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February 26, 2026

The Honorable Linda McMahon  
Secretary of Education  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202

Submitted electronically to [www.regulations.gov](http://www.regulations.gov)

**RE: Reimagining and Improving Student Education [ED-2025-OPE-0944]**

Dear Secretary McMahon,

The American Nurses Association (ANA) strongly urges the Department of Education (ED) to classify post-baccalaureate nursing programs as “professional” degrees as it engages in rulemaking to implement provisions related to federal graduate student loan borrowing in the One Big Beautiful Bill Act (OBBBA or H.R. 1). Excluding post-baccalaureate nursing degrees, as proposed, fails to recognize the critical and distinct role of advanced practice registered nurses (APRNs) and the importance of the nursing profession for our nation’s physical and economic health. Completion of post-baccalaureate nursing degrees—Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP), Doctor of Nurse Anesthesia Practice (DNAP), and Doctor in Philosophy in Nursing (PhD)—is the required first step for nurses to step into advanced practice nursing professions as well as the academic roles necessary to prepare future generations of nurses. ANA is concerned that continued exclusion from the proposed professional student definition will limit the ability of the next generation of advanced practice nursing students to enter these roles without adequate federal loan support.

ANA is the premier organization representing the interests of the nation’s over five million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating for healthcare issues that affect nurses and the public. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). Our nurses serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of healthcare settings.

The definitions of graduate and professional students as set out in OBBBA are crucial because the distinction designates which federal graduate loan borrowing limits a student is constrained by. Beginning July 1, 2026, graduate students will be limited to \$20,500 per year and \$100,000 in the aggregate. Students enrolling in professional degree programs will be limited to \$50,000 per year and \$200,000 in the aggregate. The considerable difference in borrowing limitations will have

significant bearing on post-baccalaureate nursing students' ability to pursue advanced nursing professions and faculty positions. Given their increasingly vital role in the nation's healthcare delivery system, these limitations will impact the pipeline of needed nurse clinicians in communities across the country. **Post-baccalaureate nursing degrees meet the definition set by statute and, as such, ANA strongly urges ED to include post-baccalaureate nursing degrees as professional degrees and appreciates thoughtful consideration of our comments.**

- 1) ED must recognize that advanced practice nursing is a distinct profession and nurses enrolled in associated post-baccalaureate degree programs meet the existing statutory definition of professional students.**

In the proposed rule, ED sets out how it intends to implement provisions related to substantial changes to federal student loans in OBBBA. Specific to graduate (post-baccalaureate) student loans, the law removed the GraduatePLUS program, which permitted borrowing up to the cost of attendance, and added new Federal Direct Unsubsidized Loan limits for graduate and professional degree programs, as described above. Section 81001 of OBBBA utilizes the existing regulatory definition of "professional degree" under section 668.2 of Title 34, Code of Federal Regulations (34 CFR § 668.2) as of enactment of the law (July 1, 2025). In its framework for establishing new loan limits for professional and graduate degree programs.<sup>1</sup> Under 34 CFR § 668.2, a student is considered professional if the degree program meets three criteria: the degree program allows the recipient to begin practicing in the profession; the profession a graduate enters requires professional skills above what a student with a bachelor's degree would not normally have; and the profession generally requires professional licensure. Further, the regulatory definition offers an illustrative list of degree programs as examples but explicitly says that professional degrees are not limited to those examples. The degrees currently listed are 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.), and Theology (M.Div., or M.H.L.).<sup>2</sup>

The Department of Education subsequently established a negotiated rulemaking committee—the Reimagining and Improving Student Education (RISE) Committee—to negotiate proposed regulations implementing OBBBA's student loan changes. The RISE Committee reached consensus on a definition for professional degree programs, which ED includes in this proposed rule as follows: "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: 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

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<sup>1</sup> Pub. L. No. 119-21, 139 Stat. 72 (July 4, 2025)

<sup>2</sup> 34 C.F.R. § 668.2 (2023)

(M.Div., or M.H.L.), and Clinical Psychology (Psy.D. or Ph.D.).”<sup>3</sup> The only degree/profession included in this revised definition is Clinical Psychology (Psy.D. or Ph.D.), and post-baccalaureate nursing degrees are excluded. ED proposes through this rulemaking the recommendation of an expanded definition of professional degree as determined by the RISE committee and excludes, post-baccalaureate nursing programs from the definition of professional student. **ANA strongly opposes the proposed exclusion of post-baccalaureate nursing degrees.**

Post-baccalaureate nursing degrees allow students entry into advanced nursing professions and ensure the availability of nursing faculty needed to train the next generation of clinicians. For the reasons we expand on below, ED must include post-baccalaureate nursing programs as meeting the professional degree definition and eligible for the higher borrowing limits. **ED must explicitly recognize post-baccalaureate nursing programs, MSN, MN, DNP, DNAP, Ph.D., as professional degrees as the agency engages in rulemaking to implement the OBBBA provisions related to federal loan limits.**

- a) *ED must not engage in rulemaking that exceeds congressional intent by proposing to implement limitations to the definition of professional degrees.*

