

March 2, 2026

Under Secretary Nicholas Kent
United States Department of Education
Office of Postsecondary Education
400 Maryland Ave SW
Washington, DC 20202

RE: Reimagining and Improving Student Education, Docket ID ED-2025-OPE-0944, RIN 1840-AD98

Dear Under Secretary Kent,

The undersigned organizations, representing the interests of the 461,000 nurse practitioners in the United States, write to express our support for adding post-baccalaureate nursing degrees (MSN, DNP, PhD), to the list of “professional” degrees in the notice of proposed rulemaking (NPRM) on *Reimagining and Improving Student Education*. This proposed rule would, in part, define “graduate student” and “professional student” for the purposes of administering the new loan limits established by Section 81001 of Public Law 119-21 (P.L. 119-21) (\$20,500 annually and \$100,000 aggregate for “graduate students” and \$50,000 annually and \$200,000 aggregate for “professional students”). As currently proposed, NP degrees would be excluded from the regulatory definition of “professional degrees” for the purposes of student loan limits. As a result, this proposal will deter future students from pursuing careers as NPs, which will limit patients’ access to timely, high-quality care in communities across the country.

Therefore, we respectfully request that the Department amend its proposal to include post-baccalaureate nursing degrees (MSN, DNP, Ph.D.) in the list of professional degrees so that future NP students have access to the financial support necessary to pursue their education and ultimately serve their communities.

NPs provide high-quality care to patients in all communities in nearly every health care setting across the country. They are essential clinicians in rural and underserved communities, and are the largest and fastest growing Medicare designated provider specialty.¹ Supporting educational pathways into post-baccalaureate nursing removes barriers to enter the profession, supports ongoing workforce needs, and ensures patients across the country have access to high-quality health care.

NPs are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and backgrounds. Daily practice for NPs includes assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. The educational, licensure, certification pathways and practice authority for NPs are equivalent with other health care disciplines such as medicine, dentistry, and pharmacy, all of which already carry the “professional” designation. Additionally, according to the Centers for Medicare and Medicaid Services, in 2023 over 227,000 nurse practitioners billed for Medicare Part B services provided to Medicare patients.² This is more than the combined total of all chiropractors, dentists, optometrists, podiatrists and psychologists, each of whom are included in the Department’s proposed “professional student” definition.

In this proposed rule, the Department establishes certain criteria for degrees to qualify as professional in their proposed definition of “professional student.” Post-baccalaureate nursing degrees meet these criteria, as well as the criteria for “professional degree programs” in 34 CFR § 668.2, which was incorporated into P.L. 119-21 and the proposed definition of “professional student.” As the Department stated in this

¹ See CMS dataset, Number of Medicare Non-Institutional Providers, by Specialty, Calendar Years 2019-2023 (Accessed on February 17, 2026)

² *Ibid.*

proposed rule, P.L. 199-21 established a three-part operative test for the definition of professional degree: the degree must signify completion of the academic requirements for beginning practice; the profession the graduate enters must require a level of skill beyond what is normally required for a bachelor's degree; and the profession that a degree holder would enter after graduating generally requires professional licensure.³ Nurse practitioner programs meet all three of these requirements and easily satisfy this operative test. Post-baccalaureate nursing degrees are required for beginning practice as an NP and for educating nursing students, they signify a level of professional skill beyond what is normally required for a bachelor's degree and are recognized as such in state and federal law and regulation, and professional licensure is required to begin practice as an NP. These are the criteria the Department established, based on the longstanding definition incorporated by Congress, and post-baccalaureate nursing programs meet all of them.

Despite meeting all components of this test, the Department still excluded NPs from the definition of "professional students" based on criteria that were never intended by Congress or referenced in prior Department regulation. Congress was exceptionally clear in defining "professional student" by stating that "the term "professional student" means 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 (as in effect on July 4, 2025), upon completion of the program."⁴ Not only did Congress provide a specific existing definition to the Department, Congress also incorporated it at a specific point of time (the enactment of Public Law No. 119-21) which further limited the authority of the Department to redefine the term via regulation. However, this is exactly what the Department did by introducing new criteria in the proposed regulation, removing language that the list of professions in regulation was a non-exhaustive list of examples, and by adding additional criteria for NPs in the preamble which cannot be found in Congressional intent or prior Department regulation. To be clear, NP degrees meet the operative definition Congress intended, and none of the additional criteria imposed by the Department have a basis in statutory intent or Department history.

Additionally, the new criteria the Department imposes specifically for NPs do not accurately describe NP education, practice or the regulatory environment. NPs are required by law in all 50 states and Medicare to have a master's degree in nursing or a DNP degree. Medicare also requires national certification from a recognized national certifying body that has established standards for NPs, and the only path to national certification is to have graduated from an accredited post-baccalaureate degree NP program. The state practice environment does not have an impact on NP education and preparation as inferred by the Department, since all colleges of nursing are required to prepare students to practice in any jurisdiction regardless of where the state is located or the state's practice environment. The Department also states that some states with full practice authority (FPA) require NPs to have a formal relationship with a physician to prescribe medication. This is factually incorrect, as this type of relationship would disqualify a state from FPA categorization under AANP's criteria,⁵ which is the recognized criteria for defining FPA, including by the U.S. Department of Health and Human Services.⁶

The Department of Education is an outlier among Federal agencies in its discussion of NP practice and the lack of recognition of NPs as health care professionals. For example, the Indian Health Service⁷ and Department of Veterans Affairs (VA) adopted FPA for NPs practicing within their employment capacity. As the VA noted when this policy was adopted over nine years ago, FPA "increases veterans' access to VA health care by expanding the pool of qualified health care professionals who are authorized to provide primary health care and other related health care services to the full extent of their education, training, and certification, without the clinical supervision of physicians, and it permits VA to use its health care

³ 91 FR 4262.

