

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 American Association of Nurse Practitioners (AANP), representing the more than 461,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment on the proposed rule 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 federal loan limits established by Section 81001 of Public Law 119-21, *The One Big Beautiful Bill Act* (hereafter OBBB). These loan limits are \$20,500 annually and \$100,000 aggregate for “graduate students” and \$50,000 annually and \$200,000 aggregate for “professional students”.

As currently proposed, post-baccalaureate nursing degrees, which are required for licensure and practice as an NP in every U.S. state and jurisdiction, would erroneously be excluded from the regulatory definition of “professional degrees” for the purposes of federal student loan limits. Inclusion of post-baccalaureate nursing degrees meets the requirements of the definition cited in the OBBB and is also consistent with major priorities of this Administration, most recently with the implementation of the Rural Health Transformation Program (RHTP) discussed below. On March 3, 2025, Sec. McMahon stated that “Postsecondary education should be a path to a well-paying career aligned with workforce needs.”¹ This is the perfect description of the nurse practitioner profession. NPs are the number one job in the country according to U.S. News and World Report, the fastest growing health care profession according to the Bureau of Labor Statistics, and according to the January 2026 Department of Labor jobs report, health care jobs accounted for more than half the total jobs added making this sector a significant driver of our economy.

As discussed in detail in these comments, the OBBB clearly establishes a definition of “professional student”; however, despite this directive the Department has promulgated a proposed rule that excludes post-baccalaureate nursing degrees. As a result, not only does this proposed rule deviate from the plain language of the statute as well as Congressional intent, it will also deter future students from pursuing careers as NPs, ultimately limiting patients’ access to timely, high-quality care in communities across the country.

The Department correctly states that “rather than charting a new course and writing a statute anew, without mooring to previously established statutes, Congress inserted a cross- reference to a long-established Department regulation that defines professional degree.”² The Department further notes that the OBBB established a three-part test based on existing regulation. However, notwithstanding this acknowledgement they chose to apply additional criteria as well as subtract existing text from the noted statutory definition included in OBBB to meet the definition of professional. It is important to note that the language the Department chose to remove represents a fundamental shift in the definition, removing

¹ [Secretary McMahon: Our Department's Final Mission | U.S. Department of Education](#)

² 91 FR 4262

the terminology “examples of a professional degree include but are not limited to”³ and replacing it with a finite list of degrees, changing the definition’s list from illustrative examples to an exhaustive list stating that “professional degree only includes degrees in the following fields.”⁴ This is a clear departure from the definition included by Congress, and a change the Department and the RISE committee are not empowered to make.

Below we will address how post-baccalaureate nursing degrees clearly meet all of the criteria outlined by OBBB, why the additional criteria that the Department is proposing to implement were not part of prior regulation and have no basis in statute or Congressional intent, as well as why it is important that NP programs be defined as “professional degrees.” **As such, we strongly urge the Department to amend its proposal to include post-baccalaureate nursing degrees (MSN, DNP, Ph.D.) in the list of professional degrees, ensuring that future NP students have access to the financial support necessary to pursue their education and ultimately serve their communities.**

William D. Ford Federal Direct Student Loan (Direct Loan) Program; Definitions (§ 685.102)

The Department recognizes that it is “bound to adhere closely to the text of the statute”⁵ in its definition of “professional students”⁶ and “professional degrees”⁷ as it proposes in this section. The Department acknowledges that the operative definition of “professional degree” provided in the OBBB establishes a three-part test, based on the historical definition in 34 CFR 668.2.⁸ The three part test that OBBB incorporated to define a professional degree are: 1, the degree must signify completion of the academic requirements for beginning practice in a given profession; 2, the profession the graduate enters must require a level of professional skill beyond what is normally required for a bachelor’s degree; and 3, the profession that a degree holder would enter after graduating generally requires professional licensure.⁹ **As discussed in detail below, post-baccalaureate nursing degrees clearly meet each prong of the three-part test incorporated into the OBBB and therefore must be included in the definition of “professional degree”.** The Department erred in not recognizing these degrees as “professional” based on a significantly flawed analysis of NP education and practice as well as the application of arbitrary criteria clearly not permitted by OBBB.

Element One: The degree must signify completion of the academic requirements for beginning practice in a given profession.

The Department incorrectly states that NPs are not a distinct profession for purposes of this rulemaking because advanced nursing degrees “are not necessary for entrance into the nursing profession” since “students entering degree programs which lead to an MSN, or a DNP, are already licensed nurses when they begin the degree program.”¹⁰ This is incorrect as discussed below. According to the Department, “the word “signify” means to be a sign of something (<https://www.merriam-webster.com/dictionary/signify>). Here, it means when the degree is completed, the recipient has completed all academic requirements to begin practicing in a profession, even if some additional training is required.”¹¹

³ eCFR :: 34 CFR 668.2 -- General definitions.