Despite OBBBA’s clear definition of graduate students and professional students, ED undertook rulemaking to establish a new definition of professional degrees that goes beyond its statutory directive. ED acknowledges that “Congress did not fully address what types of programs should be considered professional programs or graduate programs”, leaving “these important details unanswered by the plain text of the OBBB[A]”. However, ED also acknowledges that “the statute’s operative definition of professional degree broadly describes what a professional student is and includes an illustrative list of degrees that meet that operative definition.”<sup>4</sup> ANA is concerned that ED’s proposal not only implements arbitrary restrictions not permitted by the plain language of OBBBA, which it recognizes, but the proposal achieves a result inconsistent with congressional intent. **Congress unequivocally defined the terms graduate and professional student and instructed ED to use the existing regulatory definition under 34 CFR § 668.2 to determine which professional degrees allow students to be eligible for higher federal graduate loan limits. As such, because the statute directs ED to apply the existing regulatory definition, ED lacks authority to impose additional limiting criteria not specified by Congress.**

Congress included provisions in OBBBA related to federal graduate loans to *generally* reign in federal outlays for student loans and to *generally* constrain individual student loan burden and curb rising tuition costs—not limit which degrees should or should not be considered professional. In drafting the provisions related to federal graduate student loans, Congress clearly determined criteria for what qualifies as a graduate and professional student—without seeking to further restrict the definition of professional degrees. Congress would not have directed ED to existing regulations, which allows for recognition of other degrees to meet the professional degree criteria if further restrictions were its intent. If that were the intent, ANA believes that Congress would have directed the Secretary to determine a new definition for professional degree. **Moreover, if Congress intended to only have eleven professions eligible for the higher loan borrowing limits, as ED proposes in the rule, lawmakers could have simply included that list in the legislation.**

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<sup>3</sup> 91 Fed. Reg. 4,265 (January 30, 2026)

<sup>4</sup> Ibid

Yet the definitions proposed in the above-captioned rule seek to do what Congress did not, only serving to severely limit which students can access higher federal borrowing amounts, such as for students that pursue advanced nursing degrees. ANA believes ED's approach in further restricting the definitions of graduate and professional students represents an unwarranted expansion of agency interpretation and authority and urges ED to adhere to the definitions currently established in statute and regulation. **Accordingly, ANA urges ED not to expand the definitions of graduate and professional students and degrees set forth in OBBBA and not finalize the proposed definitions. Rather, ED must determine if degree programs, such as post-baccalaureate nursing degrees, meet the definition of professional degree as set forth by Congress.**

*b) Post-baccalaureate nursing degree programs meet the existing statutory professional student definition.*

As defined by OBBBA, post-baccalaureate nursing programs meet the current statutory definition of professional student and, thus, must be eligible for the higher borrowing limits. Post-baccalaureate degree programs prepare students to enter advanced practice, which is a separate and distinct, licensed, profession from associate or baccalaureate-prepared nurses. Entry into the APRN profession is predicated on certain prerequisites: licensure as an RN in good standing, completion of a post-baccalaureate degree program, and licensure in advanced practice. Specific to CRNAs, completion of a doctorate-level degree program is required. Students pursuing PhDs in Nursing are subject to similar criteria to ensure they are prepared to educate and train nurses across all levels of practice.

In the proposed rule, ED explains as part of its rationale to exclude post-baccalaureate nursing programs from the professional degree definition that Master of Science in Nursing (MSN) and Doctor of Nursing Practice (DNP) degrees are not needed to enter the nursing profession and, as a result, do not satisfy a key aspect of the definition. **Existing RN licensure is simply foundational to enter degree programs to pursue advanced clinical professions and practice or academic roles.** APRN clinicians generally perform advanced assessments, diagnose conditions, order and interpret clinical tests, prescribe, and treat and manage chronic and other health conditions. Most APRNs have autonomy in how they practice, with variations due to outdated regulatory barriers across the states. Regardless, APRN practice authority is regulated and has a more expansive scope than other nurse roles. Through completing advanced degrees, APRNs gain the necessary education and clinical training to begin practicing in their chosen specialty after fulfilling licensure requirements. Licensure requirements are overseen by boards of nursing, and **all states require that APRNs complete advanced degrees before they can be licensed to practice.**<sup>5</sup> Last, doctorally prepared nurses fulfill needed roles as faculty, ensuring the next generation of nurse clinicians are educated, trained, and prepared to care for patients. Without the availability of post-baccalaureate trained nurse faculty, the American nursing pipeline will face even greater bottlenecks and challenges.

