

March 2, 2026

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Nicholas Kent
Under Secretary
Office of Postsecondary Education
Department of Education
Attention: ED-2025-OPE-0944
400 Maryland Avenue, SW
Washington, DC 20202

Re: Reimagining and Improving Student Education (ED-2025-OPE-0944)

Dear Under Secretary Kent:

The American Geriatrics Society (AGS) appreciates the opportunity to submit comments to the Department of Education (ED) on the proposed rule, *Reimagining and Improving Student Education*. AGS is concerned that the Department is proposing a change to the definition of professional degree that is not in the public interest as it will deter young Americans from pursuing careers in health care resulting in an exacerbation of existing health professional shortages, particularly in primary care and geriatrics. These shortages are already impacting Americans healthcare, with the existing maldistribution of health professionals having the most impact in rural areas.

AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our 6000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, internists, and others who are pioneers in serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS is an anti-discriminatory organization. We believe in a society where we all are supported by and able to contribute to communities and where bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their care partners. AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

We have long advocated for creating a healthcare workforce with the skills and competence to meet the unique health needs of our nation's growing population of older adults while also addressing the existing and growing shortage of geriatrics health professionals.^{1,2} Many of us will be diagnosed with chronic

¹ US Department of Health and Human Services, Health Resources and Services Administration. Health Workforce Projections. December 18, 2025. Accessed February 23, 2026. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

² Rowe JW, Berkman L, Fried L, et al. Preparing for better health and health care for an aging population: a vital direction for health and health care. National Academy of Medicine. September 19, 2016. Accessed February 23, 2026. <https://nam.edu/wp-content/uploads/2016/09/Preparing-for-Better-Health-and-Health-Care-for-an-Aging-Population.pdf>

diseases as we age, including diabetes, heart disease, and cancer.³ Geriatrics health professionals are experts in preventing, delaying, and managing the chronic diseases that impact older adults and support medically complex patients through interprofessional, person-centered, and efficient care. AGS believes it is critical that federal policy support access to a well-trained, interprofessional workforce that has the skill and expertise that is needed to care for all of us as we age.

ONE BIG BEAUTIFUL BILL ACT

Definition of Professional Degree

In this rule, ED is proposing to limit the definition of “professional degree” to the examples of professional degrees that meet the longstanding definition of “professional degree” under the Higher Education Act that Congress affirmed and codified in the One Big Beautiful Bill Act (OBBB) with the addition of clinical psychology.⁴ That definition, found at [34 CFR 668.2](#), is:

- *Professional degree*: A degree that signifies both completion of the academic requirements for beginning practice in a given profession and a level of professional skill beyond that normally required for a bachelor's degree. Professional licensure is also generally required. Examples 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.).

In implementing the new definition, the ED would (1) add clinical psychology to the examples of professional degrees eligible for higher levels of federal loan support, yet exclude other disciplines long established as professional disciplines and that meet the existing criteria of professional degree, including for purposes of federal student loans; (2) introduce new language stating that professional degrees are generally at the doctoral level; and (3) introduce a new required minimum length of training. We believe that these proposed changes, separately and together, go well beyond the language in the statute which codifies the prior definition as passed by OBBB on July 4, 2025. The Department even acknowledges that the definition of professional degree in OBBB is open-ended given that the examples cited “include but are not limited to.” The agency notes in the proposed rule that “important details [are] unanswered by the plain text of the OBBB.” However, absent clear statutory authorization, courts cannot presume Congress intended for an agency to fill statutory gaps or interpret statutory ambiguities. See *Loper Bright Enterprises v Raimondo*.⁵ In creating entirely new regulatory definitions that expressly exclude entire swaths of health care professionals, the agency turns the status quo for students, families, patients, health care education, and other sectors upside down without a rational basis. Nothing in OBBB delegated such sweeping authority to the agency.

Loan Forgiveness

The ED is also proposing to restrict eligibility for the Public Service Loan Forgiveness program (Sec. 82004 under OBBB) to those enrolled in the new income-driven payment plan, impacting a swath of borrowers including nursing, physician associate, physical therapy, and occupational therapy professionals, many of whom work in settings eligible for loan forgiveness (e.g., Health Professional Shortage Areas).

³ National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. November 2016. Accessed February 23, 2026. <https://www.hhs.gov/sites/default/files/healthy-aging-in-action-final.pdf>

⁴ One Big Beautiful Bill Act, HR 1, 119th Cong (2025). Pub L No. 119-21, Sec 81001, 139 Stat 72. Accessed February 27, 2026. <https://www.congress.gov/bill/119th-congress/house-bill/1>

⁵ *Loper Bright Enterprises v Raimondo*, 603 US 369 (2024).

