

March 2, 2026

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

Re: Trauma Providers' Comments on the *Reimagining and Improving Student Education* Proposed Rule (Docket ID: ED-2025-OPE-0944)

Dear Under Secretary Kent,

We, the undersigned trauma care provider organizations, write to provide comments on the Department of Education's proposed rule entitled *Reimagining and Improving Student Education*.¹ Specifically, we are concerned about the Department's proposal to not classify graduate nursing degrees as "professional degrees," thereby subjecting them to lower student loan borrowing limits. Trauma nurses are the backbone of trauma systems and serve as an important asset in our nation's emergency readiness and preparedness posture. Because the Department's proposal may disincentivize, limit, and/or restrict students from entering this profession, we urge the agency to modify its proposal and classify graduate nursing degrees as "professional degrees."

The undersigned organizations represent a broad and integrated network of stakeholders including physicians, trauma and emergency nurses, emergency medical services (EMS) professionals, trauma and burn centers, blood centers, and trauma survivors. We not only care for severely injured patients every day but also form the front lines of the nation's public health and disaster response infrastructure. During emergencies and disasters, trauma systems act as hubs for care, and policymakers must ensure that these vital systems have the workforce and resources they need to maintain readiness for these events.

As you know, our nation continues to face a healthcare workforce shortage, which is particularly acute within emergency rooms and trauma centers. A 2024 study found that 98.5 percent of surveyed emergency departments reported they had a nursing shortage, with 83.3 percent describing a prolonged shortage lasting more than 12 months.² These shortages increase the incidence of adverse events and lead to higher rates of individuals leaving the emergency department without being seen.³ Further, while only 6.3 percent of nurses worked in emergency departments, 31 percent left their position in a given year.⁴ Many of the emergency department nurses who left their position cited staffing issues, burnout, stressful work environments, and pay as a reason for leaving.⁵ Additionally, staffing shortages within trauma systems are not limited to nurses, as there continues to be a shortage of acute care surgeons and anesthesia providers who can care for those with traumatic injuries.⁶

Despite this growing workforce shortage, advanced practice nurses have been critical in closing the care gap for trauma services. We note that effective trauma care is delivered by interdisciplinary teams, and trauma centers depend heavily on advanced practice nurses, including nurse practitioners and certified

¹ 91 Fed. Reg. 4254 (Jan. 30, 2026).

² Nicole Hodgson, et al., *Emergency department responses to nursing shortages*, 17 International J. of Emergency Med. 51 (Apr. 5, 2024), <https://link.springer.com/article/10.1186/s12245-024-00628-y>.

³ *Id.*

⁴ Allison Norful, et al., *Emergency Nursing Workforce, Burnout, and Job Turnover in the United States: A National Sample Survey Analysis*, 49 J. of Emergency Nursing 574 (2023), [https://www.jenonline.org/article/S0099-1767\(22\)00366-X/abstract](https://www.jenonline.org/article/S0099-1767(22)00366-X/abstract).

⁵ *Id.*

⁶ Patrick Murphy, et al., *Understaffed and overworked: The stark reality of acute care surgeon staffing in the United States, an Eastern Association for the Surgery of Trauma multicenter study*, 99 J. of Trauma and Acute Care Surgery 560 (Oct. 2025), https://journals.lww.com/jtrauma/abstract/2025/10000/understaffed_and_overworked_the_stark_reality_of.9.aspx; John Menezes and Charles Zahalka, *Anesthesiologist shortage in the United States: A call for action*, 2 Journal of Medicine, Surgery, and Public Health 100048 (Apr. 2024), <https://www.sciencedirect.com/science/article/pii/S2949916X240001X>.

registered nurse anesthetists (CRNAs). These providers – who must undertake post-baccalaureate study, with some degrees requiring doctorate level study – are integral to care delivery, continuity of care, and adherence to evidence-based protocols. Their presence directly affects performance metrics such as time to intervention, complication rates, intensive care unit (ICU) lengths of stay, and discharge efficiency.⁷ In high-acuity environments like trauma and burn care, advanced practice nurses provide essential procedural support, stabilize critically injured patients, coordinate multidisciplinary teams, and ensure compliance with regulatory standards. Their contribution is not supplemental; it is foundational to operational reliability and patient outcomes within trauma centers and systems.

However, degrees required to practice as an advanced practice nurse, and notably as a CRNA (which requires a doctoral degree), can cost more than the \$100,000 student loan cap for graduate degree programs, thus raising serious concerns that the Department’s proposals will impede access and the long-term sustainability of the advanced practice nursing profession. We also note that this proposed rule will restrict the pipeline of nursing educators. These individuals must typically obtain a doctorate degree to receive a nursing educator degree, such as a doctor of nursing practice. However, with a lower student loan cap, students will be further disincentivized to pursue nursing educator degrees, further constraining the nursing education pipeline.

In sum, by classifying advanced practice nursing degrees as graduate degrees, the Department may very well exacerbate the existing nursing and trauma care workforce shortage. Ultimately, this will lead to reduced access to trauma care, possibly contribute to preventable deaths, and weaken readiness for the next emergency or disaster. Accordingly, we urge the Department to not finalize its proposal and instead classify graduate nursing degrees as professional degrees at 35 CFR 685.102(b).

Thank you for the opportunity to provide comments on this proposed rule. We welcome the opportunity for further discussion.

Sincerely,

American Trauma Society

Emergency Nurses Association

National Association of Emergency Medical Technicians

Society of Trauma Nurses

Trauma Center Association of America

⁷ Anna Holliday, et al., *An Outcome Analysis of Nurse Practitioners in Acute Care Trauma Services*, 24 J. of Trauma Nursing 365 (Nov./Dec. 2017), https://journals.lww.com/journaloftraumanursing/abstract/2017/11000/an_outcome_analysis_of_nurse_practitioners_in.8.aspx.