



February 25, 2026

The Honorable Linda McMahon
Secretary
United States Department of Education
400 Maryland Ave, SW
Washington, DC 20202

RE: Reimagining and Improving Student Education, FR Doc # 2026-01912

Dear Secretary McMahon,

On behalf of the approximately 190,000 physician associates/physician assistants (“PAs”), the American Academy of Physician Associates (“AAPA”) appreciates the opportunity to comment on the Reimagining and Improving Student Education (“RISE”) proposed rule. While we share the Department of Education’s concern about rising tuition costs, the burden of student debt, and the inherent complexity of the current repayment system, this proposed rule is inconsistent with the statutory student loan provisions in Public Law 119-21 (The Working Families Tax Cut Act). PA programs clearly satisfy the criteria set out by Congress to identify a “professional degree.” Failure to expressly include PA programs in the final regulation would undermine the Administration’s laudable affordability and healthcare goals by making it more difficult for future healthcare providers to fund their education and more expensive to repay their borrowing costs, ultimately exacerbating America’s healthcare workforce shortages – particularly in rural areas.¹ Not including PAs would also cause major disruptions for prospective students currently applying to PA school.

Public Law 119-21 does not delegate discretion to the Department to redefine or narrow the term “professional degree.” Instead, Congress expressly incorporated an existing regulatory definition, 34 C.F.R. 668.2, and required that definition to be applied as in effect on the date of enactment. Any additional criteria imposed through rulemaking exceed the Department’s statutory authority and undermines Congressional intent. Further, excluding PA programs from professional loan limits is inconsistent with the Trump Administration and Congress’s important work towards the goals of improving health workforce development and sustainable access to care.² We therefore urge you to

¹ HRSA, “Health Workforce Projections.”

² CMS, “Rural Health Transformation Program,” Overview.

revise the final rule to align with Public Law 119-21, and the regulation it cited, as passed by Congress, which would explicitly clarify that graduate-level healthcare programs leading to professional practice and licensure meet the criteria for professional preparation and qualify for the \$50,000 annual limit/\$200,000 aggregate professional loan limit.

The Physician Associate/Physician Assistant (PA) Profession

PAs are licensed clinicians who practice medicine in every specialty and setting. PAs diagnose illness, develop and manage treatment plans, manage their own patient panels, and often serve as a patient's primary healthcare provider. PAs practice medicine in every state, the District of Columbia, and all U.S. territories. PAs serve as commissioned medical officers in the uniformed services, supporting readiness, global health operations, and domestic response. PA scope of practice is determined by the PA's education and experience, state law, facility policy, and the needs of patients. Studies reinforce that PAs provide high-quality care, and patients have consistently indicated high levels of satisfaction with PAs, comparable with care delivered by physicians.³ Patients have demonstrated confidence and trust in the PA profession by indicating the type of health professional who provides care is less important than access to quality care.⁴

According to the National Rural Health Association, "as healthcare evolves into a system of vertical and horizontal integration with a new focus on team-based care PAs working at the top of their licenses will be indispensable providers in rural areas," and a higher proportion of PAs practice in rural areas than the percentages of other primary care providers.⁵ One third (33%) of respondents to a recent AAPA survey of PA students and prospective students reported having worked or planning to work in a rural community during their career and nearly half (43%) report the same for medically underserved areas (MUAs) or healthcare professional shortage areas (HPSAs).⁶

Federal law, state law, and the public have long recognized PAs as professional medical providers. While it is clear PA degrees meet every criterion in the statute to qualify as professional degrees, we acknowledge that delineating which educational degrees should be considered "professional" for purposes of determining new loan limits is a difficult task. Our comments are focused, first, on the inconsistency of the proposed rule with the authorizing statute and then on the inadequacy of the definition proposed by the Department through the negotiated rule making process and its inconsistency with Administration priorities.

³ Hooker RS, Moloney-Johns AJ, McFarland MM. Patient satisfaction with physician assistant/associate care: an international scoping review. *Hum Resour Health*. 2019 Dec 27;17(1):104.

⁴ Dill MJ, Pankow S, Erikson C, Shipman S. Survey Shows Consumers Open To A Greater Role For Physician Assistants And Nurse Practitioners. *Health Affairs*. 2013 Jun; 32 (6).

⁵ National Rural Health Association. [Physician Assistants: Modernize Laws to Improve Rural Access](#), 2019.

⁶ American Academy of Physician Associates. [New Survey Shows Proposed Federal Student Loan Cap Would Shrink the PA Workforce](#). February 4, 2026.

Our comments will focus on the following:

1. Definition of “Professional Student” under Public Law 119-21, Sec. 81001 (C) (ii)
2. Reliance on Scope of Practice and Collaboration/Supervision
3. Cost, Financing, and Outcomes for PA Programs
4. Health Workforce Disruptions
5. Role of PAs in Trump Administration and Congressional Health Workforce and Access Priorities

Definition of “Professional Student” under Public Law 119-21, Sec. 81001 (C) (ii)

Beginning July 2026, Public Law 119-21 sets annual loan limits of \$20,500 for graduate students and \$50,000 for professional students as well as aggregate loan limits of \$100,000 for graduate students and \$200,000 for professional students. The law defines professional student as follows:

Sec. 81001 (C) (ii), Professional Student.—In this paragraph, the term ‘professional student’ means a student enrolled in a program of study that awards a professional degree, as defined under section 668.2 of title 34, Code of Federal Regulations (*as in effect on the date of enactment of this paragraph*), upon completion of the program. [emphasis added]

Under this provision of the statute, a professional student is a student enrolled in a program of study leading towards a professional degree, as defined in the regulation 34 C.F.R. 668.2:

Section 668.2 of title 34, Code of Federal Regulations

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.).⁷ [emphasis added]

Although Public Law 119-21 specifies that the Department of Education must rely on the existing regulatory definition of professional degree, the RISE Committee unilaterally proposed to ignore the statutory language to narrow the definition of “professional degree” in a way that improperly excludes PAs and other healthcare providers despite clearly meeting the statutory requirement as “student[s] enrolled in a program of study that awards a professional degree, as defined under section 668.2 of title 34, Code of Federal Regulations, upon completion of the program.” As noted above, the cited regulation defines a professional degree as one “that signifies both completion of the academic requirements for beginning practice in

⁷ 34 CFR § 668.2.

a given profession and a level of professional skill beyond that normally required for a bachelor's degree. Professional licensure is also generally required.”

PA programs clearly meet the three-part test in Public Law 119-21:

1. “A degree that signifies ... completion of the academic requirements for beginning practice in a given profession ...”

To obtain a state license, all prospective PAs must graduate from a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant (“ARC-PA”).

2. “A degree that signifies ... a level of professional skill beyond that normally required for a bachelor's degree.”

PA programs award only graduate-level master’s degrees, with most programs spanning 27 months (three academic years). During PA school, PA students complete approximately 2,000 hours of clinical rotations with an emphasis on primary care in ambulatory clinics, medical practices, and acute or long-term care facilities.

3. “Professional licensure is also generally required.”

All PAs must be licensed to practice in a state, the District of Columbia, and all U.S. territories. Graduation from an ARC-PA accredited program is a mandatory prerequisite for licensure in all jurisdictions. Graduates are also required to take a national certifying exam to become licensed as PAs.

Despite this clear statutory and regulatory definition established by Congress, the RISE proposed rule improperly creates a new narrower definition of “professional degree” that is at odds with the statute and current regulatory language. The proposed rule’s inconsistency with the statute includes additional requirements not contained in the underlying statute nor in the regulatory definition of professional degree at time of passage and creates new requirements out of whole cloth that directly conflict with the requirements and examples in the definition referenced by Congress. This includes requiring:

- Doctoral-level programs that require six or more years of postsecondary study.
- Classification within the same four-digit Classification of Instructional Programs (“CIP”) codes and within the same intermediate group as medicine, dentistry, pharmacy, law, theology, and related fields.

