

United States Senate

WASHINGTON, DC 20510

March 2, 2026

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

Dear Secretary McMahon:

We write to raise concern over the Department of Education's notice of proposed rulemaking (NPRM) to implement the student financial aid provisions included in Public Law 119-21, the *One Big Beautiful Bill Act*. While we have broad concerns regarding the elimination of the Federal Direct Grad PLUS loan program and the implementation of new annual and lifetime student loan limits in Public Law 119-21, we write today with concern specifically regarding the proposal to exclude certain critical post-baccalaureate health care degrees from the regulatory definition of "professional degree." This decision caps student loan borrowing limits for these professionals at a lower threshold than those included in the proposed definition at a time when Virginia and our country face a health care workforce crisis that worsens by the day. We urge you to recognize this health emergency and broaden the definition of "professional degree" to ensure it reflects the reality of our health care system and doesn't worsen a crisis that already exists in all corners of our country.

As you know, Public Law 119-21 states that students earning defined "professional degrees" may borrow up to \$50,000 annually and \$200,000 aggregate in student loans. In contrast, students earning "graduate degrees" under P.L. 119-21 definition are subject to borrowing limits of only \$20,500 annually and \$100,000 aggregate. Current regulations include a number of examples of professional health care degrees: Pharmacy (PharmD), Dentistry (DDS or DMD), Medicine (MD/DO), Optometry (OD), Podiatry (DPM), Chiropractic (DC). These regulations also say the definition includes the above but should not be considered an exhaustive list.

During the negotiated rulemaking process completed in November 2025, the RISE Committee proposed a definition of "professional degree" that is inconsistent with the realities of the health care workforce. On January 30, 2026, the Department of Education formally released the NPRM on the proposed change. Our health care system relies on the specialized training and expertise of so many provider types, including ones practicing independently. By focusing on doctoral-level degrees, the Department's interpretation of the term "professional degree" leaves out advanced practice registered nurses, registered nurses, physician assistants, physical therapists, occupational therapists, speech-language pathologists, audiologists, social workers, and other degrees requiring lengthy, costly programs for professional licensure. In addition, their training is not generally considered a stepping stone for further training, and their expertise is no less critical in our health care system than those of doctors and dentists.

Virginia, consistent with trends nationwide, is facing historic ongoing health care workforce shortages. As of July 2024, all 133 localities in Virginia are federally designated as behavioral health shortage areas and 96 localities are designated as primary care shortage areas, with 44% of neighborhoods lacking acceptable access to primary care services.^{1,2} According to a study by George Mason University’s Center for Health Workforce, Virginia is in need of over 17,000 more registered nurses, 3,700 more physical therapists, and 2,400 more mental health and substance use disorder social workers to meet the health care needs of our constituents.³ If current trends persist, these shortages in the nursing, primary care, and behavioral health workforce are set to increase in Virginia.⁴ This problem is not unique to our Commonwealth; nationwide, it is projected that 1.2 million new nurses will be needed by 2030 to address existing health care workforce shortages.⁵

Cutting off access to adequate federal loan amounts will needlessly exacerbate the rapidly worsening workforce crisis impacting Virginians and Americans across the country. Furthermore, there is no evidence that individuals in certain professions default more often than those in other professions, raising the question of why there is the need to limit borrowing by profession.⁶ In fact, the degrees being excluded from the RISE Committee’s definition of “professional degree” are amongst some of the fastest growing jobs in the country. Average job growth is projected to be 3 percent in the next ten years; in contrast, job growth is projected to be 11 percent for physical therapists and audiologists, 14 percent for occupational therapists, 19 percent for speech-language pathologists, 20 percent for physician assistants, and over 40 percent for advanced nursing degree jobs.⁷ Now is the time to bolster support for individuals training to enter our health care workforce, not make it harder for them to afford to pursue degrees in nursing, physical and occupational therapy, and other key health care professions desperately needed in our communities.

We strongly urge the Department of Education to further expand the definition of “professional program” to include a more comprehensive list of programs. The health care workforce disaster will only worsen if our health care professionals and trainees are blocked from access to necessary financial support. Nurses, speech and language pathologists, physician assistants, and

¹ Joint Commission on Health Care. (2025). *2024 annual report*. Commonwealth of Virginia. <https://jchc.virginia.gov/documents/JCHC%202024%20Annual%20Report.pdf>

² Shadowen, H. M., Gilbert, J. L., Webel, B., Funk, A., Lee, J. H., Strayer, S. M., Sabo, R. T., Walker, L. S., Topmiller, M., Mitchell, A., Britz, J. B., Barnes, A. J., & Krist, A. H. (2025). *Neighborhood determinants of primary care access in Virginia*. *Annals of Family Medicine*, 23(3), 231–239. <https://doi.org/10.1370/afm.240331>

³ Cline, N. (2025, September 22). *Leaders gather to address Virginia’s severe health care workforce shortage*. Virginia Mercury. <https://virginiamercury.com/2025/09/22/leaders-gather-to-address-virginias-severe-health-care-workforce-shortage/>

⁴ Andrew, M., Briscombe, B., Vardavas, R., Wolters, N., Qureshi, N., Nham, W., & Abir, M. (2024). *Identifying strategies for strengthening the health care workforce in the Commonwealth of Virginia*. RAND Health Quarterly, 11(2), 1–?. RAND Corporation. https://www.rand.org/pubs/research_reports/RRA2903-1.html

⁵ Abooli, S. (2022). *The nursing shortage and its consequences in rural Virginia* (Policy Brief). Virginia Department of Health. <https://www.vdh.virginia.gov/content/uploads/sites/76/2022/12/Policy-Brief-The-Nursing-Shortage-and-its-Consequences-in-Rural-Virginia-final.pdf>

⁶ The Pew Charitable Trusts. (2024, March 1). *Who experiences default?* <https://www.pew.org/en/research-and-analysis/data-visualizations/2024/who-experiences-default>

⁷ U.S. Bureau of Labor Statistics. (n.d.). *Employment projections*. <https://www.bls.gov/emp/>

other health providers are paramount to keeping our system afloat. It is critical that all post-baccalaureate health care degrees are equally protected to the greatest extent possible from the negative impacts of Public Law 119-21.

Thank you for your consideration of this request and we look forward to your response.

Sincerely,



Mark R. Warner
Mark R. Warner
United States Senator



Tim Kaine
Tim Kaine
United States Senator