *Physician Assistant Program Tuition and Fees* (2024-2025), https://keck.usc.edu/physician-assistant-program/courses/tuition-and-fees/ (accessed Feb. 13, 2026).
[17] Cohn, Jason, *How New Federal Student Loan Limits Could Affect Borrowers*, Urban Wire (July 24, 2025), https://www.urban.org/urban-wire/how-new-federal-student-loan-limits-could-affect-borrowers (accessed Feb. 13, 2026).
[18] Federal Student Aid. *Federal Pell Grant program*, https://studentaid.gov/help-center/answers/article/federal-pell-grant-program (accessed Feb. 13, 2026).
[19] Postsecondary National Policy Institute, *Rural Students in Higher Education* (Mar. 2023), https://pnpi.org/wp-content/uploads/2023/03/RuralStudents_Mar23.pdf (accessed Feb. 13, 2026).
[20] National Association of Student Financial Aid Administrators, *NASFAA Issue Brief: Doubling The Maximum Pell Grant* (Feb. 2026), https://www.nasfaa.org/issue_brief_double_pell (accessed Feb. 13, 2026).
[21] Consumer Financial Protection Bureau, *Annual Report of the CFPB Private Education Student Loan Ombudsman* (Jan. 2026), https://files.consumerfinance.gov/f/documents/cfpb_pelo-annual-report_2026-01.pdf (accessed Feb. 13, 2026).
[22] Monarrez, T., Matsudaira, J., & Ritter, D. *Student Loans for Graduate School: Who Will Be Affected by the New Federal Lending Limits?* Consumer Finance Institute (Dec. 2025), https://www.philadelphiafed.org/-/media/FRBP/Assets/Consumer-Finance/Reports/student-loans-for-graduate-school.pdf (accessed Feb. 13, 2026).
[23] National Center for Health Workforce Analysis, *State of the U.S. Health Care Workforce*, 2024 (Nov. 2024), https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-health-workforce-report-2024.pdf (accessed Feb. 13, 2026).
[24] U.S. Bureau of Labor Statistics, *Occupational Outlook Handbook, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners* (Aug. 28, 2025), https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm#tab-6 (accessed Feb. 13, 2026).
[25] American Association of Colleges of Nursing, *Fact Sheet: Nursing Faculty Shortage* (May 2024), https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Faculty-Shortage-Factsheet.pdf (accessed Feb. 13, 2026).
[26] Medicare Payment Advisory Commission, *Chapter 5: Issues in Medicare beneficiaries' access to primary care* (June 2019), https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_ch5_medpac_reporttocongress_sec.pdf (accessed Feb. 13, 2026).
[27] American Academy of Physician Associates, *AAPA Statement on ED Decision to Place Restrictive Caps on PA Student Loans* (Nov. 7, 2025) https://www.aapa.org/news-central/2025/11/aapa-statement-on-ed-decision-to-place-restrictive-caps-on-pa-student-loans/ (accessed Feb. 13, 2026).
[28] Kozikowski, A. , Bruza-Augatis, M., Mortin-Rias, D., Puckett, K., Jeffery, C., Quella, A., Mauldin, S., & Goodman, J., *The effect of education debt on PAs' specialty choice or preference*, THE JOURNAL OF THE AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES 38(1):35–44 (Dec. 19, 2024), https://doi.org/10.1097/01.JAA.0000000000000166.
[29] American Public Health Association, *What is public health?,* https://www.apha.org/what-is-public-health (accessed Feb. 13, 2026).

