



March 2, 2026

SUBMITTED ELECTRONICALLY

The Honorable Linda McMahon
Secretary
U.S. Department of Education
400 Maryland Ave. NW
Washington, DC 20202

RE: Coalition to Preserve Rehabilitation’s Concerns on Proposal to Modify Definition of “Professional Degrees” and to Implement Caps on Federal Student Loan Payments

Dear Secretary McMahon:

On behalf of the undersigned members of the Coalition to Preserve Rehabilitation (“CPR”), we appreciate the opportunity to submit these comments in response to the Department of Education’s (hereinafter referred to as the “Department”) recent proposal implementing the student financial aid provisions under Public Law 119–21, commonly referred to as the “One Big Beautiful Bill Act” (“OBBBA”), specifically the definition of “professional degree programs.” CPR has significant concerns with this proposal and believes that all students pursuing accredited post-baccalaureate health professional degrees generally required for licensure or certification—regardless of discipline—should be treated equitably in loan eligibility, borrowing limits, and access to repayment programs.

CPR is a coalition of more than 50 national consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities, and chronic conditions may regain and/or maintain the maximum level of health and independent function. CPR is comprised of organizations that represent patients—as well as the providers who serve them—who receive their post-baccalaureate training and related degrees from a variety of different institutional settings.

On January 30, 2026, the Department published a proposed rule redefining which graduate programs qualify as professional degrees for federal student loan purposes. The proposed rule, according to the Department, is intended to make higher education more affordable, simplify loan repayment, reduce borrower confusion, and curb excessive debt accumulation, particularly for graduate and progression degree programs. If finalized, the changes would take effect beginning July 1, 2026, and would significantly restructure federal borrowing and repayment

frameworks for current and future students. Detractors of this proposal assert that socio-economically challenged but academically gifted students will be disadvantaged under this proposal which will significantly reduce the flow of new health care providers and practitioners joining the health care workforce.

Under the proposal, the Department would establish new annual borrowing caps of \$20,500 for graduate programs and \$50,000 for professional degree programs, replacing the current structure that permits borrowing up to the cost of attendance. The Department has indicated that these limits are designed to better align federal lending with educational value and labor market outcomes. Under the OBBBA, which President Trump signed into law on July 4, 2025, the Department is required to identify “professional degree” programs that will be eligible for higher federal lending limits. A “Negotiated Rulemaking” committee convened by the Department has finalized a consensus definition that designates programs such as Medicine (M.D.), Dentistry (D.D.S./D.M.D.), Law (L.L.B., J.D.), Pharmacy (Pharm.D.), Veterinary Medicine (D.V.M.) and several other high-cost programs as eligible for a \$200,000 aggregate borrowing limit. Students who pursue a degree in other graduate or doctoral programs, including nursing, physical therapy, occupational therapy, prosthetics and orthotics, social workers and many other health professionals would be capped at \$100,000 in federal loans.

When Congress passed OBBBA, the stated intent was to establish a broad and inclusive definition of “professional degrees” to ensure the full spectrum of accredited health professions preparing students for professional practice are represented. Congress recognized that health professions are inherently interconnected and that the strength of our health system depends on a collaborative workforce. Fragmenting repayment eligibility by narrowly defining the definition of a “professional degree” and capping student loans under these definitions undermines this interprofessional foundation.

I. Rehabilitation Professions Are Unambiguously “Professional Degree” Programs

Medical rehabilitation disciplines—including Doctors of Physical Therapy (DPT), Occupational Therapy (OTD, MSOT), Masters of Science in Speech-Language Pathology (MS-SLP), clinical doctorates in audiology (AuD), Masters of Science in Orthotics and Prosthetics (M.S.P.O.), Nursing (M.S.N, D.N.P.), Social Work (MSW, DSW), and several other health care professionals—are structured as intensive, competency-based programs designed to prepare graduates for state licensure, national certification (as applicable), and the provision of direct patient care. These programs are accredited by nationally recognized accrediting bodies, require completion of extensive supervised clinical education, are required for state licensure, and prepare graduates for autonomous clinical practice. They are specifically designed to meet workforce needs in federally recognized shortage areas and to ensure competency in the delivery of medically necessary rehabilitation services.

Under longstanding federal and state regulatory frameworks, these programs have been treated as professional degree programs because they prepare individuals for regulated professions that require advanced credentials and licensure. The Department’s proposed definition of “professional degree” appears to advantage only a limited subset of professions—most notably

medicine, dentistry, and law—without recognizing that modern allied health and rehabilitation professions now require doctoral-level or advanced graduate credentials as the entry-to-practice standard. CPR believes that such a restrictive interpretation is inconsistent with the statutory intent of OBBBA’s financial aid provisions and would arbitrarily disadvantage students with fewer resources who are pursuing health care careers in medical rehabilitation disciplines.

