



March 2, 2026

The Honorable Chris McCaghren
Acting Assistant Secretary for Postsecondary Education
Deputy Assistant Secretary for Higher Education Programs
Office of Postsecondary Education
U.S. Department of Education
400 Maryland Avenue SW
Washington, DC 20202-1100

RE: Docket ID ED-2025-OPE-0944

Department of Education — Reimagining and Improving Student Education

Dear Assistant Secretary McCaghren,

We are reaching out on behalf of the Eldercare Workforce Alliance (EWA), a coalition of 35 national organizations who have joined together to strengthen our care workforce by proposing practical solutions to improve quality of care for an aging America. EWA members represent consumers, family caregivers, the direct care workforce, and health care professionals. Several health care professions represented by the Alliance would be impacted directly by implementation of this NPRM. At the same time, implementation would adversely affect all the constituents represented by EWA and ultimately reduce access to essential health care for millions of Americans. Thus, we have significant concerns about the proposed rule.

Today's health care workforce is not ready to meet the unique needs of older Americans, many of whom have multiple chronic conditions, serious illness, and/or complicated biopsychosocial issues, including cognitive impairments. All disciplines face extensive shortages of personnel and educators trained in geriatrics and gerontology. These shortages continue to threaten the capacity of the health care system to meet the needs of older adults and their families and caregivers. Our society needs to expand professional training and educational opportunities to meet those needs, particularly as the Baby Boom generation continues to age and growing numbers of Gen X adults turn 60 or approach that age.¹ Rural communities experience a particularly acute lack of access to a well-trained workforce equipped with care techniques and expertise in care for medically complex older adults that are essential to maintaining health, quality of life, and independence for all of us as we age. At the same time, rural populations are generally older, have a higher

¹ Administration for Community Living. 2023 Profile of Older Americans. May 2024. Accessed February 20, 2026.
https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf

incidence of poor health, and face greater socioeconomic barriers to obtaining care.² Given the increasing growth of the older population, it is critical to support a workforce that is trained in geriatrics and gerontology and ensure our nation is prepared to meet the unique healthcare needs of all Americans as we age.

The NPRM goes beyond the scope of statutory language in H.R. 1/P.L. 119-21. In distinguishing “professional” degree programs and “graduate” degree programs, the law provides a limited list of *examples* of professional degrees. The definition states explicitly that the list is not exclusive and “[e]xamples of a professional degree include but are not limited to Pharmacy (Pharm.D.), Dentistry (D.D.S. or D.M.D.), Veterinary Medicine (D.V.M.), Chiropractic (D.C. or D.C.M.), Law (L.L.B. or J.D.), Medicine (M.D.), Optometry (O.D.), Osteopathic Medicine (D.O.), Podiatry (D.P.M., D.P., or Pod.D.), and Theology (M.Div., or M.H.L.)”³ In contrast, the NPRM limits “professional” degree programs to these disciplines and clinical psychology. This change is not simply symbolic and would have a real impact on students enrolled in master’s or doctoral programs that are not defined by the Department of Education as “professional”. These students would have access to less than half the amount of direct federal unsubsidized loan funding to support their education-related expenses. This drastic cut in funding availability would require students to obtain private loans, which carry a much higher interest burden, and for many students, enrollment in an advanced degree program would be completely out of reach.

By decreasing access to most advanced degree programs, the NPRM would exacerbate the existing workforce gap and decrease access to services provided by many professions that serve older adults and family caregivers. Master’s and/or doctorate level education are required in licensure for many clinical professions and educators, including social work, nursing, physical therapy, occupational therapy, physician associate, public health, speech–language pathology, and mental health counseling. Limiting students’ ability to finance professional education will impact patient care across the country, further shrinking the pool of practitioners willing and able to serve our communities, increasing waiting times for care, and reducing access to critical health services.

In creating a circumscribed list of “professional” degree programs, the Department of Education has exceeded the scope of H.R. 1 and, accordingly, has the statutory flexibility to change its proposed language. We recommend the department remove the language limiting professional degree programs so that all advanced-level practitioners in health fields—including, but not limited to, social work, nursing, occupational therapy, physical therapy, physician assistant, speech–language pathology, marriage and family therapy, and mental health counseling—are

² Cohen SA, Greaney ML. Aging in rural communities. *Curr Epidemiol Rep.* 2022;10(1):1-16. doi:[10.1007/s40471-022-00313-9](https://doi.org/10.1007/s40471-022-00313-9)

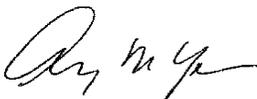
³ [34 C.F.R. §668.2](#)

eligible for the maximum amount of direct federal student loans. Ensuring an adequate health workforce and access to high-quality care is essential for us all as we age.

EWA is also concerned about the department's proposal to restrict eligibility for the Public Student Loan Forgiveness (PSLF) program to advanced degree borrowers enrolled in the new income-driven Repayment Assistance Plan (RAP). Excluding borrowers enrolled in one of the new Tiered Standard Repayment plans from PSLF would reduce access to advanced degree programs for health care practitioners, many of whom obtain advanced degrees and work in PSLF-eligible settings. Moreover, the restriction would shrink the pool of health professionals available to PSLF-eligible organizations and institutions that serve our communities, driving health care professionals away from areas of greatest need. EWA recognizes that this proposal is consistent with provisions in H.R. 1. Yet, given the damaging impact of the change to the future health workforce, particularly the supply of healthcare professionals with geriatrics and gerontology expertise, we urge the Department of Education to work collaboratively with Congress to reverse this new requirement.

Many priorities of this administration, such as mental health care, chronic disease management, and nutrition, will be jeopardized without an adequate, well-trained health care workforce that plays a critical role in addressing these priorities. Now is *not* the time to decrease the supply of health workforce personnel or educators. On the contrary, we need to support pathways to geriatrics health professions across disciplines and expand the pool of individuals available to serve our communities. We urge the Department of Education to expand the list of professional degrees to bolster the health workforce pool and to work with Congress to reverse the PSLF exclusion of borrowers in Tiered Standard Repayment plans. These changes will support the health care needs of all of us as we age.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy M. York". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Amy M. York
Executive Director