National Rural Health Association

March 2, 2026

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

RE: Reimagining and Improving Student Education

Submitted electronically via regulations.gov.

Dear Under Secretary Kent,

The National Rural Health Association (NRHA) is pleased to offer comments on the Department of Education's (ED) proposed rule, Reimagining and Improving Student Education.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

VI. Significant Proposed Regulations.

William D. Ford Federal Direct Student Loan (Direct Loan) Program.

H.R. 1 (Public Law No. 119-21) amended the Higher Education Act (HEA) to institute borrowing limits, or caps, for graduate students taking out loans through the Direct Loan Program. Graduate students are limited to borrowing $20,500 annually and $100,000 over their lifetime while professional students are limited to $50,000 annually and $200,000 over their lifetime beginning July 1, 2026.

NRHA acknowledges that the borrowing caps are statutory and ED does not have the authority to change them. Nevertheless, we would like to highlight the significant strain that this will create on the future rural health workforce.

Students interested in medical school will face a major disadvantage following the implementation of the new borrowing caps. Medical school has become increasingly unattainable as tuition has grown from $51,000 per year to $71,000 between 2008 and 2020 (adjusted for inflation).[1] Further, the average cost of attending a private medical school is much higher than a public medical school – $363,836 compared to $268,476.[2] Both sticker prices exceed the highest borrowing cap available at $200,000 over a borrower's lifetime. This policy will add to an already dire situation in which 92% of

[1] Tarun Ramesh, Kushal T. Kadakia, Michael Liu & Hao Yu, *Federal Loans Among US Medical Students*, JAMA (published online Nov. 26, 2025), https://doi.org/10.1001/jama.2025.20905.
[2] Bridget Balch, *Proposed Changes to Federal Student Loans Could Worsen the Doctor Shortage*, AAMC NEWS (June 25, 2025), https://www.aamc.org/news/proposed-changes-federal-student-loans-could-worsen-doctor-shortage.

rural counties are primary care health professional shortage areas and almost 200 rural counties nationwide have no physicians.[3]

These caps will not only deter potential medical students from attending medical school, but other health professions students as well. For example, the total tuition costs for students seeking to become certified registered nurse anesthetists (CRNAs) exceeds $100,000, or the applicable cap for these students, at almost every U.S. school.[4]

Definitions.

In order to decide who is eligible for higher borrowing limits, ED proposes to define "graduate" and "professional" programs. The definitions proposed by ED are consequential in determining who can borrow more federal loans to finance their postsecondary degree and therefore pursue entering the rural health workforce.

ED proposes to define a graduate student as "a student enrolled in a program of study that awards a graduate credential (other than a professional degree) upon completion of the program." A professional student is a student enrolled in a professional degree, defined as meeting the following criteria: (1) Signifies completion of the academic requirements for beginning practice in a given profession; (2) Is generally at the doctoral level, and that requires at least six academic years of postsecondary education coursework; (3) Generally requires professional licensure to begin practice; and (4) Includes a four-digit program CIP code, as assigned by the institution or determined by the Secretary, in the same intermediate group as the fields listed below. ED goes on further to propose that only 11 fields award professional degrees.[5]

However, H.R. 1 defined "professional student" as a "student enrolled in a program of study that awards a professional degree, as defined under section 668.2 of title 34, Code of Federal Regulations (C.F.R.), upon completion of the program. The cross-referenced provision to the C.F.R. only requires that the degree program: (1) signifies completion of the academic requirements for beginning practice in a given profession; (2) a level of professional skill beyond that normally required for a bachelor's degree; and (3) professional licensure is also generally required. Section 668.2 also includes an explicitly *non-exhaustive list* of professional degrees that ED has incorporated into its current proposed definition to illustrate the types of degrees that could be considered professional. ED's current proposed definition is exhaustive in nature. **NRHA asks that ED align its definition with H.R. 1 to use the 3-part test identified above and change its list of professional degrees to be non-exhaustive or illustrative**, to match the definition found in 34 C.F.R. § 668.2. This would create uniformity and favor a presumption of consistent usage across HEA regulations.[6]

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[3] Celli Horstman & Arnav Shah, *The State of Rural Primary Care in the United States*, COMMONWEALTH FUND (Nov. 17, 2025), https://www.commonwealthfund.org/publications/issue-briefs/2025/nov/state-rural-primary-care-united-states.

