



March 3, 2026

Linda E. McMahon, Secretary
U.S. Department of Education
Office of Postsecondary Education
Lyndon B. Johnson Building
400 Maryland Avenue SW
Washington, DC 20202

Re: Reimagining and Improving Student Education Proposed Rule, 34 CFR Parts 674, 682, and 685 [Docket ID ED-2025-OPE-0944] RIN 1840-AD98.

Dear Secretary McMahon,

Advocates for Community Health (ACH) appreciates the opportunity to comment on the Reimagining and Improving Student Education Proposed Rule. ACH is a member organization focused on advocacy initiatives to affect positive change for community health centers, the patients they serve, and the entire nation's health care system. Our 50 members represent 23 states, Puerto Rico, and the District of Columbia. On behalf of our members and the 4 million patients they serve, ACH submits the following comments on the [Reimagining and Improving Student Education proposed rule](#).

We recognize the statutory constraints under which the agency operates and appreciate the complexity of its responsibilities. At the same time, the proposed changes would have significant and far-reaching effects on the health center workforce. Given the scale of that impact, we have a responsibility to clearly and directly share these concerns with the agency to ensure it fully understands the practical implications for providers and the patients they serve.

ACH is concerned that the proposed changes will limit access to advanced health professional education and weaken the health workforce pipeline. The Department proposes eliminating Graduate PLUS loans for new borrowers beginning July 1, 2026, removing the primary federal tool that has allowed students to finance the full cost of graduate and professional education. Without Graduate PLUS, students would be limited to Direct Unsubsidized Loans subject to new annual and lifetime caps beginning July 1, 2026. Together, these changes would significantly restrict access to federal aid for professional programs, such as medicine and dentistry, and other essential advanced practice fields, reducing enrollment and deterring students from pursuing careers in high-need health profession fields.



The cost of advanced practice, nursing, and health workforce programs accounts for clinical hours and accreditation standards. However, without federal support, the financial burden is shifted directly onto students and institutions, thereby reducing enrollment and completion in these fields. **ACH urges the Department to clarify the “professional student” definition and explicitly include graduate-level, license-qualifying clinical programs**—including behavioral health and social work, midwifery, physician assistant, occupational therapy, physical therapy, and speech language pathology programs—which are essential to the health center workforce. Without clear inclusion, the proposed rule may limit access to these critical pipelines and constrain overall access to care.

Health centers serve as a lifeline for patients in rural and underserved areas across the country by delivering high-quality, comprehensive, and affordable primary health care. Health centers employed about 103,270 clinical staff including medical providers, nurses, nurse practitioners (NP), physician assistants (PA), nurse-midwives, among other clinical providers in 2024.¹ Notably, about 21% were registered nurses, 13% were NPs, and 18.3% were behavioral health providers. **This data demonstrates that over half of the health center clinical workforce is concentrated in nursing and behavioral health professions—fields that depend heavily on graduate education pathways and therefore will be disproportionately affected by the proposed changes.**

As the Department acknowledges in the proposed rule, the term “professional student” lacks clarity and is inconsistently applied across institutions and disciplines. Historically, “professional programs” have referred to graduate-level programs that lead to licensure and direct entry into professional practice; however, the absence of a clear and updated definition creates uncertainty about which health workforce programs will qualify under the new borrowing framework. **ACH therefore urges the Department to explicitly include advanced practice nursing and other critical health workforce programs within the definition of “professional student.”** These programs are graduate level, lead directly to licensed clinical practice, and form the backbone of the nation’s primary care system. Without clear inclusion, the proposed changes may limit access to advanced clinical training in fields already facing significant workforce shortages.

ACH is concerned that the proposed rule will threaten patient access to primary care, behavioral health, and maternal health services, particularly in rural and underserved communities. To avoid these unintended consequences and protect the health center

¹ <https://data.hrsa.gov/topics/healthcenters/uds/overview/national/table?tableName=5&year=2024>;
<https://data.hrsa.gov/topics/healthcenters/uds/overview>



clinical workforce pipeline, **the Department should explicitly include advanced practice nursing and other essential health professions within the definition of “professional student” and ensure that graduate students in these fields retain access to sufficient federal financing to cover the full cost of attendance.**

ACH appreciates the opportunity to comment on the proposed rule. Please contact Stephanie Krenrich, SVP, Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org with any questions.

Sincerely,

Amanda Pears Kelly
Chief Executive Officer
Advocates for Community Health