



The American Academy of Ambulatory Care Nursing (AAACN) is pleased to offer comments on the proposed rule related to Department of Education Proposed rulemaking related to 34 CFR Part 674, 682, 685- Reimagining and Improving Student Education [ED-2025-OPE-0944].

AAACN is the only specialty nursing association that focuses on excellence in ambulatory care and represents more than 1 million of the 4.7 million registered nurses across the US. Our 4,000 members practice in settings such as hospital-based outpatient clinics/centers; solo, group and system ambulatory primary care and specialty care practices; ambulatory surgery and diagnostic procedure centers; telehealth service environments; university and community hospital clinics; military and Veterans Administration settings; nurse-managed clinics; managed care organizations; colleges and educational institutions; as well as organizations supporting care coordination, nurse coaching, and care management services (AAACN, 2017).

GENERAL COMMENTS

The mission of AAACN is *Shaping Care Where Life Happens* with a vision of *A healthier world through nursing excellence, leadership, and innovation, revolutionizing healthcare*. To that end, we have promulgated standards of practice in ambulatory care nursing to support high quality nursing practice. While most of our membership is made up of Registered Nurses, roughly 37% of our members report having at least one graduate degree and roughly 6% of the membership are prepared at the Doctoral Level (DNP or PhD). A recent survey conducted of our membership indicated that for those members responding to the survey holding graduate preparation, between 35% and 100% of the cost of their graduate education was supported through federal loans, ranging from \$10K to \$215K. The average cost of graduate preparation reported through this survey was \$45,100 with some respondents noting that they also received some employer reimbursement support.

Along with the rest of the nursing community, AAACN is deeply concerned about language included in the proposed rulemaking which fails to recognize graduate degrees in nursing among the list of degrees considered “professional degrees. **Thus, we urge the Department to include graduate nursing degrees (CIP codes: 51.3805 (Nurse Practitioner), 51.3808 (Nursing Science/PhD), and 51.3818 (Nursing Practice/DNP) in the list of examples of professional degree programs as outlined under 34 CFR 668.2.**

While we understand that the Department was not specifically charged by Congress under the One Big Beautiful Bill Act (OBBA) to address workforce needs in developing the proposed rulemaking, we believe that the impact of this proposed rulemaking, which fails to recognize graduate nursing degrees as professional degrees, will negatively impact other priorities of the

Administration in promoting health, supporting rural health transformation, and the ability to address the health needs of the nation.

Below we will address our response to specific justification included in the proposed rulemaking to support this position.

Efforts to contain costs of higher education

AAACN recognizes that Congress, in passing these new loan cap requirements, sees them as a strategy to reduce borrower debt as a strategy to pressure institutions of higher education to contain costs and to reduce taxpayer burden in supporting costs of higher education. While this intent is laudable, we believe the intended effect is not likely to be realized, in that these reductions will direct borrowers to more expensive (and in some cases) predatory loan options and are also not likely to have a direct impact in pressuring institutions to lower costs through efficiencies.

In the case of graduate nursing education, the only federal strategies to support graduate preparation of nursing professionals are these loan programs along with programs under Title VIII of the Public Health Service Act (due for reauthorization this year). We direct the Department to review the most recent reports of the National Advisory Committee on Nursing Education and Practice (NACNEP) which further elaborate the need for investments in graduate nursing education. It is especially disheartening to read the explanation of limiting these professional nursing degrees in nursing based on cost estimates (as described on pages 4316 and 4317).

Relation of the proposed rule to other priorities of the Trump Administration.

As stated above, we posit that failure to consider graduate nursing degree programs in the list of educational programs considered “professional degree” programs is counterintuitive to other priorities being advanced by the President and Congress. For example, the OBBB also made significant investments in supporting states through the Rural Transformation Fund program to improve access to care in rural areas across the US. Part of the requirements for states under this program is to work to reduce policy barriers for full practice authority for providers (such as Nurse Practitioners). According to the National Rural Healthcare Association¹ <https://www.ruralhealth.us/about-us/about-rural-health-care>, physicians represent only 42% of rural healthcare providers. A recent study conducted in 2021² highlighted the impact that Nurse Practitioners (NPs) have in caring for rural populations; their findings indicated that 10.8 percent more patients in rural primary care practices were seen exclusively by NPs compared with urban family practice settings.