[4] *CRNA Schools by State*, ALL CRNA SCHOOLS, https://www.all-crna-schools.com/nurse-anesthesia-crna-schools-by-state/2/.

[5] Pharmacy (PharmD), Dentistry (DDS or DMD), Veterinary medicine (DVM), Chiropractic (DC or DCM), Medicine (MD), Osteopathic medicine (DO), Optometry (OD), Podiatry (DPM, DP, or PodD), Clinical psychology (PsyD or PhD), Law (LLB or JD), and Theology (MDiv or MHL).

[6] Valerie C. Brannon, *Canons of Construction: A Brief Overview*, CONGRESSIONAL RESEARCH SERVICE, (May 9, 2025), https://www.congress.gov/crs_external_products/IF/HTML/IF12992.html.

Notably, ED did not include many degrees that are integral to the rural health workforce in its definition of "professional degrees." While ED did include medicine (allopathic and osteopathic), pharmacy, dentistry, and clinical psychology in its proposed definition of professional degrees, the Department left out all advanced nursing degrees, physician associates/physician assistants (PAs), social workers, public health professionals, physical therapists, and occupational therapists. NRHA does not agree with the Department's decision to exclude these professions from the definition of "professional" and therefore subject incoming students to lower borrowing caps.

NRHA urges ED to include advancing nursing degrees (MSN, DNP, and PhD), post-baccalaureate public health degrees (MPH, MSPH, and DrPH), PAs (MPAS, MSPAS, MMS, or MS), social workers (MSW and DSW), post-baccalaureate behavioral health and counseling degrees, physical therapists (DPT), and occupational therapists (MSOT/OTD) in its definition of "professional degree." Should ED use the statutory definition codified by H.R. 1, NRHA contends that these degrees would fit squarely within that definition "professional degree."

In general, subjecting a major portion of the future rural health workforce to lower borrowing caps will decrease the number of incoming students pursuing graduate degrees. Students facing lower borrowing caps for graduate programs compared to professional programs must either choose to take on significant private loan debt which tends to be less favorable to the borrower than federal student loan debt or forgo their career plans altogether. Neither scenario is preferable, but the latter will siphon away interested and willing students from rural healthcare jobs that are classified by ED as "graduate programs."

NRHA posits that borrowing limits will uniquely impact students from rural backgrounds who otherwise would pursue practice in a rural community. First, rural students are more likely to come from lower socioeconomic backgrounds compared to their urban peers and thus are less likely to have familial financial support or wealth to finance their education.[7] Second, rural wages tend to be lower than wages in urban or suburban areas, so the burden of taking on private loans with more unfavorable payback terms may force rural students to take jobs outside of their preferred rural community in order to pay off loans.[8]

This impact on the rural health workforce will exacerbate an already persistent problem. Rural areas struggle to recruit and retain an adequate workforce to care for the population. Across the country, the supply of nurse practitioners (NPs), PAs, behavioral health clinicians (including psychiatric NPs, social workers, and counselors), and advanced practice midwives are lower in rural counties than urban counties.[9] Creating any new barriers to entry into these fields will worsen existing shortages in rural areas.

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[7] U.S. Dept. of Agriculture, *Report No. EIB-295, Rural America at a glance: 2025 edition* 16-17 (2026) (the nonmetro poverty rate is 13.7% and the metro poverty rate is 10.2%. Additionally, 90% of all high poverty counties are nonmetro) https://ers.usda.gov/sites/default/files/_laserfiche/publications/113657/EIB-295.pdf?v=42284.

[8] PJ Tabit and Josh Winters, "*Rural Brain Drain": Examining Millennial Migration Patterns and Student Loan Debt,* Consumer & Community Context, Federal Reserve Board, Jan. 2019, at 9-10, https://www.federalreserve.gov/publications/files/consumer-community-context-201901.pdf.

[9] C. Holly Andrilla, et al., UNIVERSITY OF WASHINGTON RURAL HEALTH RESEARCH CENTER, *Trends in the Health Workforce Supply in the Rural U.S.* (2024), https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2024/10/RHRC_DBOCT2024_MAIN_Andrilla.pdf.