CPR urges the Department to reconsider its proposal for the final rule and to adopt a clear and inclusive regulatory definition of “professional degree programs” that encompasses any master’s or doctoral education degree generally required for clinical licensure or certification in health professions. Any ambiguity in defining eligible professional degree programs could jeopardize access to financing for future health professional students, ultimately threatening workforce supply in schools, hospitals, and community settings where demand for health services continues to grow. Even students with exceptional academic credentials and passion for pursuing an advanced health care degree who may be economically disadvantaged will likely be denied access to the education and training they need to join the health care workforce and treat patients in need.

II. Adverse Workforce Consequences

The United States faces a growing shortage of rehabilitation professionals due to a number of factors, including demographic trends, increased survival following trauma and stroke, and expanded access to post-acute care services which prolong life and enhance functional status and the quality of life. Limiting federal student loan eligibility for students enrolled in rehabilitation professional programs would increase financial barriers to entry and would disincentivize otherwise qualified students from pursuing these careers. In turn, this would exacerbate already-existing workforce shortages, particularly in rural and underserved communities where access to medical rehabilitation services is already limited.

The rehabilitation professionals that CPR represents play a critical role in restoring mobility, independence, communication, and functional capacity for individuals with disabling conditions. The services that CPR member organizations furnish to patients reduce hospital readmissions, prevent avoidable long-term institutionalization, and contribute to lower total health care expenditures by improving functional outcomes. CPR wishes to impress on the Department that restricting financial aid for students entering these professions would undermine the current Administration’s national health policy goals focused on access, quality, long-term cost containment, and a reduction in chronic illness.

III. Inconsistency with Licensure and Accreditation Standards

The proposed definition of “professional degree programs” does not align with the statutory and regulatory frameworks governing licensure-based health professions. Programs leading to licensure such as physical therapists, occupational therapists, speech-language pathologists, audiologists, orthotists and prosthetists, social workers, and related professionals are defined by state law as professional practice disciplines. These disciplines are subject to mandatory licensure examination requirements, governed by state professional practice acts, and required to meet accreditation standards specific to professional clinical practice.

Adopting a federal definition that excludes such programs from “professional degree” status would create a classification that conflicts with state professional regulation and nationally recognized accreditation standards. CPR has concerns that this inconsistency will introduce confusion into both higher education policy and workforce planning.

Medical rehabilitation professionals are indispensable members of the health care delivery system. Programs that prepare students for licensure and/or national certification programs in these fields are, by every objective measure, professional degree programs. Excluding them from the definition of “professional degrees” would undermine workforce development, restrict access to care, and conflict with established licensure and accreditation structures. **Accordingly, CPR respectfully requests that the Department revise the final rule to ensure that medical rehabilitation progressional programs are explicitly recognized as professional degree programs for purposes of federal student financial aid eligibility under OBBBA.**

We appreciate the opportunity to provide these comments and stand ready to provide additional information as needed. Should you have any further questions regarding this information, please contact Peter Thomas or Michael Barnett, coordinators for CPR, by e-mailing Peter.Thomas@PowersLaw.com or Michael.Barnett@PowersLaw.com, or by calling 202-466-6550.

Sincerely,

The Undersigned Members of the Coalition to Preserve Rehabilitation

ACCSES

ADVION

American Academy of Physical Medicine & Rehabilitation

American Association of People with Disabilities (AAPD)

American Association on Health and Disability

American Congress of Rehabilitation Medicine

American Dance Therapy Association

American Music Therapy Association

American Occupational Therapy Association

American Physical Therapy Association

American Therapeutic Recreation Association

Association of Academic Physiatrists

Association of Rehabilitation Nurses

Brain Injury Association of America*

Center for Medicare Advocacy*

Christopher & Dana Reeve Foundation*

Child Neurology Foundation

Clinician Task Force

Disability Rights Education Network (DREDF)

Falling Forward Foundation*

Lakeshore Foundation
Muscular Dystrophy Association
National Association for the Advancement of Orthotics and Prosthetics
National Association of Rehabilitation Providers and Agencies
National Association of Social Workers (NASW)
National Athletic Trainers' Association
National Disability Rights Network (NDRN)
Paralyzed Veterans of America
RESNA
Spina Bifida Association of America
United Spinal Association*

**** CPR Steering Committee Member***