

March 2, 2026

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

Re: ED-2025-OPE-0944: Reimagining and Improving Student Education

Dear Under Secretary Kent:

The signatories to this letter appreciate the opportunity to comment on ED-2025-OPE-0944: Reimagining and Improving Student Education. Collectively, we represent approximately 60% of the clinical mental health workforce providing psychotherapy across the United States of America. We write in response to the harmful exclusion of the graduate degrees necessary to provide clinical mental health care to patients across America from the definition of “professional degree.” This unwarranted and arbitrary exclusion will result not only in a decrease in America’s already-stretched-thin mental health workforce but also further limit access to mental health care across the nation.

The National Alliance on Mental Illness estimates that 23.4% or 61.5 million U.S. adults experienced mental illness in 2024, and 16.5% or 7.7 million of America’s youth aged 6-17 experienced a mental health condition in 2016 (<https://www.nami.org/mental-health-by-the-numbers/>). Despite these staggering statistics, the National Institute of Mental Health estimates that only half of these Americans receive treatment for their mental health or substance use condition (<https://www.nimh.nih.gov/health/statistics>). The exact number of licensed psychotherapists providing mental health care is currently unknown. Still, the [Health Resources and Services Administration](#) estimates that as of 2023, there were approximately 716,000 marriage and family therapists, social workers, and mental health counselors in the behavioral health workforce. On its face, this is a large number of therapists, but there remains a shortage of therapists necessary to meet the actual need for mental health and substance abuse treatment (2024, <https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm>).

The already insufficient mental health workforce tasked with meeting patient demand is comprised of highly educated and trained clinical social workers, marriage and family therapists, professional counselors, and psychiatric nurses. Licensure in these clinical fields requires a

graduate degree that meets state requirements, typically at the master's level, with some professionals earning doctorates. These programs usually take students 2-3 years to complete, and the cost of obtaining a qualifying master's degree varies widely across the country, depending on whether the graduate program is at a public or private institution. In addition to the graduate academic degree required for licensure, clinical social work, clinical counseling, and clinical MFT licenses also require thousands of hours of supervised practice beyond merely obtaining their graduate degrees.

According to U.S. Department of Education data analyzed by American University's Postsecondary Education & Economics Research Center, approximately 48% of the annual student loan dollars are borrowed by students pursuing a graduate degree in preparation for entering the health professions. (Matsudaira 2025, https://www.american.edu/spa/peer/upload/the-devil-is-in-the-details_final.pdf). This staggering statistic demonstrates how heavily prospective healthcare professionals rely on federal graduate student loans to fund their graduate degrees. According to the data, from 2020-2023, there were: 59,065 students pursuing a Master's in Social Work; 23,033 students pursuing a Master's in Counseling Psychology; and 20,036 students pursuing a Master's in Mental Health Counseling who took out federal graduate and Grad PLUS loans (Id.)

To further break down the data, while the median borrowing level for a student who obtained a Master's in Social Work was \$41,000. Each year more than 1,400 graduates leave their degree programs owing more than \$100,000 in student loan debt. (Id.) For students pursuing a Master's in Marriage and Family Therapy, the median cumulative debt is \$61,500, and 172 students each year leave school with more than \$100,000 in debt. For students pursuing a Master's in Mental Health Counseling, the median cumulative debt is \$55,000, and 213 students each year graduate with more than \$100,000 in student loan debt. (Id.)

No one enters the mental health workforce to become rich. This field is a passionate calling for exceptional people who want to help others and make their patients' lives as fulfilling and worthwhile as possible. To do this, the mental health workforce first needs the opportunity to obtain the education necessary to begin their post-degree clinical work towards entering licensed practice.

Capping mental health students' access to federal loans at a mere \$20,500 annually will inevitably force these prospective students to either pursue prohibitively expensive private loans or abandon their dreams of entering into licensed practice. The data above show, at best, what a limited mental health workforce will likely look like if these proposed changes are implemented as drafted. Those 1,400 social workers who took out more than \$100,000 in student loans are gone. The 172 marriage and family therapists are not there to support you in crisis. The 213 clinical counselors are not there to support your loved ones in their time of need. These are just the current students, not even accounting for those who are unable to afford to enter a graduate program without broad access to federal graduate student loans.

Without access to necessary federal student loans, these would-be future clinicians will not be there to enroll as Medicare providers upon licensure. It has been less than three years since Congress expanded those eligible to render Medicare reimbursable services to America's seniors and other vulnerable populations to include Licensed Marriage and Family Therapists and Licensed Clinical Counselors. (In this period, approximately 70,000 Marriage and Family Therapists and Clinical Counselors have become Medicare mental health providers). [The Medicare-eligible population is estimated to grow](#) from roughly 63 million in 2020 to 77 million in 2030. According to [data published by the Kaiser Family Foundation](#), approximately 20% of adults aged 65 years or older report symptoms of anxiety and/or depressive disorder. In 2030, if the data remain consistent with today's levels, approximately 15.5 million Medicare beneficiaries would benefit from access to mental health care from a licensed therapist.

Today, [more than 163 million Americans](#) live in Mental Health Professional Shortage Areas. By 2037, the Health Resources and Services Administration projects shortages of [over 15,000 social workers, nearly 88,000 mental health counselors, 114,000 addiction counselors, over 34,000 marriage and family therapists, and nearly 38,000 school counselors](#). Under this proposed rule, by 2030, those 15.5 million Medicare beneficiaries will face ever-dwindling access to mental health care as fewer students can access the graduate degrees required to enter licensed clinical practice to serve these vulnerable populations. By excluding most clinical mental health graduate degrees from the definition of a "professional degree," this Department acts as a roadblock to care for all Americans.

A stated regulatory goal of this proposed rule to encourage post-secondary institutions to reduce tuition is laudable, given the affordability crisis facing America. However, there is no indication that graduate tuition is decreasing in any meaningful broad way. Further, the abbreviated timeline outlined in the proposed regulations fails to account for the realities of the situation facing America's already thinly stretched mental health workforce if future cohorts of mental health graduates fail to materialize. Finally, the impact of this proposed rule runs counter to the [Executive Order President Trump signed in 2018](#), which directed the U.S. Departments of Veterans Affairs, Defense, and Homeland Security to ensure discharged Service members and Veterans have access to necessary mental health care for at least one year post-discharge from Service. This proposed rule undermines the promises President Trump and Congress have made to the American people to expand access to mental health and substance use treatment.

We urge the Department to:

- Classify the master's and doctoral programs in mental health and substance use necessary to obtain licensure as a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, or Licensed Professional Clinical Counselor in the category of "professional degree;"
- Align federal loan policy with the realities of licensure, scopes of practice, and regulatory practices for these professionals; and

- Retain income-contingent repayment options to preserve access to education and sustain the mental health and substance use workforce.

Thank you for considering our comments on this critical issue affecting the mental healthcare workforce we represent.

Sincerely,

California Association of Marriage and Family Therapists

National Association of Social Workers

American Association for Marriage and Family Therapy

National Board for Certified Counselors

American Counseling Association

American Mental Health Counselors Association

Clinical Social Work Association