⁴ 91 FR 4260

⁵ 91 FR 4263

⁶ 91 FR 4260

⁷ *Ibid*

⁸ 91 FR 4262

⁹ 91 FR 4262

¹⁰ 91 FR 4265

¹¹ 91 FR 4262

Post-baccalaureate nursing degrees clearly meet the requirements of the first element of the three-part test. In the proposed rule, the Department cites Merriam-Webster to define “signify”, just as it does to define “graduate”, based on the concept that “[w]ords and phrases typically carry their ordinary and everyday meaning.”¹² Accordingly, it is relevant that Merriam-Webster defines “professional” as “of, relating to, or characteristic of a profession” and includes examples of “a *professional* career as a nurse/teacher/scientist.”¹³ The Department also cites the Cambridge Dictionary in order to define “graduate student” under the same premise.¹⁴ Thus it is also relevant that the Cambridge Dictionary’s definitions of “profession” as well as “professional” both include nursing as examples of professions and professionals.¹⁵ Based on the principle that “words carry their ordinary and everyday meaning” post-baccalaureate degree nursing programs are professional programs.

Nurse practitioners are advanced practice registered nurses (APRNs) who require preparation at the masters or doctoral level. NPs must have completed their MSN or DNP to sit for their national board examination specific to their population focus before they are able to apply for licensure in their state. ***This examination is separate and distinct from the NCLEX examination which is required for a registered nursing (RN) license.*** NPs are required by law in all 50 states to have a master's degree in nursing or a DNP degree in order to practice.¹⁶ The Department does not define the word “given”, but Merriam-Webster defines it as “particular, specified.”¹⁷ **While NPs have a nursing background, entry into the NP profession requires the additional completion of an MSN or DNP, a separate and distinct national board certification specific to the population focus of the NP, and specific licensure requirements that differ from other nursing professions.**

The requirements noted above to enter the nurse practitioner profession, and the recognition of NPs as a distinct profession, have been adopted by federal government programs for decades. For an NP to participate in Medicare, they must have a 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 Veterans Health Administration (VHA), which has adopted full practice authority (FPA) for NPs employed by the VHA, requires NPs to have completed nationally-accredited MSN or DNP programs, pass national board certification, and maintain state licensure.¹⁸ The Indian Health Service (IHS), which has also adopted FPA for NPs, has the same standards.¹⁹

The United States military also recognizes nurse practitioners as a distinct profession with differentiated duties and responsibilities. The United States Army²⁰, the United States Air Force²¹, the Navy Nurse Corps²² all include NPs as a separate role within the armed forces. Further, the United States Public Health Service Corps, which employs NPs in thirty-eight federal agencies across the government draws

¹² 91 FR 4261, see footnote 4.

¹³ [PROFESSIONAL Definition & Meaning - Merriam-Webster](https://www.merriam-webster.com/dictionary/given)

¹⁴ 91 FR 4261, see footnote 4.

¹⁵ See, <https://dictionary.cambridge.org/dictionary/english/profession>; <https://dictionary.cambridge.org/dictionary/english/professional> (access on February 23, 2026).

¹⁶ <https://www.aanp.org/news-feed/explore-the-variety-of-career-paths-for-nurse-practitioners>

¹⁷ <https://www.merriam-webster.com/dictionary/given> (Accessed on February 25, 2026)

¹⁸ Veterans Health Administration Directive 1350, September 3, 2025.

¹⁹ <https://www.ihs.gov/nursing/advancedpracticenursing/>

²⁰ [Family Nurse Practitioner | U.S. Army](#)

²¹ [Family Nurse Practitioner - U.S. Air Force](#)

²² [Nurse Corps](#)

this distinction as well.²³ Additionally, the Drug Enforcement Administration (DEA) recognizes NPs as “authorizing medical professionals.”²⁴

A student going through a post-baccalaureate NP program cannot practice in any state as a nurse practitioner without completing their MSN or DNP. This standard has been adopted by the federal government in order to participate in Medicare and Medicaid, and to practice as an NP within the scope of their federal employment. Completion of MSN or DNP programs is necessary to begin practice as a nurse practitioner, just as the degrees the Department is proposing to include in the “professional degree” designation are required for the professions currently on the list. Therefore, post-baccalaureate nursing degrees for NPs clearly meet the first element of the test as proposed by the Department, that completion is required to begin practice in the given profession of nurse practitioner. To be clear, all NPs are RNs, but not all RNs are NPs or APRNs, and the scope of practice, licensure and education requirements associated with these roles are meaningfully distinct. As such, the Department must recognize that NPs are a distinct profession for purposes of this rulemaking.

Element Two: The profession the graduate enters must require a level of professional skill beyond what is normally required for a bachelor’s degree.

According to the Department, “[t]his means that the profession must require skill(s) that students who only have a bachelor’s degree (or training below a bachelor’s degree level) would not normally have.”²⁵

Entry-level preparation for NP practice is a post-baccalaureate degree. While most NP programs currently award master’s degrees or post-master’s certificates, an increasing number of NP programs award doctoral degrees. However, Master’s, post-master’s or doctoral preparation and national board certification are required for entry-level practice.²⁶ Academic NP programs follow established educational standards, which ensure the attainment of the APRN role and population core competencies. Educational preparation provides NPs with specialized knowledge and clinical competency, which enable them to practice in various health care settings. National accreditation requirements for NP education programs and competency-based standards ensure NPs are equipped to provide safe, high-quality, cost-effective, patient-centered care upon graduation. Clinical practice competency and professional development are hallmarks of NP education.²⁷

NP education provides theoretical and evidence-based clinical knowledge and learning experiences for role development as an NP. The emphasis in a graduate NP program is on the development of clinical and professional expertise necessary for comprehensive primary care and specialty care practice in a variety of settings. Graduate education prepares NPs to diagnose, manage and prescribe medications and treatments that are not within the role of an RN. Additionally, the NP curriculum is designed to prepare graduates to qualify for national certification in their anticipated area of population-focused practice. The safety and quality of NP competency-based education is consistently demonstrated in more than 50 years of patient care research. This body of literature shows that NPs provide care that is effective, patient-centered, efficient, safe, and evidence-based.²⁸

Nationally accredited NP graduate degree programs must include both didactic and clinical rotations with demonstration and documentation of clinical competency that build and expand on basic nursing expertise. NP education prepares clinicians for licensure and practice to the full extent of education,

²³ [Nurse Practitioner | Commissioned Corps of the U.S. Public Health Service](#)

²⁴ [Federal Register :: Registering Emergency Medical Services Agencies Under the Protecting Patient Access to Emergency Medications Act of 2017](#)

²⁵ 91 FR 4262

²⁶ [Standards of Practice for Nurse Practitioners](#)

²⁷ <https://www.aanp.org/advocacy/advocacy-resource/position-statements/scope-of-practice-for-nurse-practitioners>

²⁸ <https://www.aanp.org/advocacy/advocacy-resource/position-statements/quality-of-nurse-practitioner-practice>

clinical training and board certification.²⁹ NPs blend the scientific process, current evidence and national standards of care with a holistic approach to manage patient care and foster professional practice. The additional skills gained in completing a post-baccalaureate degree carry over into the daily practice for NPs which 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.

It is widely recognized that post-baccalaureate nursing degree programs educate and clinically prepare prospective NPs for a level of professional skill beyond what is required for a bachelor's degree. For example, IHS has adopted FPA for all of the APRN roles and recognizes that “Advanced Practice Registered Nurses (APRN) have advanced education and clinical training, a Master’s or Doctoral degree in nursing, are nationally board certified and hold advanced licensure and scope of practice beyond that of registered nurses.”³⁰

The VHA has also adopted FPA for NPs.³¹ Within the VHA, NPs have the full practice authority to provide physical examinations and other health assessment and screening activities, diagnose, treat, and manage patients with acute and chronic illnesses and disease, order laboratory and imaging studies and integrate the results into clinical decision making, prescribe medications and treatments, and order durable medical equipment, among other responsibilities. As stated by the VHA, 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 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 within VA and the community.”³² This is a level of responsibility that the VHA does not provide to nurses who have not obtained a post-baccalaureate degree.

Medicare recognizes these differences within its regulations, as NPs are authorized as Medicare billing providers, which among nursing, is only true for the APRN professions.³³ This recognition is consistent across the federal government, as the United States military also recognizes nurse practitioners as a distinct profession with differentiated duties and responsibilities. The United States Army³⁴, the United States Air Force³⁵, and the Navy Nurse Corps³⁶ all include NPs as a separate role within the armed forces. Further, the United States Public Health Service Corps, which employs NPs in thirty-eight federal agencies across the government draw this distinction as well.³⁷

As such, it is abundantly clear that the profession a nurse practitioner program graduate enters requires “a level of professional skill beyond what is normally required for a bachelor’s degree”³⁸ and the profession “requires skills that students who only have a bachelor’s degree (or training below a bachelor's degree

²⁹ <https://www.aanp.org/advocacy/advocacy-resource/position-statements/nurse-practitioner-education>

³⁰ <https://www.ihs.gov/nursing/advancedpracticenursing/>.

³¹ VHA Directive 1350, September 3, 2025. Certified Nurse Midwives and Clinical Nurse Specialists also have FPA within their defined roles.

³² *Ibid*, at page 5.

³³ [Advanced Practice Registered Nurses \(APRNs\) | CMS](#)

³⁴ [Family Nurse Practitioner | U.S. Army](#)

³⁵ [Family Nurse Practitioner - U.S. Air Force](#)

³⁶ [Nurse Corps](#)

³⁷ [Nurse Practitioner | Commissioned Corps of the U.S. Public Health Service](#)

³⁸ 91 FR 4260

level) would not normally have.”³⁹ Therefore, post-baccalaureate nursing degrees for NPs clearly meet all of the defined components of the second element of the test.

Element Three: The profession that a degree holder would enter after graduating generally requires professional licensure.

According to the Department, this criterion means that “before beginning practice, the degree recipient must obtain additional authorization to begin practicing, which would typically flow from a government or standard setting organization.” The NP profession meets this criterion. NPs are licensed in all states, territories and the District of Columbia, and they practice under the rules and regulations of the state in which they are licensed. NPs cannot practice without obtaining licensure from the jurisdiction in which they are practicing, unless they are practicing within the scope of their government employment (e.g. VHA or IHS), in which case they still must hold a valid state license in order to practice.

NPs must pass standardized national certification exams that are psychometrically-sound, legally defensible, competency-based examinations of knowledge and proficiency in patient care as advanced clinicians. These certification programs must maintain accreditation by the Accreditation Board of Specialty Nursing Certification and the National Commission for Certifying Agencies, and they must be evaluated regularly through practice input and analysis.⁴⁰ These examinations, and the resulting licensure, are distinct and specific to nurse practitioners. These requirements are consistent with the requirements for the professions currently deemed to be “professional” by the Department. Therefore, post-baccalaureate nursing degrees for NPs clearly meet all the defined components of the third element of the test as proposed by the Department.