For post-baccalaureate nursing and PA degrees in particular, NRHA disagrees with ED's conclusion that they are not professional because of licensure and scope of practice variation across states. This reasoning does not follow the 4-part test outlined in proposed 34 C.F.R. § 685.102, which does not require independent practice authority as a criterion to be considered "professional." Again, ED should use the definition included in H.R. 1, which these degrees would meet.

Advanced nursing degree graduates can serve as preceptors and help to train the future nursing workforce. Disincentivizing post-baccalaureate nursing degrees by considering them to be "graduate degrees" will impact the whole nursing workforce, including bachelor's nursing students. Nursing schools turned away 80,162 qualified applications from baccalaureate and graduate nursing programs in 2024 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints.[10] Stifling the number of nursing preceptors through this policy will mean fewer bachelor's of nursing students accepted to nursing schools and ultimately fewer nurses serving rural patients. Rural areas already face a nursing shortage that is more acute than in metro areas and this is projected to continue through at least 2038.[11] Further, NPs and PAs are crucial providers in rural areas. In 2024, 66% of rural Medicare beneficiaries saw an NP or PA for their primary care.[12] These providers are integral to meeting the healthcare needs of rural communities.

For CRNAs in particular, students must achieve a doctorate degree, either a DNP or a Doctor in Nurse Anesthesia Practice (DNAP). These degrees are at least three-year full-time programs that are academically and clinically intensive. Most Student Registered Nurse Anesthetists (SRNAs) cannot work during their CRNA education due to rigor of these programs, which require expensive training equipment, malpractice insurance, and high-quality faculty to be competitive. Additionally, while there is approximately $22 billion of federal funding dedicated to Graduate Medical Education which physician anesthesiology programs can use to pay their residents, SRNAs do not receive this investment. These factors cause SRNAs to heavily rely on student loans.

Nationwide, rural behavioral health needs are unmet partly because of workforce challenges.[13] Many behavioral health professionals, like marriage and family therapists (MFTs) and mental health counselors (MHCs) are important to expanding access to behavioral health care in rural areas. Federal policy has made meaningful strides to increase access to these provider types,[14] but ED's classification of these degrees represents a step back. The degrees generally required for licensure (at least a master's in counseling or a related field)[15] for these professions would be considered "graduate" degrees by ED and therefore subject to the lower borrowing caps. Licensure requirements for MFTs and MHCs vary by state but most require at least two years of post-graduate training and

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[10] American Association of Colleges of Nursing, *Faculty Shortage Fact Sheet* (2024), https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Faculty-Shortage-Factsheet.pdf.

[11] Health Resources & Services Administration, Bureau of Health Workforce, *Nurse Workforce Projections, 2023–2038* (Dec. 2025), https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nursing-projections-factsheet.pdf.

[12] Medicare Payment Advisory Commission, *July 2025 Data Book: Section 1 – National Health Care and Medicare Spending* (July 17, 2025), https://www.medpac.gov/wp-content/uploads/2025/07/July2025_MedPAC_DataBook_SEC-1.pdf.

[13] Rural Health Information Hub, *Rural Mental Health* (June 7, 2024), https://www.ruralhealthinfo.org/topics/mental-health.

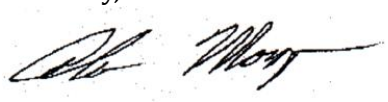
[14] In 2022, Congress passed a law that allows MFTs and MHCs to bill Medicare directly.

[15] U.S. Bureau of Labor Statistics, *Substance Abuse, Behavioral Disorder, and Mental Health Counselors*, Occupational Outlook Handbook (updated Aug. 28, 2025), https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm.

clinical hours.[16] These degrees signify 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.

Thank you for the chance to offer a response to this proposed rule and for your consideration of our comments. If you would like additional information, please contact NRHA's Government Affairs and Policy Director Alexa McKinley Abel at amckinley@ruralhealth.us.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association

[16] https://www.counseling.org/resources/licensure-requirements#, https://health.maryland.gov/bopc/pages/profcounselor.aspx, https://www.ksbsrb.ks.gov/professions/professional-counselors, https://www.aamft.org/AAMFT/Advocacy/State_Resources/MFT_State_Resources.aspx?hkey=261d7879-9d5b-4aa0-b60c-c15e82b8b095