



March 2, 2026

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

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

Dear Under Secretary Kent,

On behalf of our 124 member hospitals, including over 70,000 employed personnel statewide, the Kansas Hospital Association (KHA) appreciates the opportunity to comment on the Department of Education's proposed rule implementing borrowing limits for federal student loans.

Beginning July 1, 2026, the OBBBA limits graduate student loan borrowing to \$20,500 annually with an aggregate cap of \$100,000, while professional students may borrow up to \$50,000 annually with an aggregate cap of \$200,000. The DOE has proposed new definitions of which programs qualify as "professional" or "graduate" which directly affects whether Kansas students can finance the advanced education needed to enter these critical health professions. The proposed definition of a professional degree is limited to 11 fields: chiropractic, clinical psychology, dentistry, law, medicine, optometry, osteopathic medicine, pharmacy, podiatry, theology and veterinary medicine.

The KHA supports the DOE's inclusion of physicians, pharmacists, and clinical psychologists in the definition of a professional degree. However, we are concerned that the proposed definition excludes many other critically important health care post-baccalaureate professional degree programs that require advanced education, clinical training, and licensure such as nursing, social work, physician assistants, physical therapists, and occupational therapists, among others. If adopted by the Department, this overly narrow definition would subject students seeking degrees in these health care programs to lower annual and aggregate caps on federal student loans thereby increasing out-of-pocket costs. This would deter potential students from pursuing these important degrees, with ripple effects felt across the health care ecosystem.

The KHA urges the DOE to adopt a more inclusive definition that reflects the definition of a professional degree referenced in statute and includes the highly educated and highly skilled health care professions on which patients rely. 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 their communities.



## **A NARROW DEFINITION COULD EXACERBATE KANSAS' HEALTH CARE WORKFORCE CHALLENGES AND HINDER ACCESS TO CARE**

Hospital care relies on interdisciplinary teams. In Kansas, physicians, nurses, advanced practice registered nurses (APRNs), physician assistants (PAs), therapists, social workers, pharmacists, and many others work together every day to provide safe, high-quality, person-centered care. This model is especially important for rural Kansas, where hospitals often serve as the primary access point for care and where clinicians must practice at the top of their license to meet community needs.

In Kansas, hospitals continue to face workforce challenges. Even with modest improvements in recent years, the average workforce vacancy rate in 2024 was approximately 11.8 percent statewide, with even higher vacancy and turnover rates in rural regions. Registered nurse open job rates were nearly 16 percent, while 8.2 percent of physician assistant roles are unfilled.<sup>1</sup>

These shortages are not evenly distributed, and their impact is magnified in rural and frontier communities. In 2024, the total vacancy rate in southwest Kansas was 15.5% (with turnover of 27.3%), highlighting the pressure on rural and frontier communities to recruit and retain a stable workforce. At the same time, 70 percent of Kansas counties are designated as primary care Health Professional Shortage Areas, underscoring the need to grow - not restrict - the pipeline of advanced practice clinicians and other licensed professionals.

Kansas' projected demand for post-baccalaureate health care professionals is growing quickly. The Kansas Department of Labor projects that between 2022 and 2032, nurse practitioner positions will grow by 43.1 percent (+1,393 jobs), physician assistant positions by 27.0 percent (+242 jobs), and physical therapist positions by 12.7 percent (+303 jobs). Limiting access to federal loans for the post-baccalaureate programs that prepare these clinicians would directly undermine our state's ability to meet patient demand in primary care, behavioral health, maternal health, rehabilitation, and inpatient services.

Graduate-level education is essential to the preparation of many health care professionals, including nurses, advanced practice providers, therapy clinicians, social workers, and anesthesia professionals. Policies that limit access to federal graduate student loans for these programs would compound existing workforce shortages by narrowing the pool of students able to pursue advanced health care education.

Many of the fields of study that would be excluded based on the DOE's proposed definitions have historically been understood to be professional degrees because these programs require rigorous, advanced, post-baccalaureate education and licensure to practice. As part of their mandatory reporting to the DOE, institutions of higher education have classified these programs as "professional" because they are structured around competencies defined by the profession, integrate supervised clinical practice with advanced coursework, operate under accreditation standards set by external professional bodies and are designed to meet state licensure requirements. Employers, including government agencies, have similarly treated these credentials as professional degrees, recognizing them as the required educational foundation for practice in

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<sup>1</sup> 2025 Health Care Workforce Report <https://www.kha-net.org/DataProductsandServices/DataPublic/d165169.aspx?type=view>



complex, highly regulated health care settings. The Office of Personnel Management, for example, requires nurses at all levels to have a degree from “an accredited professional nursing educational program.”<sup>2</sup>

In the proposed rule, the DOE stated that various health care programs were not considered professional due to 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.”

The DOE’s rationale for excluding certain health care programs from the professional degree category appears to be based on a misunderstanding of practice — specifically, an assumption that all advanced practice providers practice under direct physician supervision. This does not reflect modern nursing regulation or state-level practice authority. A growing number of states recognize APRNs as independent practitioners in statute or regulation, allowing APRNs to evaluate patients, diagnose conditions, order and interpret diagnostic tests, and initiate and manage treatments, including prescribing medications, without mandated physician oversight. These provisions are grounded in rigorous graduate-level education, national certification requirements, and extensive clinical training.

By continuing to rely on assumptions of universal physician supervision, the Department’s position does not align with current state-level practice authority or the evolving role of advanced practice nursing in meeting healthcare access needs, particularly for rural communities. Any federal categorization of professional degrees should reflect the legal authority, educational preparation, and clinical responsibilities recognized in state law and contemporary healthcare delivery models.

Beyond deterring individual students, a narrower professional degree definition would have cascading downstream effects on the health care education pipeline and patient access. Two examples highlight this risk.

First, restricting access to graduate student loans could worsen the already severe shortage of nursing faculty. Schools of nursing rely on graduate-prepared nurses to serve as instructors and clinical faculty. Many nursing programs in Kansas already face faculty shortages, which directly limit enrollment capacity and the availability of clinical training sites. When fewer nurses are able to pursue graduate education due to financial barriers, the faculty pipeline contracts further, creating a compounding effect that reduces the number of nurses who can be educated and enter the workforce. This dynamic undermines statewide efforts to expand the nursing workforce and meet patient care needs.

Second, certain advanced clinical programs illustrate how financing constraints can directly affect access to essential hospital services. For example, Kansas relies heavily on Certified Registered Nurse Anesthetists (CRNAs), particularly in rural and underserved communities, as do 70% of rural hospitals nationwide. Kansas has two CRNA education programs, both approximately 36 months in length, with tuition costs that

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<sup>2</sup> US Office of Personnel Management. “Nurse Series 0610.” General Schedule Qualification Standards, <https://www.opm.gov/policy-data-oversight/classification-qualifications/general-schedule-qualification-standards/0600/nurse-series-0610/>



substantially exceed the \$20,500 annual federal loan cap applicable to non-professional graduate programs, making access to professional loans essential for most students. While affordability in higher education is an important and shared policy goal, it is not feasible for many health care programs to absorb these tuition reductions given the substantial costs associated with specialized equipment, simulation laboratories, clinical coordination, accreditation requirements, and faculty staffing.

The implications of this dynamic are particularly acute in maternal health. More than half of Kansas counties have no hospital regularly providing labor and delivery services, and many rural hospitals that do provide obstetric care rely on CRNAs to staff anesthesia services<sup>3</sup>. Additional financial barriers to CRNA education could further constrain the workforce, increase labor costs, and make obstetric services financially or operationally unsustainable for additional hospitals – worsening existing OB deserts and limiting access to care for Kansas families.

The annual cost cap challenges are also echoed by many non-nursing post-baccalaureate programs nationwide due to rigorous academic and training requirements. 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. For physical therapists, the American Physical Therapy Association reports the average total cost of attendance is between \$108,212 and \$126,034, before living expenses, fees and other costs.

These examples demonstrate how graduate student loan policy is inseparable from health care workforce policy. Decisions about which programs qualify as professional degrees affect not only individual students, but also faculty pipelines, program capacity, workforce availability, and patient access to essential services.

### **THE DEPARTMENT HAS FLEXIBILITY TO ADOPT A BROADER PROFESSIONAL DEGREE DEFINITION CONSISTENT WITH LONGSTANDING PRACTICE**

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 proposed definition of professional degree focused on rigorous academic, training and licensure requirements. KHA believes a full range of health professions aligns with the proposed definition of a professional degree and that the department has the flexibility to adopt a broader definition.

The OBBBA points to the Department's existing regulatory definition of "professional student" in 34 C.F.R. § 886.2 (as in effect on the date of enactment), which describes 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.” Importantly, the examples listed in the existing definition are not exhaustive. We believe Congress intentionally preserved flexibility for the Department to recognize additional health professions that meet this standard.

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<sup>3</sup> Kansas Perinatal Quality Collaborative <https://kansaspqc.kdhe.ks.gov/>



In Kansas, many health professions that may be treated as "graduate" rather than "professional" based on the proposed rule require rigorous clinical training, supervised practice, and state licensure (and, in many cases, national certification) beyond a bachelor's degree. These programs align with the core characteristics of professional degrees and are essential members of hospital and community care teams. Treating them differently for federal student lending purposes would create an arbitrary barrier for students pursuing these essential professions.

## **CONCLUSION**

KHA respectfully urges the Department to adopt a more inclusive definition of "professional degree" programs to ensure post-baccalaureate health professionals maintain access to the loans needed to complete their courses of study. A definition of professional degree programs that include essential health professions that meet the requirements of the definition referenced in statute would ensure qualified students are not deterred from critical health care fields due to lack of access to federal student loans needed to complete advanced education and training.

We thank you for your careful consideration of these comments. If you have questions or want additional information, please contact me or Jaron Caffrey, KHA's Director of Workforce and Health Care Policy at [jcaffrey@kha-net.org](mailto:jcaffrey@kha-net.org).

Sincerely,

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