The foregoing analysis makes it clear that post-baccalaureate nursing programs satisfy every component of the three-part operative test for “professional degrees” that the Department agrees was incorporated into OBBB. Meeting the requirements of this test should be the end of the analysis confirming that advanced nursing degrees qualify as “professional degrees” for purposes of the OBBB and this rulemaking implementing the law.

Additional Elements Proposed by Department of Education

As discussed above, post-baccalaureate nursing degrees satisfy all the criteria of the operative test that were established by the OBBB. In its discussion of NPs, the Department does not state that NPs fail to meet these requirements, as the Department does with other professions. Instead, the Department imposes further criteria specifically on nurse practitioners that have no basis in the plain language of the OBBB, Congressional intent, or Department history. The Department does not provide any evidence that these new criteria were intended, or even considered by Congress, and does not provide any evidence that these criteria have a basis in Department history. Further, ***in its discussion of NPs, the Department fundamentally misstates essential facts about the profession that lead it to improperly exclude these degrees utilizing the unauthorized criteria.*** Therefore, it is essential that the Department amend its proposal and include post-baccalaureate nursing degrees in the “professional degree” definition.

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.”⁴¹ 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.

³⁹ 91 FR 4262

⁴⁰ 2024 American Association of Nurse Practitioners *Nurse Practitioner Practice Report*

⁴¹ 20 U.S. Code § 1087e(a)(4)(C)(ii).

119-21) which further limited the authority of the Department to redefine the term via regulation. The Department does not, and cannot state, that NP students do not meet the three-prong test established by OBBB. Instead, the Department improperly creates two new criteria to exclude NPs from the “professional” designation.

Nurse Practitioners are a Distinct Profession

First, the Department states that “neither the MSN nor the DNP would satisfy the *professional degree* definition because, for example, the degrees are not necessary for entrance into the nursing profession. While holders of an MSN or a DNP may obtain licensure as a nurse practitioner, students entering degree programs which lead to an MSN, or a DNP, are already licensed nurses when they begin the degree program. Therefore, Department does not believe that the MSN or the DNP satisfy a core aspect of the definition of *professional degree*.”⁴² The Department goes on to say that, in certain states, because NPs are “supervised by physicians, just as other nurses are, the Department believes that nurse practitioners cannot be said to be part of a distinct profession, meaning that the MSN and DNP are not requirements for entrance into a profession.”⁴³

The Department’s analysis in this section is factually incorrect and misstates several key points regarding the nursing profession. To finalize this categorization of NPs would make the Department an outlier in not recognizing NPs as a distinct profession, an especially problematic position given its absence of Congressional support. The language within this proposed rule conflates the RN and the NP, effectively arguing these roles constitute the same profession. Grouping the entirety of the “nursing profession” together fails to distinguish and articulate the fundamental differences between advanced practice nursing degrees which require post-baccalaureate education, and nursing degrees which do not require post-baccalaureate education. By not recognizing NPs and RNs as distinct, the Department fails to recognize the key differences which require under any reasonable analysis that they be treated as distinct professions for purposes of this rulemaking. Again, this result is ungrounded in statute, inconsistent with Congressional intent, and would make the Department an outlier among all the federal government agencies.

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. NPs also hold prescriptive authority in all 50 states and the District of Columbia (D.C.), while states do not grant RNs prescriptive authority. As discussed in detail in the above section on the second element of the three-prong test, NPs cannot practice without an MSN or DNP. They undergo an additional national certification examination in their specific population foci that is not required for RNs. The requirements for state licensure between RNs and NPs are different and distinct, and this difference has long been recognized by the federal government. Consistent with the differences between the two professions, NP licensure grants NPs additional practice authority that is not held by RNs. Even in states that still require NPs to maintain collaborative practice agreements, the scope of NP practice authority practice is greater than that of RNs (e.g. the authority to prescribe controlled substances), and the Department is wrong in stating that NPs are not a distinct profession.

This statement also has no basis in how NPs have been recognized across the Federal Government. The Department of Veterans Affairs in a 2016 rule recognized that “APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services; they complete

⁴² 91 FR 4265

⁴³ 91 FR 4265

masters, post-masters or doctoral degrees.”⁴⁴ In this rule, the VA recognizes that the profession of nurse practitioner and the practice authority attached to it is unique to and separate from other professions within the nursing umbrella.⁴⁵ As the nation’s largest employer of nurses, the VA is a renowned federal authority on nursing.⁴⁶

The Centers for Medicare and Medicaid Services (CMS) also recognizes the differentiations between RNs and NPs within nursing. Under Medicare Part-B, nurse practitioners are recognized as providers authorized to directly bill Medicare. It is important to note that RNs do not have this authority. In fact, NPs can bill for many of the same services as physicians and are authorized to be supervising clinicians.⁴⁷ This recognizes the professional role of a nurse practitioner within Medicare as separate and distinct from an RN or other types of nurses. The IHS also recognizes NPs as a separate professional role within nursing, noting that as APRNs they have “advanced education and clinical training, a Master’s or Doctoral degree in nursing, are nationally board certified and hold advanced licensure and scope of practice beyond that of registered nurses.”⁴⁸

