



March 2, 2026

The Honorable Nicholas Kent  
Under Secretary of Education  
U.S. Department of Education  
400 Maryland Avenue SW  
Washington, DC 20202-1100

**RE: Docket ID ED-2025-OPE-0944; RIN 1840-AD98 – Reimagining and Improving Student Education**

Dear Under Secretary Kent,

The American Academy of Nursing (Academy) appreciates the opportunity to offer the following comments in response to the January 30, 2026 proposed rule regarding the Department of Education (Department)'s updates to federal student loan provisions.<sup>1</sup> With more than 3,200 Fellows, the Academy—an honorific society and policy organization—represents nursing's most accomplished leaders in policy, research, administration, practice, and academia. Collectively with our Fellows and partners, the Academy aims to create solutions that matter, inspire innovative change that propels transformation, and envision a healthier future for all people. The Academy's comments address the Department's proposed amendments to the definitions of *graduate student* and *professional student* at 34 CFR § 685.102, as well as the proposed amendments to § 685.203 to include new Direct Loan annual and aggregate limits and create a new lifetime maximum aggregate limit.

Nursing is a scientific discipline that is foundational to improved and optimal patient outcomes. Since the professionalization of nursing and the establishment of formal educational programs in the mid-19<sup>th</sup> century, nursing practice has been grounded in research and evidence. Early advances emphasized the importance of clean and sterile environments that reduce disease, infection, and mortality. Over time, the profession has continued to advance science-driven care, including the integration of Advanced Practice Registered Nurses (APRNs) to reduce readmission rates in the aging population while also saving vital Medicare dollars. Registered nurses (RNs or nurses) use scientific evidence to establish, implement, and sustain optimal standards of care across settings and populations. Nurses with doctoral education are a part of the preeminent health care scientific community in the United States, funded by multiple federal agencies including the National Institutes of Health that houses the National Institute of Nursing Research.

Nurses are vital within the health care system. As the largest licensed health care profession in the United States, nurses spend more time with patients than other health care providers and are central to the delivery, coordination, and evaluation of care.<sup>2</sup> It cannot be underscored enough that nurses with advanced, post-baccalaureate education drive the discipline's evidence-based practice and address physician shortages, particularly in rural communities and communities that are medically underserved. Chiefly, nurses with graduate education help to solve real-world health challenges by creating person-

centered models of care and leading scientific investigations in disease prevention and health promotion—all to improve the health and well-being of patients, families, and communities.

APRNs, which are nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs), and certified nurse midwives (CNMs), are the only category of nurses who can provide care at a level similar to that of physicians. Unlike RNs, who deliver essential hands-on care and implement treatment plans under the direction of a physician or APRN, APRNs have the training and legal authority to independently diagnose illnesses, prescribe medications, order and interpret tests, and manage complex health conditions. Depending on their specialty and state regulations, APRNs often serve as primary health care providers, offering both general and specialized medical services without physician oversight. This advanced capability makes APRNs uniquely qualified in the nursing profession to practice with physician-like autonomy, bridging gaps in health care access and providing comprehensive care across various settings.

In today's era of escalating health care costs and persistent physician shortages, APRNs are urgently needed to ensure access to high quality, timely, equitable medical care—especially for economically vulnerable populations and those living in rural communities. The influx of APRNs has more than doubled the number of clinicians available in primary care, filling in gaps in vital health care services needed by our population.<sup>3</sup>

Limiting federal loans available to students pursuing post-baccalaureate, graduate nursing education at the master's or doctoral level would not only negatively impact the evidence-based care Americans receive, but leave Americans with less access to health care and less choice in their provider options. Just as critically, it would slow the flow of new knowledge generated by graduate-prepared nurses on research, innovation, and clinical leadership that translate into better outcomes, safer care, and lives saved. Looking far beyond a tenuous economic situation for both potential graduate nursing students and schools of nursing, failing to recognize nursing as a professional degree would establish a harmful precedent that would have far-reaching consequences. It would hinder the growth of the nursing profession, constrain the scientific workforce, and ultimately undermine the future of accessible, high-quality health care delivery in the United States.

**The Academy requests that the Department explicitly include post-baccalaureate nursing programs, as outlined under the “Health Professions and Related Clinical Sciences” series of Classification of Instructional Programs (CIP) codes (series 51.38), in the proposed regulatory definition of professional degree programs, and all the degrees at the master’s and doctoral level they represent, specifically: “A professional degree only includes degrees in the following fields: 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.), Clinical Psychology (Psy.D. or Ph.D.), and Nursing (M.S.N., D.N.P., Ph.D).”**

#### **I. William D. Ford Federal Direct Student Loan (Direct Loan) Program, Definitions (§ 685.102)**

A revised definition of "professional" degrees would impact all nursing students seeking graduate education across every specialty, including all APRNs. APRNs must hold at the minimum a master's

degree (Master of Science in Nursing, or MSN), however the Doctor of Nursing Practice degree (DNP), a practice doctorate on par with the MD and JD, continues to see growth in enrollments year over year for APRNs which underscores the profession's evolving expectations for advanced practice. For example, due to accrediting standards set by the Council on Accreditation of Nurse Anesthesia Educational Programs, all nurse anesthetist students who started a program in 2022 and moving forward will be required to hold the DNP.<sup>4</sup> Without access to full loan opportunities, both MSN and DNP graduate nursing students may see disruptions to their education or not complete their degree altogether. A decrease in the number of nurses with advanced degrees will impact patient care and the ability of the health care system to address workforce shortages in all areas and sectors, from primary to hospital-based care.

While the Academy appreciates the Reimagining & Improving Student Education (RISE) Committee's responsibility as outlined in the One Big Beautiful Bill Act (OBBBA) [Public Law 119-21], the arbitrary decision to narrowly interpret which degrees qualify as "professional" does not appear to consider the actual costs incurred by an institution to offer that professional degree, which subsequently increases the cost of the education and in turn tuition. Graduate nursing education requires substantial infrastructure and investment, including clinical simulation labs, contracts with institutions where students complete structured hands-on clinical learning under the supervision of a preceptor, highly qualified academic and clinical faculty, and research labs, among others.

Moreover, the decision by the RISE Committee runs counter to congressional intent and the original regulatory language. The OBBBA, as passed, referenced the existing definition of professional degree at 34 CFR § 668.2(b).<sup>5</sup> This definition notes that a professional degree is "a degree 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. Professional licensure is also generally required." Critically, the definition also outlines examples of professional degrees yet explicitly states that it is "not limited to" those examples. The Department has the opportunity, in alignment with the stated language that illustrates congressional intent, to broadly define the list of professions that fall within this definition as opposed to construing the list of examples narrowly.

The Academy believes that post-baccalaureate nursing degrees meet the criteria advanced in the current definition of "professional" degree. A master's or doctoral degree is required to practice as an APRN, and APRNs in all states are required to hold a valid license. State boards of nursing regulate licensure requirements. In addition, all APRNs are required to pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN).<sup>6</sup> Therefore, graduate nursing education meets the requirements for a "professional" degree—APRN is a profession with a scope of practice and skills significantly above the standard registered nurse license, and the APRN profession requires post-baccalaureate education and licensure to practice.

While the Department proposes that "nurse practitioners cannot be said to be part of a distinct profession"<sup>1</sup> because some states require physician supervision and limit the type of work they can perform, this is a state by state scope of practice issue and is not germane to the nationally recognized licensing, educational, and certifying requirements for APRNs, making this a distinct professional degree.

As stated by the National Academy of Medicine,

“Nurses are often the primary presence at the front lines of care, and many serve in executive leadership positions within health care organizations. They are not auxiliary or secondary players; **they are core contributors**. [emphasis added]

Reports from the National Academy of Medicine (NAM; formerly Institute of Medicine) have repeatedly underscored the vital role of the nursing profession. Nurses undertake rigorous training and education comparable to that of any other profession.”<sup>7</sup>

#### **a. Health Care Impact**

The 2024 National Nursing Workforce Study conducted by the National Council of State Boards of Nursing indicates that more than 138,000 nurses left the workforce since 2022.<sup>8</sup> Additionally, approximately 40% of RNs reported they plan to retire or leave nursing within the next 5 years.<sup>8</sup> The shortage of RNs is a significant challenge facing the profession and health care systems. This challenge is exacerbated by a shortage of nursing faculty, who require a master’s or doctoral degree. According to the American Association of Colleges of Nursing, U.S. nursing schools turned away 65,766 qualified applications from baccalaureate and graduate nursing programs in 2023 in part due to an insufficient number of faculty.<sup>9</sup> It has been difficult to expand the number of nursing faculty or clinical educators given these constraints, further perpetuating this concerning cycle.

Moving beyond the role of graduate-level nurses in the educational or research role, APRNs are vital to increasing access to care, particularly in rural areas. Between 2008 and 2016, the presence of NPs increased by 12% in rural areas compared to 8.2% in other areas.<sup>10</sup> Moreover, CRNAs comprise more than 80% of anesthesia providers in rural counties,<sup>11</sup> ensuring the viability of surgical and obstetric care in those regions. A recent study using data from the 2022 National Survey of Registered Nurses reported that 19.1% of all APRNs worked in rural areas,<sup>12</sup> underscoring their vital role in maintaining access to essential health services. Furthermore, across health care settings, APRNs contribute to reduced health care costs, improved quality of care, and enhanced patient well-being.<sup>13</sup>

## **II. Direct Loan Program, Loan Limits (§ 685.203)**

It is important to note that graduate students seek federal student loans not only to cover the cost of tuition, but also to cover related program costs and sustain themselves during their education. Many graduate nursing students pursue full-time study and therefore need loans to cover necessities including their educational materials (not only for coursework but also for clinical hours and other licensure requirements) as well as housing, food, transport, health insurance, and more. A recent analysis of data from the Michigan Nurses’ Study (which includes nurses with a valid unrestricted Michigan RN license) showed that among 9,570 respondents, approximately 28% of the RNs and 33% of the APRNs hold active student loans.<sup>14</sup> Among APRNs with loans, 28.9% reported nursing student loan balances that exceeded \$100,000, which is the aggregate cap for “graduate” degrees set forth in the proposed rule.<sup>14</sup> Additionally, the average certified registered nurse anesthetist (CRNA) can graduate with more than \$200,000 in student loan debt,<sup>15</sup> which far exceeds the proposed loan cap.

The Department proposes that “...new loan limits will encourage institutions to evaluate the true cost of their programs and create efficiencies where necessary to allow students to enroll and fund their education within the boundaries of the new, responsible, loan limits...”<sup>1</sup> It is critical for the Department to consider that nursing programs are already deeply attuned to program costs and are bound by strict requirements to ensure safety and optimal learning outcomes, such as set student-to-faculty ratios. These student-to-faculty ratios in clinical settings are commonly regulated by state boards of nursing. Nurse educators have expressed significant concern that given the rigorous requirements nursing programs must follow, schools of nursing may not have the ability to lower tuition costs.<sup>16,17</sup> Objectively, with less resources to cover the cost of advanced education through federal loans, students lose their financial flexibility and ultimately would be less willing to pursue graduate nursing education. This in turn impacts the overall supply of nurses with master’s and doctoral education. This dynamic creates an inelastic market if loan levels for graduate nursing students drop. Schools will have no choice but to increase tuition, rather than lower it.

The Department has stated from the outset that a key objective of the loan limits and associated definitions is to place downward pressure on tuition, discourage institutions from raising tuition prices, and rein in borrowing for degrees that may not offer a return on investment.<sup>1,18</sup> First, nursing graduate degrees offer a strong return on investment. The U.S. Bureau of Labor Statistics notes that APRNs are in high demand in the U.S. and overall employment of nurse anesthetists, nurse midwives, and nurse practitioners is projected to grow 35% from 2024 to 2034, much faster than the average growth rate for all occupations (3%).<sup>19</sup> Most master’s programs in nursing have a return on investment above \$500,000.<sup>20</sup> Nurse practitioners carry one of the lowest debt burdens compared to other health care professionals and have one of the most favorable debt-to-income ratios,<sup>21</sup> indicating that they are able to repay their loans.


While addressing rising tuition costs and related borrowing across all professions is a critical goal, the Academy underscores that the policy changes set forth in the proposed rule are ultimately aimed at and will impact *students*. This is at odds with the stated goal of influencing the choices and practices of *institutions*. The changes outlined in the proposed rule currently would disincentivize nursing students from pursuing their chosen field of study entirely or push them into the private loan market for an advanced degree if eligible, where they would face significantly higher interest rates.

Both outcomes—nursing students either forgoing an advanced degree or pushing these students into a far more challenging financial position in the private loan market—are suboptimal. Any decrease in federal student loan borrowing achieved in this way would simply reflect a lack of investment in the nursing students across the United States who are critical to the sustained health, well-being, and competitiveness of the nation. For nursing, this will mean that prospective students who otherwise would have entered the APRN workforce will no longer be able or choose to do so, ultimately harming health care delivery and patients as they face potential outcomes such as longer wait times, illnesses going untreated, or care postponed. Nurse educators and researchers, who are similarly critical for the profession, will also be deeply impacted. It is vitally important to include post-baccalaureate nursing degrees in the definition of “professional” degrees. Support through appropriate federal loan policies is

essential to protecting the health of the public and sustaining the strength, accessibility, and quality of the United States health care system.

The Academy thanks the Department for the opportunity to provide comments. We stand ready to work with you to provide expertise and shape policy solutions that champion health and well-being, ensuring healthy lives for all people. To do so, this requires nursing to be listed among the professional degrees to access higher loan limits. If we can be of any assistance to you or your staff, please do not hesitate to contact the Academy's Chief Policy Officer, Christine Murphy, at [cmurphy@aannet.org](mailto:cmurphy@aannet.org) or 202-777-1170.

Sincerely,



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- <sup>5</sup> 34 C.F.R. § 668.2, *General Definitions*. <https://www.ecfr.gov/current/title34/subtitle-B/chapter-VI/part-668/subpart-A/section-668.2>
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