

An arbitrary rule change is threatening America's health care system

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A pregnant woman in rural Pennsylvania goes into labor at 2 a.m. Thankfully, the hospital has a certified nurse midwife on call. A teenager in crisis needs immediate mental health care, and the only available appointment is with a psychiatric-mental health nurse practitioner. A trauma patient arrives in the emergency room needing surgery, and the clinician prepared to safely administer anesthesia is a certified registered nurse anesthetist.

These nurses aren't "support staff." They are the primary clinicians whom millions of Americans rely on for essential health care. Yet a little-known federal policy change could make it significantly harder for students to enter these advanced nursing roles by sharply reducing access to the federal loans required to complete graduate nursing education.

Graduate students have historically been able to borrow up to the full cost of attendance for their programs, but as part of implementing the One Big Beautiful Bill Act, the Education Department restructured graduate student loans through the Reimagining and Improving Student Education negotiated rulemaking process. The new rule splits borrowers into two categories: "Professional students" can take out up to \$50,000 in annual loans and \$200,000 in total, while "graduate students" are limited to \$20,500 annually and \$100,000 in total. The changes are set to take effect in July, with an open comment period in place through March 2.

The key issue is how the Education Department determines which programs qualify as "professional."

Rather than evaluating programs primarily on licensure requirements, clinical intensity or job duties, the Education Department relies heavily on the Classification of Instructional Programs, a numeric grouping system first developed in 1980 and maintained by the National Center for Education Statistics. Medicine and dentistry qualify as professional programs, while graduate nursing programs — including those for nurse practitioners, nurse anesthetists and nurse midwives — fall



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under the "graduate" category.

This narrow, outdated administrative distinction, not the substance or rigor of nursing education, is what places graduate nursing programs under lower borrowing limits.

These graduate clinicians, known as advanced practice registered nurses, provide essential care across the country, particularly in rural and underserved communities. They deliver primary care, mental health services, anesthesia, maternal health care and specialty care in both community-based and acute care settings. Their graduate programs require extensive clinical hours, simulation-based training and specialized faculty supervision. Refusing to categorize them as "professional" for loan purposes does not reflect their rigor or their critical role in the health care system.

Limiting access to loans could make it more difficult for aspiring APRNs to pursue their degrees. Graduate nursing students report average annual education costs of more than \$38,000, nearly double the new loan cap, according to a survey in November by the American Association of Colleges of Nursing (AACN). More than 80 percent say the new rule will affect their ability to finance their education, and more than three-quarters of

deans from AACN member schools expect to see a drop in post-baccalaureate enrollment as a result of the annual borrowing limit.

The United States will need tens of thousands of additional APRNs in the next decade, with demand for these roles projected to grow by roughly 35 percent, according to the Bureau of Labor Statistics. Graduate-prepared nurses are also essential for filling faculty roles, the greatest bottleneck in expanding nursing school enrollment. Health systems across the country cannot meet staffing needs without robust partnerships with nursing programs to sustain student enrollment and faculty capacity. Without adequate loan access, student and faculty numbers will decline.

Advanced practice nursing graduates will enter the workforce in high demand, with a demonstrated capacity for loan repayment. APRNs earn a median of roughly \$132,000 per year, or \$63.50 per hour, according to BLS data. Restricting federal loan access for this population contradicts the economic purpose of federal lending programs and undermines the nation's ability to maintain a stable health care workforce.

The consequences will not emerge dramatically. They will unfold quietly, in everyday settings. Hospitals will face protracted hiring for specialized nursing roles. Clinics reliant on psychiatric nurse practitioners will see longer wait times for appointments. Rural surgical centers will face shortages that lead to delayed procedures and service reductions. Universities will see fewer applicants able to pursue doctoral study, reducing the pool of future nursing faculty. Without adequate faculty, programs cannot expand enrollment, worsening shortages at every level.

Individually, these may look like typical workforce challenges. Collectively, they reshape how the public experiences health care: longer waits, fewer local services and a thinner nursing workforce. These outcomes won't appear in the Federal Register, but they will appear in communities across the country. And it all stems from a technical definition most Americans have never heard of but will absolutely feel.

The nation needs more advanced practice nurses and nursing faculty, not fewer. Recognizing graduate nursing programs as professional is not simply a financial classification — it is critical to sustaining the U.S. health care workforce.

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