The United States military also recognizes nurse practitioners as a distinct profession with differentiated duties and responsibilities. The United States Army⁴⁹, the United States Air Force⁵⁰, and the Navy Nurse Corps⁵¹ all include NPs as a separate role within the armed forces. Further, the United States Public Health Service Corps, which employs NPs in thirty-eight federal agencies across the government draw this distinction as well.⁵² Additionally, the Drug Enforcement Administration (DEA) recognizes NPs as “authorizing medical professionals.”⁵³

As evidenced above, ***across the federal government including CMS, the VA, the IHS, the United States Military, DEA, and numerous federal agencies, recognize nurse practitioners as a distinct profession with responsibilities, duties, and authorized practice which are separate and distinct from other nursing roles.*** The Department must follow the precedent set by the entirety of the federal government and recognize that the profession of nursing encompasses different types of nurses under the umbrella of nursing. Nurse practitioners are a uniquely distinct profession. Therefore, to state that “neither the MSN nor the DNP would satisfy the *professional degree* definition because, for example, the degrees are not necessary for entrance into the nursing profession”⁵⁴ is simply incorrect. In order to become a nurse practitioner, individuals are required to have a post-baccalaureate nursing degree and become licensed specifically as an NP.

NP State Practice Authority

Next, the Department states that they are excluding NPs based on the Department’s understanding of independent practice and supervision. These new criteria imposed by the Department is not included or inferred anywhere in the OBBB and has no basis in the Department’s historical definition of “profession.” By adopting these new criteria, the Department goes far beyond the definition that Congress included in the law. The Department also errs in its analysis because state practice environment does not have an

⁴⁴ [VA Grants Full Practice Authority to Advance Practice Registered Nurses - VA News](#)

⁴⁵ [Federal Register :: Advanced Practice Registered Nurses](#)

⁴⁶ <https://vacareers.va.gov/es/job-news-advice/va-nurses-the-heart-of-veteran-care/>

⁴⁷ [Advanced Practice Registered Nurses \(APRNs\) | CMS](#)

⁴⁸ [Advanced Practice Nursing | Nursing](#)

⁴⁹ [Family Nurse Practitioner | U.S. Army](#)

⁵⁰ [Family Nurse Practitioner - U.S. Air Force](#)

⁵¹ [Nurse Corps](#)

⁵² [Nurse Practitioner | Commissioned Corps of the U.S. Public Health Service](#)

⁵³ [Federal Register :: Registering Emergency Medical Services Agencies Under the Protecting Patient Access to Emergency Medications Act of 2017](#)

⁵⁴ 91 FR 4265

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. 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 Department also claims that some states with 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,⁵⁵ which is the recognized criteria for defining FPA, including by the U.S. Department of Health and Human Services in the RHTP Notice of Funding Opportunity.⁵⁶ To be clear, the Department has never considered state practice environment in its definition of "professional", and the OBBB, which directed the Department to use an existing definition of "professional", did not provide the Department the authority to do so. Accordingly, the Department erred in using this criterion as a pretext to exclude post-baccalaureate nursing degrees.

Similarity to Included Professions

Within this proposal, the Department states that "degrees on the example list in 34 CFR 668.2 may be fairly compared to any degrees not on the list. If any given degree is similar to degrees on the list, that provides additional evidence that the degree at hand may be a professional degree."⁵⁷ Pursuant to the negotiated rulemaking, the Department also recognizes that the list of professions in 34 CFR 668.2 was never meant to be exhaustive, and added clinical psychology as a "professional degree." Post-baccalaureate nursing degrees required to enter the NP profession are similar to the health care degrees on the list. In fact, in many agencies across the federal government and in state regulation, nurse practitioners have a broader scope of duties and responsibilities than those which are listed.

NPs provide a substantial portion of the high-quality⁵⁸, cost-effective⁵⁹ care that our communities require. According to CMS, as of 2024, there were over 243,000 NPs billing for Medicare services, making NPs the largest Medicare designated provider specialty,⁶⁰ and approximately 80% of NPs are seeing Medicare and Medicaid patients.⁶¹ NPs have a particularly large impact on primary care as approximately 87% of all NP graduates are prepared in primary care.⁶² According to the Medicare Payment Advisory Commission (MedPAC), APRNs and Physician Assistants (PAs) comprise approximately one-third of the primary care workforce, and up to half in rural areas.⁶³ MedPAC's 2022 survey also found that rural and lower-income beneficiaries were more likely to report getting most or all of their primary care from an NP or PA compared with middle-income and higher-income beneficiaries.⁶⁴ According to the July 2025 data book, 57% of Medicare patients see an NP or PA for primary care and 66% of rural Medicare patients see an NP or PA for their primary care.⁶⁵

According to a Government Accountability Office report on rural hospital closures "from 2012 to 2017, the availability of all physicians declined more among counties with [rural hospital] closures (16.2

⁵⁵ <https://www.aanp.org/advocacy/state/state-practice-environment>.

⁵⁶ See [Rural Health Transformation Program Notice of Funding Opportunity](#), page 87.