APRNs are critical to the healthcare delivery system, providing needed primary and specialty care, often in places where access to other clinicians is limited. As we define above, there are four APRN

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<sup>5</sup> APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee. (2008). Consensus model for APRN regulation: Licensure, accreditation, certification & education (Jul. 7, 2008). National Council of State Boards of Nursing. [https://www.ncsbn.org/public-files/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/public-files/Consensus_Model_for_APRN_Regulation_July_2008.pdf)

roles: NPs, CNMs, CNSs, and CRNAs. NPs provide primary, acute, and specialty healthcare across the lifespan through assessment, diagnosis, and treatment of illnesses and injuries. CNMs provide primary, gynecological, and reproductive healthcare, including providing critical labor, and delivery care for many in rural America. CNSs provide diagnosis, treatment, and ongoing management of patients; provide expertise and support to nurses caring for patients; help drive practice changes throughout healthcare organizations; and ensure use of best practices and evidence-based care to achieve the best possible patient outcomes. CRNAs provide a full range of anesthesia and pain management services.<sup>6</sup> The APRN roles differ in educational preparation, clinical training, and licensure requirements. **The post-baccalaureate degree programs prepare nurses to meet the requirements of the distinct APRN professions, and the ED must acknowledge that their advanced education and training underscore this distinction.**

Given these reasons, it is indisputable that post-baccalaureate nursing degrees meet the current statutory definition of professional degree. Completion of a post-baccalaureate degree is required to enter the profession. The education, training, and preparation to enter advanced practice is beyond what a nurse holding a bachelor's degree completes. Completion of the post-baccalaureate degree is required before an advanced practice license is granted. **As such, since post-baccalaureate nursing degrees satisfy current statutory definitions of a professional student, ED must include these degrees as professional and eligible for the higher loan borrowing limits.**

- c) *ED's rationale for excluding nursing diminishes the significant and broadly recognized role and value of advanced practice nursing and does not justify exclusion of post-baccalaureate nursing degrees from the definition of professional degrees.*

In the proposed rule, ED further expands on its rationale proposing to exclude post-baccalaureate nursing programs from the professional degree definition, because NP practice authority varies across states. The Department also states that NPs are restricted in practice by a substantial number of states and require supervision by a physician, and as such they cannot be considered a distinct profession entered into after obtaining an MSN and/or DNP. The rationale states that ED does not believe that current statute allows for degree programs to be considered professional when that profession requires that “the employee must be supervised by another professional who has, as required by their license and degree, more education, training, and qualifications than the person being supervised.”<sup>7</sup> For states with full practice authority, ED notes that NPs are still required to complete “transition to practice hours” where they are supervised by a physician before they are able to exercise their practice authority. ED argues that this is different than residency requirements in medicine, dentistry, and clinical psychology where residents are supervised by members of their own profession. Last, ED also raises prescriptive authority limitations that NPs are subject to as part of the reasoning to exclude these degrees.

ANA addresses this rationale as applied to NPs and the other APRN roles and is extremely disappointed that ED cites outdated regulatory barriers that overlook and denigrate the education, training, and practice of APRNs as justification for exclusion from the professional degree definition. Nurses are educated, trained, and professionally overseen by nurses who hold advanced

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<sup>6</sup> American Nurses Association. *Advanced practice registered nurses (APRN)*. <https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/aprn/>

<sup>7</sup> 91 Fed. Reg. 4,265 (January 30, 2026)

degrees. While many of these requirements have been rightfully removed over time, the remaining regulatory requirements mandating physician involvement in nursing practice do not enhance or supersede APRN practice; rather, they represent outdated barriers that impose unnecessary administrative burdens and impede the efficient delivery of patient care.

State variations in practice authority, supervision, and other regulatory barriers reflect the evolution of policymaking related to advanced nursing practice—they have no nexus to or bearing upon whether they should be treated as a distinct profession for purposes of this rulemaking. In fact, the Department of Health and Human Services (HHS) recognized and highlighted that examinations of **regulatory barriers limiting practice for APRNs vary due to political decisions in states.**<sup>8</sup> **This underscores that they are not reflections on whether APRNs are a distinct profession, or have educational and clinical expertise and experience to practice to the fullest extent of their profession and licensure.**

Currently, based on ANA’s analysis of state laws and regulations, **thirty states and territories allow APRNs full practice authority**, with varying supervision, transition to practice hours, and prescriptive authority. **Over half of the remaining states have either considered or currently have legislation introduced that would further remove regulatory barriers or move towards full practice authority for APRNs.** Other states have already revisited existing regulations pertaining to APRN practice, such as in Virginia, which decreased the amount of transition to practice hours APRNs must meet for full practice authority.<sup>9</sup> Changes and/or removal of regulatory barriers within the states take time due to these decisions being based on political considerations and subject to challenges that are inherent in state-level policymaking, despite general bipartisan support in removing APRN practice barriers. Just last year, an Oklahoma state representative remarked that he had been involved in bringing forth and passing legislation removing supervision requirements for NPs, CNSs, and CNMs for nine years.<sup>10</sup> Nurses in North Carolina have been working for over a decade to remove supervision barriers.<sup>11</sup> These illustrative examples demonstrate the political realities of state policymaking that makes it challenging to remove outdated and burdensome constraints to APRN practice. Our healthcare system is increasingly relying on APRNs with full practice authority, and ongoing state efforts to expand full practice authority underscores this accelerating shift to meet access and workforce demands.

**At the federal level, under President Trump’s leadership, the Centers for Medicare & Medicaid Services (CMS), in carrying out provisions in OBBBA related to the Rural Health Transformation Program (RHTP), provided incentives to states to adopt full practice authority for APRNs to bolster the clinician workforce in rural communities.** The structure of the RHTP recognizes the vital role of APRNs in addressing chronic challenges with delivering healthcare to rural

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<sup>8</sup> U.S. Department of Health and Human Services, U.S. Department of the Treasury, & U.S. Department of Labor. (2018). Reforming America’s healthcare system through choice and competition.