Nothing in statute suggests that qualifying programs must be doctoral-level or of a specific duration. Instead, Congress referenced the definition of professional degree in 34 C.F.R. 668.2, which refers to “a level of professional skill beyond that normally required for a bachelor's degree.” Thus, professional degrees should not be limited to doctoral degrees, as the definition would allow the

inclusion of master's degrees and the list of examples in the definition of professional degrees includes master's degrees in Theology (M.Div., or M.H.L.).

The RISE negotiators also incorrectly interpreted the non-exhaustive list of examples of professional degrees in the definition as limiting the scope of the definition (despite also adding clinical psychology). The regulatory definition referenced in the statute explicitly states that professional degrees should “include but are not limited to” the degrees listed in the regulatory definition cited by the statute. This language clearly allows for other degrees that meet the definition's criteria referenced above to be included in the definition of professional degree. This language also contradicts the Department's claim that it is utilizing the “applied meaning” of the regulation.

Further, there is no basis in the definition of professional degree referenced by the statute to require that a degree program include a four-digit program CIP code in the same intermediate group as the listed examples. The definition does not indicate that any other degrees considered to be professional degrees need to be in the same classification category as the degrees listed as examples in the definition.

The federal government has historically recognized PAs as medical professionals including in the Medicare program^{8 9}, the Department of Veterans Affairs¹⁰, and the Public Health Service Act¹¹.

Reliance on Scope of Practice and Collaboration/Supervision

In the proposed rule, the Department created a new rationale for omitting PAs from the definition of “professional degree.” The Department argues that “the MSPAS would not satisfy the professional degree definition because, for example, of the unsettled regulatory landscape regarding licensure and scope of practice of physician assistants. A physician assistant's scope of practice varies from state to state.” **This rationale is not contained in the statute, the existing regulation referred to in the statute, or in the RISE negotiated rulemaking record. The Department's rationale conflates educational qualification with state-level practice regulation, substituting state-based workforce policy preferences for the statutory criteria Congress enacted.**

PA programs are graduate level programs that lead directly to licensure and clinical practice, clearly meeting the statutory and regulatory definition of a program resulting in a professional degree. Collaboration or supervision requirements reflect state practice laws, not the rigor, cost, or professional nature of PA education. Using these frameworks to disqualify PAs is inappropriate and undermines the Administration's federal workforce goals and priorities described below in these comments.

⁸ 42 U.S.C. § 1395.

⁹ 42 CFR § 410.74.

¹⁰ 38 U.S.C. § 7401.

¹¹ 42 U.S.C. § 254d.

The boundaries of each PA's scope of practice are determined by the following parameters: the PA's education and experience, state law, policies of employers and facilities, and the needs of the patients for whom they provide care. All states, the District of Columbia, and U.S. territories that license PAs recognize that their broad, generalist medical education has prepared them to obtain medical histories, perform examinations, order and interpret laboratory tests, diagnose illness, develop and manage treatment plans for their patients, prescribe medications, perform critical components of surgical procedures, and provide other services that have traditionally been reserved for physicians. Although there is some variation in their laws and regulations, the vast majority of the country has abandoned the concept that a medical board or other regulatory agency should make decisions about scope of practice details for individual PAs. Most jurisdictions allow the details of each PA's scope of practice to be determined at the practice level.

The Department fails to acknowledge that scope of practice varies widely from state to state for other professions it proposes to include under the "professional program" loan limit. For example, scope of practice for a Doctor of Podiatric Medicine (DPM) varies from state to state as to how high on a patient's leg a podiatrist can treat (i.e., ankle v. mid-calf).¹² Clinical psychologists are unable to prescribe medication in the majority of states,¹³ while PAs are trained in pharmacology and may prescribe medication in all 50 states, DC, and all U.S. territories except Puerto Rico.

There are many other similar examples of scope of practice differing for included professions, because **every state individually sets the scope of practice for any licensed professional practicing within its borders. Consistently applying the Department's argument that scope differences between states should preclude certain professions would mean precluding all healthcare professions. The Department's use of this argument to exclude PAs is therefore arbitrary, and it is discriminatory to apply this argument against PAs and other professions for which it is referenced in the proposed rule.**

Further, the United States and all U.S. territories require licensure to practice as a PA, meaning there is no ambiguity as to whether the profession "generally requires licensure." This is the universally preferred regulatory term to be applied to practitioners of medicine, including PAs and physicians, as it denotes the highest level of scrutiny of professional qualifications and means that authorizing PAs to practice is a direct responsibility of the state.

When arguing that PA programs should not be considered professional degree programs because PA scope of practice often includes collaboration and supervision requirements, the Department misrepresents how modern healthcare is rooted in team-based care. By stating that PA programs

¹² American College of Foot and Ankle Surgeons, *State Scope of Practice Information* (March 2023). Available at: [https://www.acfas.org/getattachment/18233bf0-cee3-4ef3-b395-dc74219c1887/Scope-of-Practice-Grid-2023-\(1\).pdf](https://www.acfas.org/getattachment/18233bf0-cee3-4ef3-b395-dc74219c1887/Scope-of-Practice-Grid-2023-(1).pdf).

¹³ Pappas, S. (2026, January 1). *New APA guidelines address psychologists' expanding role in prescribing medication*. Monitor on psychology. <https://www.apa.org/monitor/2026/01-02/guidelines-medication-prescriptions>

should not be considered professional degree programs because "the overwhelming majority of states substantially restrict the practice of physician assistants and require them to collaborate with, or be supervised by, physicians," the Department misrepresents how modern healthcare is rooted in team-based care. First, a majority of states currently use the term "collaboration" to refer to how PAs practice and interact with other members of the healthcare team. Second, modern healthcare delivery rarely involves just one provider, but rather an entire team of providers who are available to each other for consultation and collaboration when necessary and appropriate. In fact, a physician who has only been an attending physician for a year or two would likely consult or collaborate with a PA who has more clinical experience. The outlier states that still use the antiquated terminology of "supervision," simply require that a physician be available by electronic means, rather than onsite or in the room when the PA is providing patient care. This demonstrates that the Department may not fully understand the realities of PA practice or state regulations.

Further, the Department's rationale regarding "supervision" fails to account for state laws enacted across the country authorizing certain categories of medical school graduates (e.g. assistant physicians, who have not completed a residency) to refer to themselves as "doctors." These laws also recognize "graduate physicians" who are licensed to practice medicine, able to prescribe controlled medications, and perform many of the same medical services as PAs, but only if they are supervised by a fully licensed physician and in many instances providing care pursuant to some type of agreement with a fully licensed physician. For example, in 2014, Missouri became the first state to create a permanent category of licensure for medical school graduates who have completed Step 1 and Step 2 of the United States Medical Licensing Exam (USMLE) but have not matched with a residency.¹⁴ These licensees, called "assistant physicians," or APs, are intended to mitigate healthcare provider shortages. APs may renew their licenses indefinitely provided they meet the requisite renewal requirements and are authorized to provide many of the same medical services as PAs and nurse practitioners (NPs), including prescribing Schedule III-V controlled medications and Schedule II hydrocodone medications.¹⁵ They are also subject to supervision requirements which are substantively similar to the supervision requirement for PAs and must be in a collaborative practice arrangement in the form of a written agreement, jointly agreed protocols, or standing orders for the delivery of healthcare services with a fully licensed physician. However, unlike PAs and NPs, APs are largely restricted to practicing primary care in rural or urban underserved areas. Other states have created nonrenewable or limitedly renewable categories of licensure for unmatched medical school graduates. Examples include Arkansas ("graduate registered

¹⁴ Missouri Revised Statutes [334.036](#).

¹⁵ 20 CSR 2150-2.210 and 20 CSR 2150-2.240

(<https://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2150-2.pdf>)

physicians”),¹⁶ Kansas (“special permit holders”),¹⁷ Louisiana (“bridge year graduate physicians”),¹⁸ and Utah (“associate physicians”).¹⁹ Nevertheless, under the Department’s proposed regulatory justification, graduate physicians (as well as clinical psychologists and pharmacists with prescriptive authority) would be deemed to possess a “professional degree” even though subject to supervision and agreements with fully licensed physicians while PAs would be arbitrarily excluded.²⁰

PA Programs: Cost, Financing, and Outcomes

The PA profession was created to improve and expand access to healthcare. In the mid-1960s, healthcare experts and educators recognized there was a shortage of primary care physicians. To help remedy this, Eugene A. Stead Jr., MD, of the Duke University Medical Center, put together the first class of PAs in 1965 from former Navy Corpsmen who had previously received significant medical training in the military. Dr. Stead based the curriculum of the new PA program on his knowledge of fast-track training of doctors during World War II. The first PA class graduated from the Duke University PA program on Oct. 6, 1967.