⁵⁷ 91 FR 4263

⁵⁸ <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>.

⁵⁹ <https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>.

⁶⁰ <https://www.cms.gov/files/zip/cy-2026-pfs-proposed-rule-specialty-impacts-practitioner.zip>

⁶¹ [2025 NP Infographic](#)

⁶² [Ibid](#)

⁶³ https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf (see Chapter 2).

⁶⁴ https://www.medpac.gov/wp-content/uploads/2023/03/Mar23_MedPAC_Report_To_Congress_SEC.pdf (Page 145), page 133).

⁶⁵ [July 2025 Data Book: Health Care Spending and the Medicare Program – MedPAC](#)

percent) compared to counties without closures (1.3 percent)” whereas “[c]ounties with rural hospital closures experienced a greater increase in the availability of advanced practice registered nurses (61.3 percent), compared to counties without closures (56.3 percent).”⁶⁶ It is clear that NPs provide a substantial portion of health care, similar to if not more than the health care professions which are included within this proposal.

Further, the Department proposes to add clinical psychology to the definition. It is important to highlight that NPs provide a substantial amount of behavioral and mental health services in communities across the country that includes diagnosis, counseling and prescribing medications and treatments. In fact, after the passage of the *Comprehensive Addiction and Recovery Act of 2016* (CARA), studies have found that NPs increased access to Medication Assisted Treatment (MAT) in rural and underserved communities. For instance, one study found that NPs and PAs were the first waived MAT providers in hundreds of rural counties, representing millions of individuals.⁶⁷ The Medicaid and CHIP Payment and Access Commission found that the number of NPs prescribing buprenorphine for the treatment of OUD, and the number of patients with OUD treated with buprenorphine by NPs increased substantially in the first year they were authorized to obtain their Drug Addiction and Treatment Act (DATA) waiver, particularly in rural areas and for Medicaid beneficiaries.⁶⁸

Additionally, a study published in *Health Affairs* found that from 2011-2019 the number of psychiatric-mental health NPs (PMHNPs) treating Medicare beneficiaries grew by 162%, compared to a 6% drop in psychiatrists during that same period. The study also found that the proportion of all mental health prescriber visits provided by PMHNPs to Medicare beneficiaries increased from 12.5% to 29.8% during that same period.⁶⁹ MedPAC has reported that “between 2016-2021 the volume of behavioral health services provided to Medicare beneficiaries provided by psychiatrists declined by a 5% average annual decrease and rose for NPs with a 12% average annual increase.”⁷⁰

The evidence is clear that NPs provide care and have a “scope of work” that is significantly similar to the health care professions which are included within this definition. In fact, in certain cases such as clinical psychologists, NPs have greater authority in areas such as prescribing, as they hold prescriptive authority in all 50 states and the District of Columbia (D.C.) versus clinical psychologists who have a more restrictive environment.⁷¹ Therefore, based on the Department’s methodology, NPs should be included based on their similarity to the health care professions included within the proposal.

Additionally, while the Department states that “Congress did not instruct the Department to take need into account when determining which programs are eligible for the higher loan limits”⁷², bipartisan efforts by members of the United States Congress dispel this false notion. Members calling for the addition of post-baccalaureate nursing degrees include Representatives Jen Kiggans (R-VA) and Sheri Biggs (R-SC), nurse practitioner members of the United States Congress. On November 21, 2025, Congresswoman Kiggans wrote to the Department asking them to re-evaluate their decision, stating that “I understand the need to lower the cost of attending college, but risking the careers of healthcare workers isn’t the right solution. This nursing shortage is real and unless we do something to address it, the strain on our healthcare system could be insurmountable.”⁷³ On February 20, 2026, Congresswoman Biggs called on

⁶⁶ <https://www.gao.gov/assets/gao-21-93.pdf>.

⁶⁷ <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.00859>.

⁶⁸ <https://www.macpac.gov/publication/analysis-of-buprenorphine-prescribing-patterns-among-advanced-practitioners-in-medicaid/>.

⁶⁹ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00289>

⁷⁰ [Jun23_Ch6_MedPAC_Report_To_Congress_SEC.pdf](#)

⁷¹ [About prescribing psychologists](#)

⁷² 91 FR 4264

⁷³ <https://kiggans.house.gov/posts/rep-kiggans-urges-department-of-education-to-roll-back-restrictions-on-student-loans-for-advanced-nursing-degrees>

the Department to revise this interpretation, stating that “As written, the proposed rule would exclude Advanced Practice Registered Nurse (APRN) and Nurse Practitioner (NP) programs from being treated as professional degree programs under federal student loan policy. This interpretation would result in lower loan limits, materially disadvantaging students from pursuing essential health care careers, and diverging from the statutory focus on licensure-based professional education.”⁷⁴ Additionally, on December 12, 2025, in a bipartisan, bicameral letter signed by over 140 Members of Congress, the members stated that “we have a strong interest in bolstering the nursing workforce and supporting legislation that will make it easier for nurses to enter the field.”⁷⁵ Should the Department fail to correct the exclusion of advanced nursing degrees in this proposed rule, the impact of these policies will be catastrophic for the future of patient access to health care. These policies will deter future students from pursuing careers as NPs, limiting patients’ access to timely, high-quality care in communities across the country.