⁴ 20 U.S. Code § 1087e(a)(4)(C)(ii).

⁵ <https://www.aanp.org/advocacy/state/state-practice-environment>.

⁶ See [Rural Health Transformation Program Notice of Funding Opportunity](#), page 87.

⁷ <https://www.ihs.gov/Nursing/advancedpracticenursing/>.

resources more effectively and in a manner that is consistent with the role of APRNs in the non-VA health care sector, while maintaining the patient-centered, safe, high-quality health care that veterans receive from VA.”⁸ NPs have not only been recognized as Medicare billing professionals for almost 30 years, but as previously noted they are the largest and fastest growing billing health care profession within the Medicare program, and there are now more NPs billing for Medicare services than primary care physicians. NPs are also one of only three professions listed in statute as a mandatory Medicaid covered benefit category, which is not true of any of the other professions currently listed in the Department’s proposed regulation, except for physicians.

One area where we do agree with the Department, is that this proposed rule will create new costs for borrowers that often have less favorable terms than federal loans, which could decrease program enrollment, and ultimately the nursing workforce.⁹ This is in direct contravention with other priorities of this Administration, including in growing the rural health care workforce.¹⁰ Depressing the pipeline of nurse practitioners (and nursing overall due to the need for post-baccalaureate degree prepared faculty) will have a stark impact on access to care across multiple settings and disciplines, which is not adequately discussed or analyzed in this proposed rule.

Within primary care, between 2013-2021 primary care physicians available for new patient visits in Medicare dropped by 24.9%, while increasing for advanced practice clinicians by 91.4%.¹¹ For behavioral health care, from 2011 to 2019 the number of psychiatric-mental health NPs (PMHNPs) treating Medicare beneficiaries grew 162 percent, compared with a 6 percent relative decrease in the number of psychiatrists doing so. The proportion of all mental health prescriber visits provided by PMHNPs increased from 12.5 percent to 29.8 percent between 2011–19.¹² NPs are critical to treating patients with substance use disorder, and after receiving the authority to prescribe medication-assisted treatment (MAT) under the Comprehensive Addiction and Recovery Act (CARA) under the first Trump Administration, studies found that NPs have greatly increased access to MAT in rural and underserved communities. In rural communities, NPs and PAs were the first waived clinicians in 165 rural counties covering 5.7 million residents.¹³ For underserved communities, an American Enterprise Institute (AEI) study titled *Nurse Practitioners: A Solution to Americas Primary Care Crisis* found that NPs “are significantly more likely than primary care physicians to care for vulnerable populations. Nonwhites, women, American Indians, the poor and uninsured, people on Medicaid, those living in rural areas, Americans who qualify for Medicare because of a disability, and dual-eligibles are all more likely to receive primary care from NPs than from physicians.”¹⁴

Supporting post-baccalaureate nursing education removes barriers to entering the profession, supports ongoing nursing workforce needs, and ensures patients across the country have access to high-quality healthcare. For these reasons, we respectfully request that the Department **include post-baccalaureate nursing degrees (MSN, DNP, Ph.D.) explicitly in the list of “professional” degrees.** This is consistent with the regulatory language and will help ensure a stable pathway of essential nursing professionals for years to come.

We appreciate your consideration of our comments. Should you have any questions or if we can be of any additional assistance, please contact Frank Harrington at fharrington@aanp.org.

⁸ <https://www.federalregister.gov/documents/2016/12/14/2016-29950/advanced-practice-registered-nurses>.

⁹ 91 FR 4297.

¹⁰ See *Rural Health Transformation Program Notice of Funding Opportunity*.

¹¹ JAMA Intern Med, Published Online: January 20, 2026. 2026;186(3):378-79. doi:10.1001/jamainternmed.2025.7465

¹² <https://pubmed.ncbi.nlm.nih.gov/36067437/>

¹³ <https://pubmed.ncbi.nlm.nih.gov/31794302/>

¹⁴ <https://www.aei.org/research-products/report/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>

Sincerely,

American Academy of Emergency Nurse Practitioners

American Academy of Nurse Practitioners Certification Board

American Academy of Nursing

American Association of Colleges of Nursing

American Association of Critical-Care Nurses

American Association of Nurse Practitioners

American Nurses Association

American Psychiatric Nurses Association

Emergency Nurses Association

Gerontological Advanced Practice Nurses Association

National Association of Nurse Practitioners in Women's Health

National Association of Pediatric Nurse Practitioners

National Certification Corporation

National League for Nursing

National Organization of Nurse Practitioner Faculties

New Hampshire Nurse Practitioner Association

Oncology Nursing Certification Corporation (ONCC®)

Oncology Nursing Society