

## **AHA Comments on Department of Education Professional Degree Program Proposal**

December 22, 2025

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

### ***RE: Forthcoming Implementation of the One Big Beautiful Bill Act's (OBBBA) Definition of Professional Degree Programs***

Dear Under Secretary Kent:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes to request the Department of Education include a range of health care post-baccalaureate degree programs — including nursing, physician assistants, physical therapists and others — in its forthcoming regulatory definition of “professional degree programs.” At a time of persistent health care workforce shortages, the inclusion of these programs is essential to ensuring hospitals and health systems have a pipeline of highly trained health care professionals to serve patients and communities.

Beginning July 1, 2026, students enrolled in graduate degree programs will be limited to annual loans of \$20,500, with an aggregate limit of \$100,000 for a program of study. Students enrolled in professional degree programs will be permitted to borrow up to \$50,000 per year, with an aggregate cap of \$200,000. The statute directed the Department of Education to define which professional and graduate degree programs are eligible for these loans in regulation.

The department recently convened the Reimagining and Improving Student Education (RISE) Committee to recommend an updated definition of a professional degree program. The AHA supports the RISE Committee’s inclusion of physicians, pharmacists and clinical psychologists in its recommended regulatory definition. However, we are concerned that the committee’s recommended definition excludes other critically important health care post-baccalaureate professional degree programs, such as nursing, social work, physician assistants, physical therapists and occupational therapists, among others. If this narrower definition were adopted by the department, students seeking degrees in a number of health care disciplines would be subject to lower annual and aggregate caps on federal

student loans. This would deter potential students from pursuing these important degrees, with ripple effects felt across the health care field.

### **A Narrow Definition of Professional Degree Programs Could Exacerbate Health Care Workforce Shortages and Hinder Health Care Access**

Health care — and hospital care in particular — requires a full team of highly trained health care professionals. Doctors, nurses, pharmacists, social workers, physical and occupational therapists, speech language pathologists, respiratory therapists and others are fundamental members of the care team, working together to provide high-quality, comprehensive, person-centered care. This interdisciplinary model is more important than ever to address increasingly complex health needs, with three in every four American adults having one chronic condition and more than half of all American adults having more than two.

To practice in the hospital setting, a broad spectrum of health professionals must receive advanced degrees and obtain licensure. Federal data shows that demand for these highly trained health care professionals is growing. For example, the Bureau of Labor Statistics projected that the demand for advanced practice registered nurses (APRNs) will grow by 38% between 2022 and 2032, requiring approximately 29,200 new APRNs each year to meet rising patient needs. Similarly, the U.S. Bureau of Labor Statistics projects a 15% increase in demand for speech-language pathologists and a 14% increase for occupational therapists.<sup>1,2</sup>

At the same time, the health care field continues to experience persistent workforce shortages. As of December 2025, approximately 92 million people live in regions designated by the U.S. Health Resources and Services Administration (HRSA) as primary care Health Professional Shortage Areas, underscoring the need for APRNs and other primary care providers. Despite the demand for health care workers, provider shortages are expected to worsen. According to an analysis by the HRSA, shortages of nurses, social workers, physical, occupational, and respiratory therapists, and other health professionals could total in the hundreds of thousands by 2037.

If the department limits its professional degree definition to the eleven fields contained in the RISE Committee's recommendation, students seeking degrees in a number of health care specialties would be subject to lower annual and aggregate caps on federal student loans and higher out-of-pocket costs. They may be forced to rely on a patchwork of private loans at significantly higher interest rates or forgo advanced schooling altogether. For many, this financial burden would make enrollment in advanced practice programs unattainable, as they may be unable to afford tuition and living expenses without reliable or

affordable loan options. According to the National Center for Education Statistics, the average cost of attendance for nurses and social workers pursuing graduate degrees is more than \$30,000 per year, exceeding the \$20,500 annual cap for graduate degrees. For physical therapists, the American Physical Therapy Association reports the average cost of attendance is between \$108,212 and \$126,034, before living expenses, fees and other costs.

The ripple effect would extend beyond individual students. A decline in enrollment would narrow the supply of clinicians who provide essential services in primary care, maternal health, behavioral health, and rural or safety-net settings — areas where a broad spectrum of health professionals are indispensable. A reduced health care workforce pipeline could mean longer wait times for patients, delayed diagnoses and increased emergency visits, ultimately raising costs and straining health systems, particularly in rural and underserved areas. Furthermore, reduced access to federal loans would shrink the pipeline of qualified faculty, making it harder for colleges and universities to expand future enrollment in both undergraduate and graduate programs.

### **The Department Has Flexibility under Statute to Adopt a Broader Professional Degree Definition**

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

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

Indeed, the definition's description of the education and skill required beyond a bachelor's degree aligns with the education and skill required for nurses, social workers, physical

therapists, occupational therapists, physician assistants and others to practice in the hospital setting. By pointing to this definition and its non-exhaustive list of professional degrees, we believe Congress empowered the department to account for other essential professionals, like critical health care providers.

## **Conclusion**

To continue to allow the health care community to provide complex, comprehensive and high-quality patient care, it is critical that we grow, not narrow, the pipeline of highly skilled health care professionals. A broader definition of “professional degree” programs will ensure that otherwise qualified students will not be prohibited from entering the health care field simply because they cannot access the federal loans needed for an advanced degree. We urge the department to reconsider the overly restrictive definition developed during the negotiated rulemaking process and ensure all post-baccalaureate health professionals maintain access to the loans needed to complete their courses of study.

We appreciate your careful consideration of these issues. Please contact me if you have any questions, or feel free to have a member of your team contact Adrienne Thomas, AHA’s senior associate director, standards and care delivery, at [athomas@aha.org](mailto:athomas@aha.org).

Sincerely,

/s/

Stacey Hughes  
Executive Vice President  
Government Relations and Public Policy

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

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