Excluding post-baccalaureate nursing from the “professional” designation also contravenes Administration initiatives going back to President Trump’s first Administration. Section 5 of Executive Order 13890 on *Protecting and Improving Medicare for Our Nation’s Seniors*, called for removing burdensome requirements in the Medicare program that are “more stringent than applicable Federal or State laws require and that limit professionals from practicing at the top of their profession.”⁷⁶ Additionally, the *Reforming America’s Healthcare System Through Choice and Competition* report from the Department of Health and Human Services, the Department of Treasury, and the Department of Labor⁷⁷ called for removing barriers to care on APRNs, and highlighted the anticompetitive impacts of restrictive policies. Building off of these policies, the State application criteria for the RHTP included a section which rewarded states that have adopted, or plan to adopt, full practice authority for nurse practitioners utilizing AANP’s state practice environment designations.⁷⁸

Return on Investment (ROI)

In Section 5, *Alternatives Considered*, the Department notes that negotiators participating in the RISE Committee negotiated rulemaking offered a number of less-restrictive interpretations. ***Many of these suggestions from negotiators have a common theme which is a suggested inclusion of post-baccalaureate nursing programs.*** In fact, in a memo from the negotiators, they stated that an analysis showed that the increase in the definition of professional degrees in their proposal could possibly generate additional revenue for the federal government.⁷⁹ As was referenced multiple times during the Congressional deliberations and negotiated rulemaking, ROI was one of the main considerations of the implementation of these policies.

In this proposed rule, the Department states that one of the benefits of this rulemaking is that “the OBBB’s limits on graduate loans will help reduce the number of degree programs that result in low earnings relative to the prices institutions charge” and that it will help “students shift towards programs that provide a stronger return on investment.”⁸⁰ However, the Department ignores evidence, including in its own citations, about the high ROI of post-baccalaureate nursing degrees. As evidence of its position, the Department cites a white paper from the Foundation for Research on Equal Opportunity (FREOPP) that analyzed the ROI for various degree programs. This white paper found that post-baccalaureate

⁷⁴ <https://sheribiggs.house.gov/media/press-releases/biggs-defends-nurse-practitioners-and-rural-health-letter-department-education>

⁷⁵ <https://www.merkley.senate.gov/merkle-y-wicker-kiggans-bonamici-lead-bipartisan-bicameral-effort-to-oppose-new-limits-on-student-loans-for-nurses/>

⁷⁶ [Executive Order on Protecting and Improving Medicare for Our Nation’s Seniors – The White House](#)

⁷⁷ [Reforming America’s Healthcare System Through Choice and Competition](#)

⁷⁸ [See Rural Health Transformation Program Notice of Funding Opportunity.](#)

⁷⁹ <https://www.ed.gov/media/document/2025-rise-memo-revised-professional-degree-definition-and-aligning-definitions-code-of-federal-regulations-10102025-submitted-alex-holt-and-andrew-gillen>

⁸⁰ 91 FR 4299.

nursing programs had a high ROI, explicitly stating that “master’s degrees in science, engineering, and nursing tend to have very strong ROI.” Other research conducted by FREOPP reinforced these findings. Their white paper on ROI for graduate programs found that while the median ROI of master’s degrees is \$83,000, “[m]ost master’s programs in computer science, engineering, and nursing boast ROI above \$500,000”, and that these degrees “virtually guarantee their graduates a financial return.”⁸¹ According to FREOPP, the “master’s degrees with the most consistently positive ROI are in computer science, engineering, and nursing. Ninety-seven percent of master’s degrees in these fields offer at least some positive return, and most have an ROI above \$500,000.”⁸² ***Based on data cited by the Department, post-baccalaureate nursing has one of the highest ROIs of any program, yet the Department is proposing a rule that would steer students away from this profession.*** This is directly contrary to the intent of the rule and inconsistent with the benefits that the Department claims will be derived from this rulemaking.

Other evidence continues to show a high demand for nurse practitioners, demonstrating that post-baccalaureate nursing degree programs not only have a high ROI for students, but for their communities as well. For example, the U.S. News and World Report has named NPs as the top profession in the country for three years in a row.⁸³ Health care professionals have been critical to overall economic growth and contributed 81,900 of the 130,000 jobs added in the January 2026 Department of Labor jobs report.⁸⁴ Further, the Bureau of Labor Statistics, found that employment for NPs is projected to grow by 40% from 2024-2034, and are the fastest growing job in all of health care.⁸⁵ For comparison, the total projected increase in employment for all occupations over that same period is only 3%.⁸⁶ According to the BLS, “32,700 openings for nurse anesthetists, nurse midwives, and nurse practitioners are projected each year, on average, over the decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force, such as to retire.”⁸⁷ The BLS also stated that the most important contributors to the demand for APRNs “include the aging population and growing prevalence of chronic disease.”⁸⁸ Importantly, BLS delineates between APRNs and RNs in these statistics, further bolstering the fact that these roles should be treated as distinct professions for purposes of this rulemaking.