PUBLIC INTEREST

In its request for comments, the Department states, “[t]his definition served a very limited purpose in the Department’s regulations, and the Department has not identified any interest in the prior use of the term ‘professional degree’ that will be impaired by its adoption below. However, the Department seeks public feedback on whether any pre-existing interest in the regulation will be affected.”

We believe that the proposed narrowing of loan forgiveness eligibility and excluding health professional disciplines from eligibility for higher loan amounts under federal loan programs will have two significant impacts on the public. First, it will have an impact on young Americans who are seeking to pursue careers in the excluded disciplines due to the lack of access to a level of funding that is adequate to support the education and training that is needed to prepare them for licensure. Second, the proposed definitional change will decrease the pipeline into these professions, exacerbating existing and growing shortages of health professionals in the disciplines that are no longer eligible for the higher levels of loan funding or loan forgiveness. Given the maldistribution of primary care clinicians (including geriatrics), this change is likely to further exacerbate shortages in the rural United States. Ultimately, the changes will reduce both access to and quality of care for all of us as we age.

Health Professional Pipeline

The Department’s proposed changes would eliminate a wide swath of health professionals who are critical members of the health care team, creating barriers for prospective and current students pursuing training in these professions, many of which require advanced degrees for certification or licensure. It will increase out of pocket costs for students and/or force students to take out private loans at a higher cost. It will reduce enrollment in advanced degree programs across a number of professions because many students will lack the wherewithal to finance tuition and living costs, particularly those with lower socioeconomic status. Ultimately, this narrower definition will shrink the pipeline of qualified faculty to provide training and education to the future workforce we need. This change will also lead to reductions in how many students are prepared to provide direct clinical care with a disproportionate impact on rural and underserved communities.⁶

Quality of Care for All of Us as We Age

Access to a well-trained workforce and ensuring a future workforce, particularly the supply of health professionals with geriatrics and gerontology expertise, is imperative to address many priorities of the administration, including mental health, chronic disease, and nutrition, as well as the health and quality of life for all of us. The proposed change to the definition of professional degree will exacerbate existing health professional shortages (e.g., nursing, social work, occupational therapy, physical therapy).^{7,8,9,10} Ultimately, the proposed changes will further shrink the pool of health professionals, reducing access to essential health care for millions of Americans. Given existing shortages, federal policy should support and

⁶ American Hospital Association. Fact Sheet: Federal Student Loan Limits for Graduate and Professional Programs. January 2026. Accessed February 27, 2026. <https://www.aha.org/system/files/media/file/2026/02/federal-student-loan-limits-graduate-and-professional-programs-factsheet-r.pdf>

⁷ National Center for Health Workforce Analysis, Health Resources and Service Administration. Nurse Workforce Projections, 2023-2038. December 2025. Accessed February 27, 2026. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nursing-projections-factsheet.pdf>

⁸ Bureau of Labor Statistics. Occupational Outlook Handbook: Social Workers. Updated August 28, 2025. Accessed February 27, 2026. <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>

⁹ Bureau of Labor Statistics. Occupational Outlook Handbook: Occupational Therapists. Updated August 28, 2025. Accessed February 27, 2026. <https://www.bls.gov/ooh/healthcare/occupational-therapists.htm>

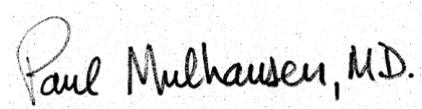
¹⁰ Zarek P, Ruttinger C, Armstrong D, et al. Current and projected future supply and demand for physical therapists from 2022 to 2037: a new approach using microsimulation. *Phys Ther.* 2025;105(3):pzaf014. doi:[10.1093/ptj/pzaf014](https://doi.org/10.1093/ptj/pzaf014)

incentivize education and training pathways that address existing shortages by supporting young people to choose a career in healthcare.

We believe that it is in the public interest for the Department of Education to not implement the proposed new definition of professional degree and to not withdraw access to loan forgiveness funding from borrowers in disciplines that are critical to the health and well-being of all Americans. We are opposed to this rule as currently written.

Thank you for taking the time to review our comments. For additional information or if you have any questions, please do not hesitate to contact, Anna Kim at akim@americangeriatrics.org.

Sincerely,



Paul Mulhausen, MD
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer