March 2, 2026

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

Submitted electronically via Regulations.gov

Re: Reimagining and Improving Student Education (RISE) — Proposed Rule
Docket ID: ED-2025-OPE-0944 | RIN: 1840-AD98 | FR Doc. 2026-01912

Dear Under Secretary Kent:

The Academy Advisors is an alliance of leading nonprofit integrated hospital systems that deliver high-quality, comprehensive care to millions of Americans each year, serving diverse geographies and patient populations. Collectively, our members operate in urban, suburban, and rural communities across more than 40 states, supported by a workforce of over 625,000 employees.

On behalf of the undersigned nonprofit hospital systems, we appreciate the opportunity to comment on the Department of Education's proposed rule on Reimagining and Improving Student Education (RISE). Our organizations provide care to millions of patients across the country, including in rural communities, and we see firsthand how federal student financing policies shape the strength, stability, and geographic distribution of the health care workforce. Reliable and predictable federal financing pathways are essential to maintaining stable workforce pipelines and protecting patient access in communities across the country.

We appreciate the Department's stated goals of promoting affordability, safeguarding taxpayer funds, and ensuring that federal student aid programs are structured responsibly and sustainably. We share the objective of aligning financing policy with long-term workforce and economic stability, and we recognize the importance of careful stewardship of federal resources.

At the same time, we are concerned that the proposed definition of "professional student," together with new borrowing caps and the phase-out of Grad PLUS lending for certain students, could place additional strain on many graduate programs that train the professionals our hospitals rely upon.

Absent targeted adjustments, we fear that fewer students will be able to start or complete their training, more will be pushed into higher-cost private loans with fewer protections, and existing workforce shortages—particularly in rural communities—will intensify.

Below are our specific comments and recommendations.

1. **The proposed "professional student" definition is narrower than the statute's broader, open-ended definition and appears to depart from longstanding practice.**

ED Provision:
The proposed rule would define "professional student" by limiting who qualifies for the higher loan limits to students in a short list of specific degree fields and program classification categories, with additional requirements like doctoral-level status and minimum time in postsecondary education.

Issue:
When Congress wrote the statute, it pointed back to an existing regulatory definition of "professional degree" that uses open-ended language ("include but are not limited to"). The proposed rule essentially takes what was meant to be an illustrative list and treats it as a closed one by tying eligibility to a narrow set of fields and program categories. This approach introduces avoidable legal uncertainty, removes the flexibility to account for degrees that clearly meet the original standard, and may require the Department to return to rulemaking as additional gaps emerge.

Recommendation:
The final rule should stay true to the statute and keep the door open for degrees that meet the existing standard—meaning degrees that prepare someone to begin practice in a profession and typically require licensure. That should include health professions programs that are central to how care is actually delivered today. At a minimum, the Department should set up a workable process for recognizing additional eligible programs beyond the initial list. We also note that the Department retains authority to interpret and implement the statute in a manner that preserves appropriate flexibility consistent with Congressional intent.

2. **The proposed changes could affect the health care workforce pipeline and hospitals' capacity to provide timely patient care.**

ED Provision:
Because many health professions programs would be left out of the "professional student" category, students in those programs would face much lower annual and total federal loan limits. On top of that, Grad PLUS borrowing would no longer be an option for new cohorts starting with the July 1, 2026 effective date.

Issue:
Hospitals don't run on physicians alone. The care teams that actually keep things moving include nurse practitioners, nurse anesthetists, physician assistants, physical and occupational therapists, speech-language pathologists, audiologists, social workers, and public health professionals, among others. All of these roles require graduate-level education and hands-on clinical training that is both expensive and time-consuming.

If students in these programs lose access to adequate federal financing, fewer of them will enroll or finish their training. That means more vacancies in roles that are already hard to fill. And when those positions sit empty, hospitals see the effects in real time: longer ER wait times,

delayed discharges, fewer available beds, higher readmission rates, and limited access to services that patients need. These operational pressures translate directly into reduced patient access and strain on communities that depend on local hospitals for essential services. These problems hit hardest in rural communities, where many of our member systems report persistent vacancy pressures in advanced practice and allied health roles, underscoring the importance of stable graduate training pathways.