A major push of the Administration and Department of Health and Human Services is to “Make America Healthy Again” by promoting wellness and educating the public on strategies to support health and wellbeing. Unlike the traditional medical perspective, which is primarily disease focused curative treatment, the fundamental perspective of all nursing professionals, including

¹ <https://www.ruralhealth.us/about-us/about-rural-health-care>

² Neprash, Hannah T et al. “Nurse Practitioner Autonomy and Complexity of Care in Rural Primary Care.” *Medical care research and review* 78.6 (2021): 684–692. Web.

advanced practice nurses (APRNs³) is to support holistic health and wellness and to support the human response. Investments in expanding the number of educationally prepared APRNs (prepared at MSN and DNP levels) as well as nurse researchers (prepared with the PhD) can support these priorities.

Definitions of Professional Degree Programs and Professional Students (§ 685.102)

In response to the Department request for comments on its analysis relating to the professional degrees it included in or excluded from degrees it included in or excluded from the professional student definition (pg. 4261 of the NPRM), we offer the following comments:

In this NPRM, the Department establishes certain criteria for degrees to qualify as professional degrees as well as provision of in their proposed definition of “professional student.” In the preamble providing justification for the proposed definitions, the Department outlines a number of arguments to support the proposed language in these definitions. These include the list of degrees outlined in the OBBB (see column 2 of page 4262 of the Fed Register notice). However, there are a number of other arguments presented in the proposed rulemaking to support the proposed definition of what constitutes a ‘professional degree’ which seem to be contradictory.

For example, the Department states that “the inclusion of the phrase in the definition that “[e]xamples of a professional degree include but are not limited to . . .” suggests that the list of examples provided in the definition *need not be exhaustive*. (pg. 4262 column 1). The department make specific that limiting the degrees considered as ‘professional degrees’ in this rulemaking does not infer that the Department does not consider

Yet the Department also goes in great detail to prescribe certain CIP codes (4 digit groupings) along with additional criteria to test other degrees against the list included in the definition provided in the OBBB. The Department further discusses on page 4260 that a professional degree program must meet additional criteria in evaluating whether a degree program is considered a professional degree:

“is generally at the doctoral level;” - **DNP and PhD in Nursing meet this criterion**

“requires at least six academic years of postsecondary coursework for completion-including at least two years of post-baccalaureate level coursework; **MSN, DNP and PhD meet this time of study requirement**

“generally, requires professional licensure to begin practice”; - **MSN, DNP and PhD all require professional licensure**

and includes a four digit program Classification of Instructional Program (CIP) code, as assigned by the institution or determined by the Secretary, in the same intermediate group in certain same intermediate group in certain fields.- **Addition of specific CIP requirements to determine whether a degree program is considered a professional degree is too limiting as it fails to include these professional nursing degree programs.**

³ APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

Furthermore, on page 4661 (third column) the following language is stated: “*We also propose that a professional degree only includes in the following fields*” followed by an explicit list of degrees. This can lead to confusion about what test is being used to examine other degrees other than those specifically listed in the definition of “professional degree” programs.

The proposed rule also discusses the three part test as outlined by the OBBB used to determine whether a degree program is considered a “professional degree” and subject to higher loan limits. Is the three part test or the CIP code list or other additional criteria discussed on page 4260 of the proposed rule being used to evaluate degrees other than those listed in the proposed definition?