<https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

<sup>9</sup> Virginia Council of Nurse Practitioners. (2026). HB 971 – WE DID IT! <https://www.vcnp.net/hb-971-we-did-it/>

<sup>10</sup> Oklahoma House of Representatives. (2025, May 21). House of Representatives, 60th Legislature, First Regular Session — Day 61 morning session [Video]. Oklahoma Legislature PowerBrowser. <https://sg001-harmony.sliq.net/00283/harmony/en/PowerBrowser/PowerBrowserV2/20260205/-/1/55292?startposition=20250521101729&mediaEndTime=20250521101950&viewMode=2&globalStreamId=3>

<sup>11</sup> FOX8 WGHP. (2026, January 31). North Carolina nurses work to change supervision laws. MyFOX8. <https://myfox8.com/spotlight/buckley-report/north-carolina-nurses-work-to-change-supervision-laws/>

communities across the country.<sup>12</sup> This serves as one recent example of federal policymaking signaling the importance of removing these outdated state-level barriers to APRN practice as well as the distinct nature and significance of the APRN roles.

More importantly, ANA takes issue with ED's use of extraneous considerations ungrounded in statute to determine whether post-baccalaureate nursing degrees meet the definition of professional degree. Every profession in the list of professional degree programs ED is proposing is subject to federal and state regulations that determine how the individual is able to practice within their profession. For the medical professions on the list, there are wide variations in scope of practice and authorities, including limitations to prescriptive authority. ANA is dismayed that outdated constraints on nursing practice are cited as supporting rationale for excluding post-baccalaureate nursing degrees from the professional degree definition, when similar constraints do not appear to affect other medical degree programs. Post-baccalaureate nursing programs prepare APRNs to meet national standards for advanced clinical practice, not the most restrictive regulatory framework of any one state. Licensed APRNs are educated and trained to practice safely and effectively to the full extent of their licensure despite differences in state- or federal-level practice regulations.

As we outline above, post-baccalaureate nursing degrees clearly meet the current statutory definition of professional degree. ED must recognize and include post-baccalaureate nursing programs as professional degrees and thus subject to higher loan caps on the existing specific, outlined criteria—not on considerations that have no bearing on the educational requirements needed to enter advanced nursing professions and satisfy licensure requirements. **As such, ANA urges ED to recognize that post-baccalaureate nursing programs satisfy the definition of professional degree programs to allow post-baccalaureate nursing students to be subject to the higher levels of federal graduate loan borrowing limits.**

d) *ED must not promulgate regulations that do not allow consistent and principled application of provisions.*

In the proposed rule, ED discusses how the list of degrees currently in regulations allows for comparison to other non-listed degrees to inform its proposed definition of professional degree. ED's rationale for the proposed definition is that it allows them an operative framework to determine how to classify other degree programs. **However, ED includes a profession that does not meet the agency's proposed definition of professional student in the list of degrees that the agency seeks to set as the only ones meeting the criteria—theology.** This is notable because as ED acknowledges in the proposed rule that the theology profession does not require professional licensure. ANA recognizes that and points to that, in fact, theology professions also lack state licensure that differentiates clergy with advanced degrees. The theology degrees listed are also not at the doctoral level and many theologians often enter the profession without a post-baccalaureate degree.

While ANA agrees with the importance of theological degree programs, we are confounded as to how theology degrees would meet the proposed definition and advanced nursing degrees do not—

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<sup>12</sup> Centers for Medicare & Medicaid Services. (2025, December 29). Rural Health Transformation (RHT) Program: Overview. U.S. Department of Health & Human Services. <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

particularly given that entry into the APRN profession requires both an advanced degree and state licensure. ED also does not provide any rationale for why theology would warrant continued inclusion as a professional degree under the agency’s proposed definition, other than noting that there is some *per se* exception to each criterion and its inclusion in the illustrative list of degree programs.

ANA is concerned that ED’s proposal reflects an inconsistent application of its own proposed criteria, resulting in unequal and unsupported treatment of similarly situated degree programs. **The existing statutory language allows for a consistent and principled application of criteria and ED must utilize that approach to recognize post-baccalaureate nursing degrees as professional.**

**2) ED must recognize the critical need for adequate federal loan support for students pursuing post-baccalaureate nursing degrees.**

If ED finalizes the proposed rule excluding post-baccalaureate nursing programs from the definition of professional degree, many students pursuing these degrees will face severe limitations in federal loan support, which to date has enabled sufficient access to advanced nursing education. Advanced practice and doctoral nursing students experience disproportionate financial strain due to the combined burden of total cost of attendance, mandatory clinical training, and reduced capacity for paid employment during their programs. Federal student loans provide the needed support to cover tuition and frequently are the only way for students to cover essential living expenses, such as housing, utilities, food and even childcare, especially during clinically intensive academic periods, when students are required to reduce or eliminate work hours.<sup>13,14,15</sup>

