

February 25, 2026

The Honorable Nicholas Kent
Under Secretary of Education
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202

Re: ED-2025-OPE-0944 Reimagining and Improving Student Education

Dear Under Secretary Kent:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations; our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on the Department of Education’s (DOE’s) proposed rule implementing borrowing limits for federal student loans.

Beginning July 1, students enrolled in graduate degree programs would be limited to annual loans of \$20,500, with an aggregate cap of \$100,000, while students in professional degree programs would be permitted to borrow up to \$50,000 per year, with a \$200,000 aggregate limit. To implement the new borrowing limits for federal student loans, the DOE has proposed new definitions of a “graduate student” and a “professional student.” The proposed definition of a professional student includes a new definition of a “professional degree” limited to 11 fields: chiropractic, clinical psychology, dentistry, law, medicine, optometry, osteopathic medicine, pharmacy, podiatry, theology and veterinary medicine.

The AHA supports the DOE’s inclusion of physicians, pharmacists and clinical psychologists in the definition of a professional degree. However, we are concerned that the proposed definition excludes many other essential post-baccalaureate health professions, such as nursing, social work, physician assistant, physical therapy and occupational therapy, which also require advanced education, clinical training and licensure. If adopted, this overly narrow definition would subject students in these fields to significantly lower borrowing limits, increasing out-of-pocket costs and deterring qualified applicants at a time of persistent health care workforce shortages. **Because hospitals and health systems depend on a full range of licensed health**



professionals to deliver safe, high-quality care, the AHA urges the DOE to adopt a more inclusive definition that reflects the definition of a professional degree referenced in statute and includes the highly educated and highly skilled health care professions on which patients and communities rely.

Background

Policies governing access to higher education carry significant economic implications, particularly for fields such as health care that rely on highly educated licensed professionals. Health care delivery — and, in particular, hospital care — depends on interdisciplinary teams of professionals, including physicians, nurses, pharmacists, social workers, physical and occupational therapists, speech language pathologists, respiratory therapists, physician assistants and others. This team-based model is essential to addressing increasingly complex patient needs, especially as a large portion of the population ages and chronic conditions become more prevalent. Federal data shows that demand for a broad range of highly trained health professionals continues to grow even as serious shortages persist. As of December 2025, approximately 92 million Americans lived in areas designated as Health Professional Shortage Areas. The U.S. Bureau of Labor Statistics (BLS) has projected that the demand for advanced practice registered nurses (APRNs) will grow by 38% between 2022 and 2032, requiring approximately 29,200 new APRNs each year to meet rising patient needs. The BLS also projects a 15% increase in demand for speech-language pathologists and a 14% increase for occupational therapists.^{1,2}

Many of the fields of study that would be excluded based on the DOE's proposed definitions have historically been understood to be professional degrees because these programs require rigorous, advanced, post-baccalaureate education and licensure to practice. As part of their mandatory reporting to the DOE, institutions of higher education have classified these programs as "professional" because they are structured around competencies defined by the profession, integrate supervised clinical practice with advanced coursework, operate under accreditation standards set by external professional bodies and are designed to meet state licensure requirements. Employers, including government agencies, have similarly treated these credentials as professional degrees, recognizing them as the required educational foundation for practice in complex, highly regulated health care settings. The Office of Personnel Management, for example, requires nurses at all levels to have a degree from "an accredited professional nursing educational program."³

¹ U.S. Bureau of Labor Statistics. "Speech-Language Pathologists." Occupational Outlook Handbook, U.S. Department of Labor, <https://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm>.

² U.S. Bureau of Labor Statistics. "Occupational Therapists." Occupational Outlook Handbook, U.S. Department of Labor, <https://www.bls.gov/ooh/healthcare/occupational-therapists.htm>.

³ US Office of Personnel Management. "Nurse Series 0610." *General Schedule Qualification Standards*, <https://www.opm.gov/policy-data-oversight/classification-qualifications/general-schedule-qualification-standards/0600/nurse-series-0610/>.

The average annual cost of attendance across post-baccalaureate programs necessary to enter many health care professions exceeds the \$20,500 graduate loan cap due to rigorous academic and training requirements. According to the National Center for Education Statistics, the average cost of attendance for nurses and social workers pursuing graduate degrees is more than \$30,000 per year. For physical therapists, the American Physical Therapy Association reports the average total cost of attendance is between \$108,212 and \$126,034, before living expenses, fees and other costs.

By severely restricting the types of students who can access the federal student loans necessary to complete health profession degrees, the DOE's proposed policy could reduce the supply of highly trained domestic health care professionals. Reduced enrollment would severely constrain the pipeline of clinicians, limit hospitals' ability to staff care teams, increase patient wait times and reliance on emergency care, and weaken health system readiness in the event of a natural disaster or public health emergency. The effects could be especially pronounced in rural and underserved communities, where APRNs are often vital for maintaining access to high-need critical services, like anesthesia and critical care. For example, in 70% of rural hospitals, anesthesia is administered by certified registered nurse anesthetists.

The Department Has Flexibility Under Statute to Adopt a Broader Professional Degree Definition

Historically, the department's loan programs have recognized degree programs in fields like nursing, physician assistants and physical therapy as "professional," given the time, skill and expense required to complete them. Indeed, a core component of the proposed definition of professional degree focused on rigorous academic, training and licensure requirements. The AHA believes a full range of health professions aligns with the proposed definition of a professional degree and that the department has the flexibility to adopt a broader definition.

Congress defined a "professional student" as "a student enrolled in a program of study that awards a professional degree, as defined under section 886.2 of title 34, Code of Federal Regulations (as in effect on the date of enactment of this paragraph) . . ." The existing definition Congress pointed to defines a professional degree as one that ". . . signifies both completion of the academic requirements for beginning practice in a given profession and a level of professional skill beyond that normally required for a bachelor's degree." The definition includes a list of examples, such as physicians and pharmacists, but explicitly states that the list of professional degree programs is "not limited to" the examples provided, making it clear that other fields may be considered "professional."

Indeed, the definition's description of the education and skill required beyond a bachelor's degree aligns with the education and skill required for nurses, social workers, physical therapists, occupational therapists, physician assistants and others to practice

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in the hospital setting. By pointing to this definition and its non-exhaustive list of professional degrees, the department may account for other essential professionals, like critical health care providers.

Conclusion

To ensure the health care system can continue to deliver complex, comprehensive and high-quality care, it is essential to strengthen, not constrict, the pipeline of highly educated and skilled health care professionals. A definition of professional degree programs that include essential health professions that meet the requirements of the definition referenced in statute would ensure qualified students are not deterred from critical health care fields due to lack of access to federal student loans needed to complete advanced education and training.

For these reasons, the AHA urges the DOE to adopt a more inclusive definition of professional degree programs — one that reflects congressional intent, aligns with longstanding regulatory practice and supports the nation's health care workforce and patient access to care. We appreciate the DOE's careful consideration of these comments and thank the department for the opportunity to comment.

Please contact me with any questions, or have a member of your team contact Adrienne Thomas, AHA senior associate director, standards and care delivery, at athomas@aha.org.

Sincerely,

/s/
Stacey Hughes
Executive Vice President
Government Relations and Public Policy