



March 2, 2026

The Honorable Nicholas Kent  
Under Secretary of Education  
400 Maryland Avenue SW  
Washington DC 20202

RE: Docket ID ED-2025-OPE-094, Reimagining and Improving Student Education (RISE) Notice of Proposed Rulemaking

Dear Mr. Kent:

The American College of Cardiology (ACC) appreciates the opportunity to comment on the RISE proposed rule. ACC is a global leader dedicated to transforming cardiovascular care and improving heart health for all. For more than 75 years, the ACC has empowered a community of over 60,000 cardiovascular professionals across more than 140 countries with cutting-edge education and advocacy, rigorous professional credentials, and trusted clinical guidance. From its world-class JACC Journals and NCDR registries to its Accreditation Services, global network of Chapters and Sections, and CardioSmart patient initiatives, the College is committed to creating a world where science, knowledge and innovation optimize patient care and outcomes. Learn more at [www.ACC.org](http://www.ACC.org) or connect on social media at [@ACCinTouch](https://twitter.com/ACCinTouch).

The ACC has a long-standing commitment to the concept of cardiovascular team-based care. For decades, our members have worked collaboratively within multidisciplinary teams that include cardiovascular nurses, technologists, cardiac surgeons, primary care physicians, and other specialists. More recently, we have seen the emergence of a group of team members that we will refer to collectively as advanced practice providers (APPs). This group includes advanced practice registered nurses (APRNs), physician assistants (PAs), and pharmacists (PharmDs).

## Background

The Department of Education proposes amending regulations for Federal student loan programs to implement statutory changes included in the One Big Beautiful Bill Act (OBBBA) of 2025. Some of these amendments establish new annual and aggregate loan limits for graduate students (\$20,500 per year and \$100,000 in aggregate) and professional students (\$50,000 per year and \$200,000 in aggregate) under the Direct Loan program. Others create new definitions for “graduate student” and “professional student” that determine which set of loan limits apply.

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The Department applies a three-part test for what constitutes a professional student: (1) the degree must signify completion of the academic requirements for beginning practice in a given profession; (2) the profession must require a level of professional skill beyond what is normally required for a bachelor's degree; (3) the profession a degree holder would enter after graduating generally requires professional licensure. Graduate students are those enrolled in post-baccalaureate programs that award a graduate credential other than a professional degree—effectively, post-baccalaureate study not deemed to be professional.

## APRNs

The proposed rule discusses its consideration of whether nursing (Master of Science in Nursing [MSN) and Doctor of Nursing Practice [DNP]) constitutes a professional degree. Other nursing professions such as Clinical Nurse Specialists and Certified Nurse Midwives also fall under the APRN umbrella. The department concludes these programs do not meet the definition of professional for several reasons: (1) the degrees are not necessary for entrance into the nursing professions; (2) APRNs' practice authority and scope of work differs from state to state; (3) the department does not believe a degree could be deemed "professional" if subsequent employment requires supervision by another professional with more education, training, and qualifications than the supervisee. Not addressed in the rule are nurses who pursue Doctor of Philosophy (PhD) degrees. This is the highest academic terminal degree in the nursing profession, focusing on research, theory development, and science to advance healthcare, rather than direct clinical practice.

The ACC urges CMS to reconsider its decision to omit APRN programs of study from classification as professional. A plain text reading of the three-part test would permit such a decision. (1) An APRN cannot begin practice in the profession without the requisite study. (2) APRNs require a level of skill beyond what is normally required of RNs and LPNs through a bachelor's degree. (3) APRNs obtain professional licensure in the states they practice.

Specifically addressing the three concerns the department notes in its consideration of nurses as professionals, the ACC suggests the following: (1) while APRNs are nurses, and nurses with bachelor's or associate's degree do not need to pursue advanced study to begin a career as a registered nurse (RN) or licensed practical nurse (LPN), APRN work is still nursing, but is different from that of a registered nurse and, for the purposes of Department of Education loan policy, should be considered a different profession than that of an RN or LPN. APRNs attain additional education, have additional responsibilities under their scope of practice, have a significant level of clinical autonomy, and commonly specialize in niche areas of care through additional study. (2) Variability of authority and scope in different states does not diminish the rigor of post-baccalaureate studies or application of professional studies. No mention is made in 34 CFR § 668.2 or OBBBA regarding variable practices in the states and is uncertain of why such variability should diminish APRNs' ability to meet the professional degree standard when the programs meet the three-part test. (3) Similarly, no mention is made in 34 CFR § 668.2 or OBBBA regarding requirements for supervision and it is unclear from where such a standard is being drawn. The department devotes several paragraphs to explaining its development and application of these standards in a *post-Chevron* environment, yet in these instances appears to create new standards that

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are not enumerated elsewhere. The ACC urges the department to reconsider these objections, set them aside and evaluate APRN professional programs solely on the stated three-part test.

## **PAs**

The proposed rule also discusses the Department's consideration of physician assistant (Master of Science in Physician Assistant Studies [MSPAS]) as a professional degree. The department concludes these programs do not meet the definition of professional because of (1) variable licensure and scope standards among the states and (2) the common requirement for PAs to collaborate with or be supervised by a physician. As with APRNs, the ACC urges the department to reconsider these objections, set them aside and evaluate MSPAS professional programs solely on the stated three-part test. (1) PAs cannot begin practice in the profession without the requisite study. (2) PAs require a level of skill beyond what is normally possible through a bachelor's degree. (3) PAs obtain professional licensure in the states they practice.

## **Workforce and Access Considerations**

The US faces a healthcare professional workforce shortage even as demand for these professionals is increasing with the nation's aging demographics. APPs play a critical role in not just caring for patients, but in educating and training the next generation of professionals. Implementing loan caps at the graduate level for APPs will negatively impact the ability to train future nurses, creating a cascade of workforce shortages.

Limiting APP professional studies to the annual and aggregate loan limits for graduate programs specified by Congress in OBBBA may create some downward pressure on tuition, as considered during the negotiated rulemaking process. It seems more likely that even if tuition costs are reduced or held steady, APPs will be forced to look elsewhere for loans to cover tuition, fees, housing, and normal expenses during their studies. The system faces critical workforce pipeline shortages that are predicted to diminish access to care. In other parts of the administration, the Centers for Medicare and Medicaid Services (CMS) is highlighting the importance of APPs in its grantmaking for the Rural Health Transformation Program. The department's proposals appear at crosscurrents with those efforts and the College urges greater coordination and alignment with efforts by CMS and other agencies to bolster the workforce to care for ill Americans.

Thank you for your consideration of these comments from the ACC. Please contact James Vavricek, Director of Regulatory Affairs, at [jvavricek@acc.org](mailto:jvavricek@acc.org) if you have questions or seek additional information.

Sincerely,



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President

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