Additionally, most post-baccalaureate nursing programs are structured on a trimester-based academic calendar rather than a traditional semester model, requiring enrollment across three academic terms per year. This structure limits opportunities for supplemental income and exacerbates financial pressure that would result from implementing insufficient federal loan caps to afford the full cost of obtaining advancing nursing education. In addition to didactic coursework, post-baccalaureate nursing students are required to complete extensive clinical practicum hours as a condition of degree completion. **Although trimester programs shorten time to completion, they increase annual tuition, making the \$20,500 annual borrowing limit particularly challenging for nursing students if post-baccalaureate nursing degrees are not considered professional—ultimately extending both the duration and cost of education for nurses in these programs.** Master’s-level APRN programs require a minimum of five hundred clinical hours, while DNP programs typically mandate up to 1,000 clinical practice hours. Unlike medical residents, whose clinical training is supported through Graduate Medical Education (GME) funding, nursing students receive no compensation for these required clinical hours. As a result, post-baccalaureate nursing students must simultaneously carry a full academic course load while

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<sup>13</sup> Hawai’i State Center for Nursing. (2021). *Financial barriers to academic progression in nursing*.

<https://www.hawaii-center-for-nursing.org/wp-content/uploads/2021/09/APIN-Financial-Barriers-Full-Booklet.pdf>

<sup>14</sup> Loftin, C., Phillips, A., & Branson, M. (2021). Challenges in pursuing nursing education at the graduate level: Motivators, barriers, and persistence. *Global Journal of Nursing*. <https://escipub.com/Articles/GJON/GJN-2021-02-1605.pdf>

<sup>15</sup> National Association of Clinical Nurse Specialists. (2024). *Position statement on clinical practicum hours for CNS education*. <https://nacns.org/wp-content/uploads/2024/08/Position-Statement-on-Clinical-Hours-Aug2024.pdf>

fulfilling substantial unpaid clinical obligations—both of which are essential to professional competence and are associated with high certification and licensure examination pass rates.<sup>16,17,18</sup>

The time commitment required for post-baccalaureate nursing education further compounds these challenges. Full-time MSN programs typically take two to three years to complete, while full-time DNP and PhD programs often require three to five years. Part-time enrollment significantly extends time to degree completion, frequently making post-baccalaureate education financially or logistically untenable for working nurses and those with family responsibilities.<sup>19</sup>

In 2010, the National Academies of Medicine (formerly the Institute of Medicine) released *The Future of Nursing: Leading Change, Advancing Health*, one of the most influential nursing workforce reports to date. The report called on federal agencies and national leaders to increase investment in nursing education to ensure a workforce capable of meeting the healthcare needs of the U.S. population across the lifespan.<sup>20</sup> Subsequent evidence released by the American Association of Colleges of Nursing (AACN) has consistently demonstrated that higher levels of nursing education are associated with lower patient mortality, fewer adverse events, and improved patient outcomes.<sup>21, 22</sup>

Despite national initiatives promoting academic progression, research consistently identifies financial barriers as the leading reason nurses discontinue post-baccalaureate education. These barriers include tuition costs, reduced income during training, and insufficient financial aid to cover living expenses. Because post-baccalaureate nursing students must maintain full course loads while completing extensive unpaid clinical hours, they must account for housing, transportation, healthcare, utilities, food, transportation, and in many cases family caregiving expenses—costs not covered by tuition. Students frequently borrow higher loan amounts not solely for educational expenses, but to sustain basic living needs during enrollment. Subjecting post-baccalaureate nursing students to inadequate federal student loan limits only serves to exacerbate these financial barriers.

Constraining post-baccalaureate nursing students to inadequate borrowing limits will also have a significant downstream impact on educating the next generation of entry-level nurses at the associate and bachelor's levels. Nursing schools already face strict enrollment limits due to state licensing requirements and persistent shortages of qualified nurse faculty. Because nursing faculty

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<sup>16</sup> National League for Nursing. (2024, April 24). *Increase in clinical education hours for nurse practitioner programs harms efforts to address the nursing shortage*. <https://www.nln.org/detail-pages/news/2024/04/24/increase-in-clinical-education-hours-for-nurse-practitioner-programs-harms-efforts-to-address-the-nursing-shortage>

<sup>17</sup> Western University of Health Sciences. (n.d.). *Doctor of Nursing Practice clinical experience*. <https://www.westernu.edu/nursing/programs/doctor-of-nursing-practice/clinical-experience/>

<sup>18</sup> National Association of Clinical Nurse Specialists. (2024). *Position statement on clinical practicum hours for CNS education*. <https://nacns.org/wp-content/uploads/2024/08/Position-Statement-on-Clinical-Hours-Aug2024.pdf>

<sup>19</sup> Loftin, C., Phillips, A., & Branson, M. (2021). Challenges in pursuing nursing education at the graduate level: Motivators, barriers, and persistence. *Global Journal of Nursing*. <https://escipub.com/Articles/GJON/GJN-2021-02-1605.pdf>

<sup>20</sup> National Academies of Sciences, Engineering, and Medicine. (2011). *The future of nursing: Leading change, advancing health* (Report brief). <https://nap.nationalacademies.org/resource/12956/Future-of-Nursing-2010-Report-Brief.pdf>