[30] De Beaumont, *Staffing Up : Workforce Levels Needed to Provide Basic Public Health Services for All Americans* (Oct. 2021), https://debeaumont.org/wp-content/uploads/2021/10/Staffing-Up-FINAL.pdf (accessed Feb. 13, 2026).
[31] Trust for America's Health, *Public Health Infrastructure in Crisis: HHS Workforce Cuts, Reorganizations, and Funding Reductions: Impacts and Solutions,* https://www.tfah.org/report-details/funding-report-2025 (accessed Feb. 25, 2026).
[32] Government Accountability Office, *Public Health Preparedness: HHS and Jurisdictions Have Taken Some Steps to Address Challenging Workforce Gaps* (Jan. 29, 2025), https://files.gao.gov/reports/GAO-25-107002/index.html (accessed Feb. 13, 2026).
[33] U.S. Senate Committee on Banking, Housing, and Urban Affairs Minority, *Ahead of Bessent Hearing, Warren Presses Trump Administration to Monitor and Address Risks Posed by K-Shaped Economy* (Feb. 26, 2026) https://www.banking.senate.gov/newsroom/minority/ahead-of-bessent-hearing-warren-presses-trump-administration-to-monitor-and-address-risks-posed-by-k-shaped-economy (accessed Feb. 13, 2026).
[34] Cheeseman Day, J. & Christnacht, C., *Women Hold 76% of All Health Care Jobs, Gaining in Higher-Paying Occupations* (Aug. 14, 2019), https://www.census.gov/library/stories/2019/08/your-health-care-in-womens-hands.html (accessed Feb. 13, 2026).
[35] American Association of Colleges of Nursing, *Nursing Workforce Fact Sheet* (Apr. 2024), https://www.aacnnursing.org/news-data/fact-sheets/nursing-workforce-fact-sheet (accessed Feb. 13, 2026).
[36] Besser, R., *Statement From Dr. Richard Besser Condemning Executive Order Backsliding on DEI and Health* (Jan. 23, 2025), Robert Wood Johnson Foundation, https://www.rwjf.org/en/about-rwjf/newsroom/2025/01/rwjf-statement-condemning-executive-order-backsliding-on-dei-and-health.html (accessed Feb. 13, 2026).
[37] Smith, L., *Why Diversifying the Health Professions Matters for Everyone* (Sept. 19, 2024), Robert Wood Johnson Foundation, https://www.rwjf.org/en/insights/blog/2024/09/why-diversifying-the-health-professions-matters-for-everyone.html (accessed Feb. 13, 2026).
[38] Xierali, I. M. & Nivet, M. A. *The Racial and Ethnic Composition and Distribution of Primary Care Physicians* J HEALTH CARE POOR UNDERSERVED 29(1):556–570 (Mar. 28, 2018), https://doi.org/10.1353/hpu.2018.0036.
[39] American Association of Nurse Practitioners, *State Practice Environment,* https://www.aanp.org/advocacy/state/state-practice-environment (accessed Feb. 26, 2026).
[40] Association of Schools & Programs of Public Health, *Public Comment on Implementation of Changes to Title IV, HEA Programs under the One Big Beautiful Bill Act (OBBB) via Negotiated Rulemaking [Docket ID: ED-2025-OPE-0151-0001]* (Aug. 20, 2025), https://aspph-webassets.s3.us-east-1.amazonaws.com/Final+ASPPH+Department+of+Education+Letter+on+OBBB+Implementation.pdf (accessed Feb. 13, 2026).
[41] 34 C.F.R. § 668.2.
[42] Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), Accreditation Council for Education in Nutrition and Dietetics (ACEND), American Association for Marriage and Family Therapy, American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Association of Colleges of Podiatric Medicine, American Association of Nurse Anesthesiology, American Association of Nurse Practitioners, American Association of Veterinary Medical Colleges, American College of Nurse-Midwives, Coalition of Providers and Programs, American Council of Academic Physical Therapy, American Dental Education Association, American Music Therapy Association, American Nurses Association, American Occupational Therapy Association, American Physical Therapy Association, American Society of Acupuncturists, American Speech-Language-Hearing Association, Association of Accredited Naturopathic Medical Colleges, Association of Schools Advancing Health Professions, Association of Schools and Programs of Public Health, Association of University Programs in Health Administration, Council for Accreditation of Counseling and Related Educational Programs, Council of Administrators of Special Education (CASE), Council of Colleges of Acupuncture and Herbal Medicine (CCAHM), Council of Graduate Schools, Council on Social Work Education, GAPNA, Masters in Psychology and Counseling Accreditation Council (MPCAC), National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), National Association of Nurse Practitioners in Women's Health, National Association of Pediatric Nurse Practitioners, National Association of Pupil Services Administrators, National Association of School Nurses, National Association

of Social Workers, National League for Nursing, National Organization of Nurse Practitioner Faculties, School Social Work Association of America, *Coalition of Providers and Programs Letter* (Oct. 31, 2025), https://aspph-webassets.s3.us-east-1.amazonaws.com/Session+2+of+RISE+Committee+Sign+On.pdf (accessed Feb. 13, 2026).

[43] Looney, A., Matsudaira, J., & McCann, C., *How OBBBA reshapes student lending*, The Brookings Institution (Jan. 28, 2026), https://www.brookings.edu/articles/how-obbba-reshapes-student-lending/ (accessed Feb. 13, 2026).

[44] Executive Office of the President & U.S. Council of Economic Advisors, *Chapter 4: Investing in People: Education, Workforce Development, and Health*, 2022 Economic Report of the President (Apr. 2022), https://bidenwhitehouse.archives.gov/wp-content/uploads/2022/04/Chapter-4-new.pdf (accessed Feb. 13, 2026).

[45] Wenderoff, J., *Public Health Initiatives Deliver Big Returns on Investment*, Pew Research Center (July 8, 2025), https://www.pew.org/en/research-and-analysis/articles/2025/07/08/public-health-initiatives-deliver-big-returns-on-investment (accessed Feb. 13, 2026).