On page 4263, the Department states: “If any given degree is similar to degrees on the list, that provides additional evidence that the degree at hand may be a professional Degree” Below we include arguments to support that graduate nursing degrees (MSN-leading to practice as an APRN, DNP and PhD Degrees meet the three part test outlined in the OBBB:

First, the degree must signify completion of the academic completion of the academic requirements for beginning practice in a given profession.- For all APRN practice roles (all of which require specific certification and approval by a state Board of Nursing to practice in these expanded roles) , the APRN must have minimum educational preparation of a master’s degree. In some APRN specialties, as is the case in other disciplines such as pharmacy and physical therapy, doctoral preparation (DNP) has become the minimum educational requirement for practice.

Second, the profession the graduate enters must require a level of professional skill beyond what is normally required for a bachelor’s degree professional degree. Other advanced practice nursing roles (such as faculty or certain administrative roles) require graduate preparation. Depending on the degree in which the individual teaches, doctoral preparation (DNP, PhD) may be required by accreditors or state boards of nursing. For example, many states require minimum preparation at the master’s Level to teach in a prelicensure nursing program. The American Association of Colleges of Nursing has outlined two specific levels of practice competencies, highlighting the advanced skills needed for advanced nursing practice. Specific scope and standards promulgated by many nursing organizations also highlight advanced professional skills needed in APRN roles.

Third, the profession that a degree holder would enter after graduating generally requires professional licensure. All graduate degrees in nursing require licensure as a Registered Nurse prior to matriculation. This licensure affords the individual the ability to independently practice the profession of nursing (no supervision required to practice nursing as a registered nurse.) License to practice as a registered nurse in addition to passing a Board certification exam is required for APRN roles.

Specific comments by the Department related to MSN/DNP (pgs. 4265- 4266 of the NPRM)

We take issue with the rationale used by the Department to not include MSN/DNP degree programs in the list of professional degree programs. The Department argues that these degrees

do not *lead to licensure*, but as stated above, they all **require licensure** to begin practice in the APRN role (see OBB definition language). Furthermore, the Department argues that limitations across states for full practice authority are justification to eliminate these degree options from being considered ‘professional degree’ programs. This argument not only fails to recognize the full practice authority granted to many APRNs, but also is a faulty argument, considering there are other professions listed in the list of professional degree programs that also require supervision (based on state law). For example, Pharm D prepared pharmacists who also hold the Clinical Pharmacist Practitioners certification must operate under a collaborative practice agreement with a supervising physician to provide direct, comprehensive drug therapy management. These roles exist in a number of states, which require supervision- thus, negating the Department’s argument that the list of disciplines included in the proposed definition of a professional degree program. Furthermore, the OBBB definition provided by Congress makes no mention of independent practice authority being required for a degree to be considered a professional degree.

Definition of Professional Student

The Department proposes to define a “professional student as one that: “is enrolled in a program of study that awards a professional degree upon completion of the program. On page 4260 of the proposed rule, the Department further discusses that definition of a professional student is based on the definition of a professional degree in 34 CFR 668.2 that was in effect on July 4, 2025, as outlined in the OBBB. As described above, if the three part test outlined in the OBBB is applied, post-baccalaureate nursing degrees meet these criteria, as well as the criteria for “professional degree programs” in 34 CFR § 668.2, which was incorporated into H.R. 1 and the proposed definition of “professional student.”

The education, licensure and certification pathways and practice authority for our post-baccalaureate nurses’ parallel other healthcare disciplines such as medicine, dentistry, and pharmacy, all of which already carry the “professional” designation.

Specific Recommendations

These comments demonstrate the MSN, DNP and PhD degrees in nursing should be considered professional degrees for the purposes of this rulemaking. We specifically propose the following options:

1. Specifically list MSN, DNP and PhD in Nursing in the list of degrees used as exemplars in the proposed definition of “professional degrees.”
2. Reconsider including the CIP codes for these degrees ((**CIP codes: 51.3805 (Nurse Practitioner), 51.3808 (Nursing Science/PhD), and 51.3818 (Nursing Practice/DNP)**) in the list of degrees considered as professional degrees.
3. If the Department indeed considered the list of degrees as merely examples, not exhaustive provide specific clarification of what tests will be applied to determine whether other degrees would be considered as professional degrees.