<sup>21</sup> American Association of Colleges of Nursing. (n.d.). *The benefits of the baccalaureate degree in nursing*. <https://www.aacnnursing.org/Portals/0/PDFs/Publications/Benefits-of-the-BSN.pdf>

<sup>22</sup> American Association of Colleges of Nursing. (n.d.). *Academic progression in nursing: Moving together toward a highly educated nursing workforce*. <https://www.aacnnursing.org/news-data/position-statements-white-papers/academic-progression-in-nursing>

are generally required to hold at minimum a master's degree to teach, restricting financial access for post-baccalaureate nursing students directly constrains the future supply of educators. It is essential that nurses are trained by faculty with appropriate advanced degrees to ensure rigorous, comprehensive preparation and high standards of care.

To illustrate the existing strain resulting from faculty vacancies, more than 80,000 qualified applicants were turned away from nursing programs nationwide due to limited capacity in 2024—approximately 65,000 from entry-level BSN programs, 7,600 from master's programs, 5,400 from DNP programs, 1,500 from RN-to-BSN programs, and 300 from PhD programs. The primary bottleneck is not demand, but a severe shortage of nurse faculty.<sup>23</sup> This means, schools of nursing cannot simply adjust admissions to meet supply and demand, as they cannot admit more students than what is allowed by the state credentialing body. Once again, subjecting PhD nursing students to inadequate federal student loan caps will only exacerbate this existing challenge.

This constraint is worsening as the nursing faculty workforce ages and approaches retirement, placing the pipeline for PhD prepared nurses at particular risk. Over the past decade, PhD nursing programs have experienced a steady decline, limiting the nation's ability to train future educators, researchers, and academic leaders. If ED finalizes the proposed rule as written, **it will significantly worsen existing faculty shortages**, restrict student enrollment, undermine workforce expansion efforts, and threaten the long-term sustainability of nursing education and nursing science.<sup>24,25,26</sup>

Federal graduate loan support is essential for post-baccalaureate nursing students to cover tuition, living expenses, and extensive unpaid clinical requirements. Limiting access to these loans would create significant financial barriers, threaten timely degree completion, and hinder advanced nursing education. **For these reasons, ED must recognize post-baccalaureate nursing programs as professional degrees, making them eligible for adequate federal graduate loan amounts.**

### **3) ED must account for the impact of its rulemaking on the healthcare workforce and the critical demand for nurses who hold post-baccalaureate degrees.**

ED concedes in the proposed rule that it did not consider workforce needs or demand during the negotiated rulemaking process, which results in proposed rulemaking that is misaligned with present and future workforce realities. Restricting post-baccalaureate nursing students' access to federal student loans threatens the pipeline of clinicians essential to the nation's healthcare delivery system. If finalized as proposed, the provisions of the above-captioned rule will have immediate and significant impact on the pipeline of APRNs and nurse faculty. AACN recently surveyed nursing school deans and found that 78% report the \$20,500 annual loan cap would

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<sup>23</sup> American Association of Colleges of Nursing. (2023, August 3). *Schools of nursing enrollment increases across most program levels, signaling strong interest in nursing careers*. <https://www.aacnnursing.org/news-data/all-news/schools-of-nursing-enrollment-increases-across-most-program-levels-signaling-strong-interest-in-nursing-careers#:~:text=In%20addition%20to%20enrollment%20and,265%20from%20PhD%20nursing%20programs>

<sup>24</sup> American Association of Colleges of Nursing. (2024). *Nursing faculty shortage fact sheet*. <https://www.aacnnursing.org/news-data/fact-sheets/nursing-faculty-shortage>

<sup>25</sup> American Association of Colleges of Nursing. (2024). *Salaries of instructional and administrative nursing faculty*. (Referenced in AACN faculty shortage fact sheet)

<sup>26</sup> American Association of Colleges of Nursing. (2024). *New AACN data points to enrollment challenges facing U.S. schools of nursing*. <https://www.aacnnursing.org/news-data/all-news/new-aacn-data-points-to-enrollment-challenges-facing-us-schools-of-nursing>

negatively affect enrollment in post-baccalaureate nursing programs, while 70% reported the \$100,000 lifetime cap would reduce overall enrollment.<sup>27</sup>

Post-baccalaureate prepared nurses are critical to sustaining and expanding the healthcare workforce, and limiting their ability to finance education will have long-term consequences for the economy and access to care. Healthcare accounts for roughly 18% of the United States' gross domestic product (GDP), making it a cornerstone of the national economy and a sector with sustained demand for a highly skilled workforce. Weakening the pipeline of health professionals that directly supply the healthcare system would have significant economic consequences and would undermine patient access, quality of care, and outcomes.<sup>28,29</sup>