In further discussion of the RISE negotiations, the Department’s analysis and justification states that nursing is one of the programs which would “account for a large share of the projected increase in loan disbursements and budget costs relative to the Department’s proposal and the baseline 10 programs.”⁸⁹ However, this does not take into account the fact that NPs are a high demand profession, and the return on investment is high given the likelihood for employment and high average salaries, as recognized by the data cited by the Department. Accordingly, accounting for a larger share of loan disbursements should not be viewed in a vacuum and as justification for excluding advanced nursing degrees.

As noted in this proposed rule, the new loan limits will “create several new costs for borrowers relative to pre-OBBA policy.”⁹⁰ The Department notes that borrowers may have to reduce enrollment due to inability to afford the cost of a program; they may need to seek other forms of financing, such as private loans, with less favorable loan terms; and the Department acknowledges that some students and their parents may not be able to secure non-federal financing to continue the students’ education. This rule

⁸¹ <https://freopp.org/whitepapers/is-grad-school-worth-it-a-comprehensive-return-on-investment-analysis/>.

⁸² *Ibid.*

⁸³ [Nurse Practitioners Secure No. 1 Spot Across Three U.S. News & World Report Best Jobs Rankings](https://www.fiercehealthcare.com/providers/standout-healthcare-sector-gains-backstop-better-expected-jan-jobs-report)

⁸⁴ <https://www.fiercehealthcare.com/providers/standout-healthcare-sector-gains-backstop-better-expected-jan-jobs-report>

⁸⁵ <https://www.cnn.com/2026/02/11/the-top-fastest-growing-jobs-in-healthcare-according-to-bls-data.html>

⁸⁶ <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm#tab-6>

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

⁸⁹ 91 FR 4316

⁹⁰ 91 FR 4297

“may have future effects, such as on timing of when individuals enter the labor force and their career choices.”⁹¹ Based on the Department's own data, this will directly impact post-baccalaureate nursing programs because the average annual loan disbursements for nursing professions included in the negotiator's proposal is above the new graduate annual loan limit.⁹² Recent data analyzed by the Philadelphia Federal Reserve also indicates that this rule could reduce the ability of students entering health professions to receive the adequate financing to support their education.⁹³ As such, the Department's decision regarding whether a program is deemed to be “professional” or “graduate” will have significant implications for the health care workforce and health of the nation.

If a benefit of this regulation is for students to shift toward high ROI programs, that benefit will be lost for students in high ROI post-baccalaureate nursing programs who can no longer access these programs due to the Department's rulemaking. This is particularly true for nursing, because excluding post-baccalaureate nursing degrees from the definition of “professional degrees” will hinder the pipeline of APRNs who require post-baccalaureate preparation in order to practice, as well as the entire nursing education system because nursing faculty must also be prepared at the post-baccalaureate level to educate nursing students. This will have a severely negative impact, as nursing programs already turn away qualified applicants due to faculty shortages. In 2024, U.S. nursing schools turned away 80,162 qualified applications from baccalaureate and graduate nursing programs, with faculty shortages being the top reason qualified applicants were not accepted into programs.⁹⁴ A survey of nursing deans and post-baccalaureate nursing students conducted by the American Association of Colleges of Nursing also found that over 80% of students stated that the proposed loan caps would negatively impact students' ability to finance their education, and over 75% of deans stated that the loan caps would negatively impact post-baccalaureate enrollment and faculty at their colleges of nursing.⁹⁵

These stricter and often inadequate loan limits will result in a significant impact on access to care, particularly in rural and underserved communities. Given that the Department has stated that increasing participation in high ROI programs is one of the benefits of this rule, it does not make sense to finalize a policy that would reduce access to post-baccalaureate nursing, which are some of the highest ROI programs being discussed in this rule.

Conclusion

As stated by the Department, the OBBB established a three-part test to define what constitutes a “professional degree.” Post-baccalaureate nursing degrees unequivocally meet every single one of these requirements. The Department's decision to go beyond its authority to impose additional criteria in order to exclude nurse practitioner programs has no basis in statute or Congressional intent. Further, this proposal inaccurately discusses NP education and practice and does not adequately analyze the similarities between NPs and the other professions on the “professional degree” list. Including post-baccalaureate nursing degrees in the definition of “professional degrees” is the only reasonable outcome based on the text of the OBBB. Including advanced nursing degrees will positively impact ongoing nursing workforce needs and ensure patients across the country have access to high-quality healthcare. For these reasons, we strongly urge that the Department **include post-baccalaureate nursing degrees (MSN, DNP, Ph.D.) explicitly in the list of “professional” degrees.** The Department's decision on this

⁹¹ 91 FR 4297

⁹² 91 FR 4316, see Table 5.3.

⁹³ <https://www.philadelphiafed.org/-/media/FRBP/Assets/Consumer-Finance/Reports/student-loans-for-graduate-school.pdf>

⁹⁴ <https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Faculty-Shortage-Factsheet.pdf>

⁹⁵ <https://www.aacnnursing.org/Portals/0/PDFs/Data/AACN-Data-Loan-Cap-Survey-Report-December-2025.pdf>



American Association of
NURSE PRACTITIONERS™

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will have profound consequences for NP students, the adequacy of our nation's health care workforce, and ultimately the health of Americans.

AANP appreciates the opportunity to provide comment on this proposed rule. Should you have comments or questions, please contact MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

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Chief Executive Officer
American Association of Nurse Practitioners