Recommendation:
The final rule should acknowledge that these programs meet the "professional degree" standard and are critical to patient access. The Department should broaden the definition to cover additional health professions programs that require licensure, or create a safe harbor—for example, for health professions programs that are required for initial licensure or certification and are subject to programmatic accreditation. Doing so would help stabilize the workforce pipeline and protect timely patient care in rural communities where staffing margins are already thin.

3. **The rule focuses on borrowing limits rather than directly addressing tuition levels, which may increase the immediate financial responsibility for students.**

ED Provision:
The proposed rule sets up a two-tier borrowing system where many graduate programs would be subject to lower federal loan caps, and Grad PLUS lending would be phased out for covered cohorts.

Issue:
The proposed rule does not include a mechanism to directly drive down tuition levels for the programs it is ultimately targeting. The result is a funding gap that could push students to private lending or out of academia entirely. Students who turn to private borrowing will face higher interest rates, fewer borrower protections, no income-driven repayment options, and real barriers if they don't have strong credit or a co-signer. For many students without access to private credit or family financial support, access to private loans may be limited or unavailable. For health professions students in particular, this shift also weakens the value of programs like Public Service Loan Forgiveness, which is one of the key incentives for graduates to work in nonprofit, safety-net, and rural settings.

Absent a short-term mechanism to address tuition levels, the proposed changes risk creating a financing gap that could compound workforce pressures over time. Demand for qualified professionals will remain high—and will likely grow—leaving students, and possibly health systems, on the hook for increased costs with few opportunities to avoid them until and unless programs lower tuition rates.

Recommendation:
If the real goal is to bring down program costs, the final rule should focus on tools that directly address pricing and value rather than cutting off federal financing for whole categories of students. At a minimum, the Department should avoid creating a near-term funding cliff by

expanding the higher loan limits to cover health professions programs that require licensure, and by building in transition protections for students who are already in the pipeline.

4. **The proposed changes may also impact graduate pathways that support non-clinical health system roles essential to safe and compliant operations.**

ED Provision:
Under the narrow proposed definition, most graduate programs outside the listed fields would be classified as "graduate" for borrowing purposes—regardless of how much the workforce actually needs those graduates or how critical the degree is to running a modern health system.

Issue:
Health systems rely on a broad range of post-baccalaureate professionals to operate safely and effectively. Beyond clinical and allied health roles, affected programs may include graduate education for administrators, data and cybersecurity specialists, legal and regulatory compliance professionals, social workers, supply chain and logistics professionals, and researchers in scientific and operations-focused roles. Many of these positions require specialized graduate training, and the availability of qualified candidates directly affects system capacity and risk management. Cybersecurity professionals, for instance, play a critical role in protecting patient data and maintaining uninterrupted clinical operations; shortages in these roles can directly affect system resilience and care continuity.

Making it harder for students to finance these graduate programs could narrow the talent pipeline for roles that are already under pressure, particularly as health systems face increasing cyber threats, more complex regulatory requirements, and operational demands. Workforce gaps in these areas do not remain confined to administrative functions; they can contribute to delays, reduced capacity, and heightened operational risk that ultimately affect patient care.

Recommendation:
The Department should carefully consider how the graduate financing framework will affect the full health system workforce. If the Department maintains a list-based approach, it should ensure that graduate programs tied to health system operations and public health capacity are not unintentionally destabilized by abrupt financing changes.

5. **The narrow definition may constrain access to health professions education for students from modest-income backgrounds and for applicants in rural communities.**

ED Provision:
The list of "professional" fields in the proposed rule leaves out many health professions programs that enroll a significant share of students who rely heavily on federal graduate borrowing to complete their education.

Issue:
Many of the health professions that would be excluded require substantial graduate-level training and attract students who depend on federal Direct Loans because they may not have access to private credit or family financial support. For these students, federal borrowing—and the

protections that accompany it—is often the only viable pathway into advanced health professions education. Lower federal loan limits may therefore narrow the pool of applicants able to enroll in and complete these programs, particularly in rural communities where educational and financial resources are more limited.

Over time, reduced access to financing could shrink the pipeline of qualified professionals entering nonprofit and rural health settings. Hospitals in these areas already face persistent recruitment challenges, and additional barriers to training may compound those workforce pressures.

Recommendation:
The Department should carefully assess how the proposed definition affects access to health professions education and the downstream workforce implications for rural communities. Broadening the "professional student" definition to include health professions programs that require licensure, or providing a clear mechanism to recognize additional eligible programs, would help preserve access to training while maintaining responsible oversight of federal resources.

6. **Relying on program classification codes as the gatekeeper for eligibility may create avoidable administrative challenges.**

ED Provision:
The proposed definition relies on program classification categories and a specific list of eligible fields to determine which students qualify as "professional students" for loan-limit purposes.

Issue:
The classification system the Department is using was designed primarily for reporting and data purposes, not as the sole determinant of high-stakes financial aid eligibility. Different institutions may classify similar programs differently, and programs evolve over time in ways that do not always result in immediate classification changes. Drawing a hard line around specific program categories could lead to inconsistent interpretations and compliance uncertainty for institutions and students.

Institutions may also feel pressure to reclassify programs to align with eligible categories, which could introduce additional administrative complexity without necessarily advancing affordability goals.

Recommendation:
If the Department chooses to continue using program classification codes, it should pair them with a clear and flexible review framework. Providing transparent guidance, a petition or clarification process for programs that meet the underlying professional standard, and regularly updated public documentation would promote consistency and reduce compliance risk.

7. **The Department should ensure clear and workable transition protections so students and training partners are not disrupted mid-stream.**

ED Provision:
The statute and proposed rule envision rolling out the new borrowing regime for enrollment periods starting on or after July 1, 2026, with limited grandfathering or transition provisions for certain continuing students.

Issue:
Health professions training operates on multi-year timelines for admissions, clinical placements, and credentialing. Students who have already applied, been admitted, or begun prerequisite coursework may face significant disruption if financing terms change abruptly. Academic medical centers and health systems that partner on training programs also require sufficient lead time to plan clinical placements and maintain stable workforce pipelines.

If transition rules are unclear or too narrow, students currently in the pipeline may encounter avoidable uncertainty, and training programs may experience instability. Such disruptions can have downstream effects on workforce continuity and, ultimately, on patient access to care in communities that depend on these training pipelines.

Recommendation:
The final rule should include clear and workable transition protections for students who are already enrolled, admitted, or actively preparing to enter affected programs. Providing advance guidance and predictable implementation timelines would support workforce stability, protect training continuity, and help ensure that patient care capacity is not unintentionally affected during the transition.

Conclusion
Thank you for the opportunity to comment on the RISE proposed rule. The undersigned nonprofit hospital and health systems remain concerned that the proposed "professional student" definition may unintentionally constrain the education pathways that produce the clinicians and professionals required for safe, timely patient care. We respectfully encourage the Department to consider refinements that align implementation with the statute's broader framework while preserving stable workforce pipelines, particularly in rural communities where recruitment margins are thin.

We welcome continued engagement and stand ready to work with the Department to support a final rule that advances responsible stewardship of federal resources while protecting access to the health professions workforce our communities depend upon. We appreciate the Department's efforts to balance affordability, accountability, and workforce sustainability, and would welcome the opportunity to provide additional operational insight from the health care sector as implementation proceeds.

Sincerely,

Adventist Health

Advocate Health

Carilion Clinic

ChristianaCare

Cone Health

Fairview Health Services

Inova Health System

MaineHealth

Nebraska Medicine

Novant Health

Presbyterian Healthcare Services

RWJBarnabas Health

Sentara Health

Sharp HealthCare

Texas Health Resources

UnityPoint Health

University of Vermont Health

Virtua Health

Yale New Haven Health