Nurses—APRNs and those with specialized post-baccalaureate education—are central to U.S. healthcare delivery, providing timely, efficient, and cost-effective care across a wide range of settings. Equally essential are nurse faculty, who are in critically short supply and responsible for educating the next generation of nurses. The United States is currently experiencing serious workforce and pipeline pressures in nursing, making these roles not only high-demand but urgently needed.<sup>30,31</sup> APRNs and nurse faculty are among the occupations with the highest projected percentage of employment growth through 2034. NPs rank among the top three fastest growing jobs (projected ~40% growth, 2024–34), and “nursing instructors and teachers, postsecondary” and “health specialties teachers, postsecondary” also appear in Bureau of Labor Statistic’s fastest growing occupations list.<sup>32</sup>

Demand for APRNs continues to rise due to their advanced education, broad clinical skill sets, and, in many states, the ability to practice independently—evaluating, diagnosing, treating, and prescribing—supporting team based, collaborative models that deliver high-quality, patient-centered care.<sup>33,34</sup> Nurse faculty are similarly indispensable because they are the professionals qualified to educate future nurses across the continuum—from associate and baccalaureate programs to APRN and PhD preparation. Persistent faculty vacancies and recruitment challenges constrain program capacity and thus the entire workforce pipeline.<sup>35</sup> The

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<sup>27</sup> American Association of Colleges of Nursing. (2025, December). Assessing the impact of federal loan limits on post-baccalaureate nursing education: Perspectives from deans and students [PDF]. <https://www.aacnnursing.org/Portals/0/PDFs/Data/AACN-Data-Loan-Cap-Survey-Report-December-2025.pdf>

<sup>28</sup> Hartman, M., Martin, A. B., Lassman, D., & Catlin, A. (2026). National health care spending increased 7.2 percent in 2024 as utilization remained elevated. *Health Affairs*, Advance online publication. <https://doi.org/10.1377/hlthaff.2025.01683> [healthaffairs.org]

<sup>29</sup> U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (n.d.). *National health expenditure (NHE) fact sheet*. <https://www.hhs.gov/guidance/document/national-health-expenditure-nhe-fact-sheet> [hhs.gov]

<sup>30</sup> American Association of Nurse Practitioners. (n.d.). *Literature on nurse practitioner cost-effectiveness*. <https://www.aanp.org/advocacy/advocacy-resource/position-statements/nurse-practitioner-cost-effectiveness>

<sup>31</sup> American Association of Colleges of Nursing. (2024). *Special survey on vacant faculty positions for academic year 2023–2024*. <https://www.aacnnursing.org/Portals/0/PDFs/Reports/Faculty-Vacancy-Report-2024.pdf>

<sup>32</sup> U.S. Bureau of Labor Statistics. Fastest Growing Occupations. Occupational Outlook Handbook. Last modified August 28, 2025. U.S. Department of Labor. <https://www.bls.gov/ooh/fastest-growing.htm>

<sup>33</sup> U.S. Bureau of Labor Statistics. (2025). *Fastest growing occupations: Employment projections, 2024–2034*. <https://www.bls.gov/ooh/fastest-growing.htm>

<sup>34</sup> U.S. Bureau of Labor Statistics. (2025). *Fastest growing occupations: Employment projections, 2024–2034* (Employment Projections Tables). <https://www.bls.gov/emp/tables/fastest-growing-occupations.htm>

<sup>35</sup> National Academy of Medicine. (n.d.). *Implementing optimal team-based care to reduce clinician burnout*. <https://nam.edu/perspectives/implementing-optimal-team-based-care-to-reduce-clinician-burnout/>

United States is currently experiencing clinician shortages across multiple specialties, with particularly acute gaps in primary care. The Health Resources and Services Administration (HRSA) continues to identify widespread shortages of RNs and licensed practical nurses (LPNs) nationwide. In the December 2025 report, HRSA showed shortages projected until 2038. Specifically, there is a projected 8% shortage of RNs in 2028. By 2038, the shortage is 3% (a shortage of 108,960 full-time equivalent RNs).<sup>36</sup> Increasing nurse faculty rates will be essential to addressing these shortages, and it is imperative that ED refrain from exacerbating this issue by subjecting advanced nursing degrees to insufficient federal student loan limits.

With more than five million nurses, nursing is the largest health profession in the United States, and one of the largest globally. Research consistently demonstrates a strong return-on-investment in nursing and APRN education: graduates earn robust median salaries, outcomes of APRN delivered care are comparable on quality and often more cost-effective than physician models, and multiple federal loan-only models, and multiple federal loan repayment programs reinforce repayment capacity while directing clinicians to high-need areas.<sup>37</sup>

**APRNs and nurse faculty, specifically, show strong median earnings (e.g., nurse practitioners ~\$129,000 median pay in 2024) and historically low default rates, supported by federal loan repayment and forgiveness options (e.g., Nurse Corps and National Health Service Corps).**

These options were created in response to federal policymakers recognizing and providing incentives to fill needed gaps in our nation’s healthcare delivery system. When borrowers repay with interest—or receive service linked repayment funded by targeted programs, the federal government realizes financial and workforce returns.

