

The Honorable Linda McMahon  
Secretary  
U.S. Department of Education  
400 Maryland Avenue, SW, 5<sup>th</sup> Floor  
Washington, DC 20202

Re: Proposed Changes to Definition of “Professional Degrees” (Comment on FR Doc #2026-01912)

Dear Secretary McMahon,

On behalf of the American College of Rheumatology (ACR) and the Association of Rheumatology Professionals (ARP), collectively “the College” representing over 10,400 rheumatology professionals dedicated to improving the lives of patients with arthritis and related diseases, we write to express serious concerns about the Department’s proposed redefinition of “professional degrees” and its impact on the healthcare workforce and patient access to care.

While the Department’s November 2025 “Myth vs. Fact” statement suggests these changes will reduce graduate program costs, we strongly disagree that this aim can be accomplished by reclassifying these professionals. Limiting access to higher federal loan caps will not lower tuition; instead, it will force many to abandon their healthcare career aspirations rather than seek costly private loan. This approach harms Americans by undermining the health workforce pipeline at a time of critical shortages. Health workforce shortages are already critical: over 187,000 physicians and tens of thousands of nurses and health professionals are needed by 2037 to meet growing patient needs<sup>1</sup>.

**Key Concerns:**

- **Misleading Cost Assumptions:** Tuition for advanced health programs is driven by clinical training requirements and accreditation standards, not by federal loan availability. Reducing borrowing capacity will not compel institutions to lower costs but will increase reliance on private financing—often at higher interest rates and with fewer protections. Instead, institutions report anticipating declines in applications and enrollment in these programs, undermining the future supply of PAs, NPs, therapists, and public health professionals as opposed to reduced costs<sup>2</sup>.

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<sup>1</sup> <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-health-workforce-report-2024.pdf>

<sup>2</sup> <https://ssti.org/blog/what-proposed-redefinition-professional-degrees-might-mean-institutions-sectors-and-workforce>

- **Threat to Workforce Supply:** Under the proposed definition, essential programs such as advanced nursing, physician assistant studies, physical and occupational therapy, audiology, speech-language pathology, and public health would lose access to the more flexible, \$200,000 lifetime federal loan limit and would be capped at the \$100,000 lifetime limit. These programs routinely exceed \$90,000 in tuition and fees, with additional costs for clinical placements, technology, travel, and living expenses. For many students, reduced borrowing access creates a financial chasm that public funding or institutional aid can't bridge, making the lower cap untenable for most students.
- **Decreased Patient Access to Care:** The U.S. faces a severe shortage of physicians, nurses, and additional critical health professionals. Restricting financial access will deter qualified candidates from entering the latter fields, putting more stress on physicians and resulting in longer wait times, increased hospitalizations, and poorer health outcomes. This shortage is more dire in rural and underserved communities. Per 2020 census data, 20% of the United States population lives in rural areas.<sup>3</sup> Fewer students and trainees will translate to magnified hardships in these vulnerable areas.
  - The borrowing limits will most seriously impact students who may not qualify for private loans. Allied health professions can be a crucial engine for economic mobility for people from low-income backgrounds. By reducing access to borrowing capacity, this definition may discourage potential healthcare workers without financial means from entering the field.

Unfortunately, this policy will not reduce costs. The result is more likely to be fewer health professionals entering the workforce, deeper inequities, and exacerbated shortages in critical care sectors. We must not undermine pipelines into the very careers that sustain our health system. The College urges the Department to reconsider this policy and maintain the current definitions for all health-related professional programs. Our nation's ability to meet growing patient needs depends on a robust pipeline across disciplines.

We welcome the opportunity to discuss these concerns further and collaborate on solutions that strengthen, rather than weaken, the healthcare workforce. Thank you for your attention to this critical issue.

Sincerely,

American College of Rheumatology

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<sup>3</sup> [https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2020-ua-facts.html#:~:text=Table\\_title:%202020%20Census%20Urban%20Areas%20by%20the,States:%2020.0%25%20%7C%20Island%20Areas:%2012.9%25%20%7C](https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2020-ua-facts.html#:~:text=Table_title:%202020%20Census%20Urban%20Areas%20by%20the,States:%2020.0%25%20%7C%20Island%20Areas:%2012.9%25%20%7C)