**Given the critical and growing need for the nursing workforce, and the strong return on investment demonstrated by post-baccalaureate nursing education, ANA urges ED to recognize these programs as professional degrees to ensure continued access to affordable federal student aid and a stable pipeline of highly trained advanced practice nurses and faculty.**

**4) ED must consider the limitations of private borrowing for post-baccalaureate nursing education.**

ED recognizes the provisions related to federal graduate student loan limits as set forth in OBBBA may lead some student borrowers to obtain private loans, there are significant drawbacks to this approach. Private loans typically carry higher interest rates, often lack deferment options that allow graduates time to secure employment, and usually require an established credit history or a cosigner. In addition, private loans offer far fewer consumer protections than federal lending options. For nurses, reliance on private loans often coincides with working extra shifts or cutting essentials, which can strain academic and clinical performance. **Last, the public loan forgiveness programs we mention above do not apply to private loans, which erodes the incentives policymakers have enacted to address vital healthcare delivery system needs.**

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<sup>36</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce. (n.d.). *Nursing workforce projections, 2022–2037*. <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nursing-projections-factsheet.pdf>

<sup>37</sup> Patel E, Gillette C, Ostermann J, Everett C, Caviness D, Garvick S. What drives advanced practice nurses to stay in rural America? Insights from the 2022 National Survey of Registered Nurses. *J Rural Health*. 2025 Sep;41(4):e70088. doi: 10.1111/jrh.70088. PMID: 41157830; PMCID: PMC12569397.

Taken together, these factors create substantial financial barriers to entering post-baccalaureate nursing education and practice, further weakening the workforce pipeline. Moreover, borrowing at higher interest rates can undermine long-term economic stability and purchasing power. Even in well paid and secure careers, nurses burdened by private loan debt are less able to buy homes, invest in their communities, or contribute fully to broader economic growth. Additionally, high private sector interest rates can spill over into higher public sector default risk by raising overall debt servicing burdens and crowding out repayment capacity.

Viewed within the broader economic context of an industry approaching one-fifth of the economy and projected to grow as a share of GDP, sustained investment in nursing education directly supports national health and economic stability while expanding timely patient access to care. **As such, directing nurses toward private loans risks limiting the pipeline of nurses educated at the post-baccalaureate level.**

#### **5) Federal policymaking must complement, recognize, and support priorities across federal agencies.**

ED's rationale for excluding post-baccalaureate nursing degrees as a professional degree stands in marked contrast to President Trump's Administration's longstanding actions to support and recognize the vital role of APRNs to the nation's healthcare delivery system. During President Trump's first term, the President signed two Executive Orders (EOs) that called for the reduction and/or removal of regulatory barriers to practice for nonphysician clinicians, such as APRNs.<sup>38</sup> The EOs targeted challenges with supervision requirements, disparities in reimbursement, and called for allowing APRNs to practice to the fullest extent of their education and clinical training. To carry out the directives in the EOs, HHS released a report that expanded on the regulatory barriers faced by APRNs and called for their removal to promote patient choice and competition in our healthcare delivery system.<sup>39</sup> During the COVID-19 pandemic, HHS under President Trump's leadership directed states to allow clinicians, such as APRNs, to practice to the fullest extent of their licensure and expertise to meet the increased demand and need for healthcare services.<sup>40</sup> As we note in a previous section, most recently CMS recognized the importance of APRNs and the need to adopt full practice authority in how it determined to implement the RHTP. The actions taken by President Trump during both of his Administrations undeniably demonstrate and recognize the importance of the APRN profession to our nation's healthcare delivery system.

**ED's proposal to exclude advanced nursing degrees and supporting rationale is inconsistent with other policymaking within the Administration and, in doing so, undermines the advanced nursing profession at a time when APRN clinicians are needed and relied upon to address persistent challenges in patient access to essential healthcare services.** Excluding post-baccalaureate nursing degrees from the professional degree definition would unnecessarily restrict

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<sup>38</sup> Exec. Order No. 13813, 82 Fed. Reg. 48,385 (Oct. 17, 2017) and Exec. Order No. 13890, 84 Fed. Reg. 54,671 (Oct. 8, 2019)

<sup>39</sup> U.S. Department of Health and Human Services, U.S. Department of the Treasury, & U.S. Department of Labor. (2018). Reforming America's healthcare system through choice and competition. <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

<sup>40</sup> Azar, A. M. (2020, March 24). Letter from the Secretary of Health and Human Services to governors regarding state licensing waivers [PDF]. National Council of State Boards of Nursing. [https://www.ncsbn.org/public-files/HHS\\_Secretary\\_Letter\\_to\\_States\\_Licensing\\_Waivers.pdf](https://www.ncsbn.org/public-files/HHS_Secretary_Letter_to_States_Licensing_Waivers.pdf)

students' ability to pursue these critical, needed healthcare roles. **ANA urges the agency not to finalize rulemaking that conflicts with, or could negatively impact, other federal initiatives and policy objectives of the Trump Administration.**

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ANA strongly urges ED to include the post-baccalaureate nursing degrees, MSN, MN, DNP, DNAP, and PhD, as meeting the professional degree definition in its final rulemaking. We appreciate the opportunity to submit these comments and look forward to continued engagement with ED. Please contact Tim Nanof, ANA's Executive Vice President, Policy and Government Affairs at (301) 628-5166 or [Tim.Nanof@ana.org](mailto:Tim.Nanof@ana.org), with any questions.

Sincerely,



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