The PA profession gained federal acceptance and backing as early as the 1970s as a creative solution to physician shortages. The medical community helped support the new profession and spurred the setting of accreditation standards, establishment of a national certification process and standardized examination, and development of continuing medical education requirements.

Today, PA training continues to be based on the medical school model, encompassing the equivalent of three academic years of professional training in a master’s degree program. PA programs are highly intensive, condensing the medical curriculum and clinical rotations involved in medical school (while medical school typically lasts four years, followed by a three-to-seven-year residency, only the first two years of medical school involve regular time spent in lectures and labs).

Because PA school is an intensive, condensed version of medical school, PA school also involves the same inherent costs associated with medical school: highly educated and trained faculty, specialized facilities and equipment, and access to clinical sites. PA programs differ significantly from academic “graduate programs,” and PA program costs cannot be easily decreased to match disparate graduate programs.

It is important to note that prospective PAs who borrow to attend PA school will largely be limited by the proposed graduate annual limits, rather than the aggregate limits. Because PA programs are two to three academic years, two-year programs would be capped at \$41,000,

¹⁶ Arkansas Code Annotated 17-95-901 to 17-95-917.

¹⁷ Kansas Statutes Annotated 65-2811a.

¹⁸ Louisiana Revised Statutes 37:1310.11.

¹⁹ Utah Code Annotated 58-67-302.8.

²⁰ <https://www.federalregister.gov/d/2026-01912/p-111>

while three-year programs would be capped at \$61,500. Because of this, the proposal to cap PA student borrowing would not only fall short of both the cost of tuition and the cost of attendance for most borrowers, it would also create incentives for programs to extend program length. This would counteract the original intention behind the creation of the PA profession -- to fast-track medical training in order to address physician shortages.

By forcing PA students to rely on private credit or personal wealth, the proposal would systematically favor higher-income rather than the most qualified applicants and hinder growth of the primary care-oriented workforce the PA profession was designed to produce, which is strongly supported by the Trump Administration.

Students from rural and underserved communities who have the calling to serve and want to care for patients in their communities may not be able to afford a PA education or could be forced to practice in more urban areas with higher salaries to meet the demands of their higher-cost private loans.

PA Program Cost

There are currently 322 PA programs. According to the most recent PA Education Association (PAEA) Program Survey, roughly 65% of PA programs are private, while 35% are public.²¹ Of the 322 PA programs, just 29 (9%) offer tuition to state residents that would currently be below the graduate cap of \$41,500/\$61,500, while only three (less than 1%) offer tuition below the cap to non-resident students.^{22, 23}

The median PA program tuition for residents is \$96,900, while the median tuition for non-residents is \$101,229. This represents a shortfall between the amount PAs would be able to borrow federally under the Department's proposal and median tuition of at least \$35,400 for resident borrowers, and \$39,729 for non-resident borrowers at the median PA program. Importantly, this is the shortfall for just tuition and does not include the full cost of attendance. It should be noted, however, that just under 30% of PA programs last for 24 months, or two academic years, meaning that borrowers in these programs may face up to a \$58,229 shortfall for tuition alone, further disincentivizing the expediting and condensing of PA training.

Additionally, because of the intensive academic program and course work, nearly all PA schools do not allow students to work while enrolled.²⁴ This means that many current PA students also borrow to cover costs of attendance beyond tuition, since they are either prohibited from working or do not have time to work to provide additional financial assistance. Nearly 61% of PA programs that

²¹ Physician Associate Education Association. [Program Report 36: By the Numbers: Data from the 2021 Program Survey](#). Accessed December 23, 2025.

²² The PA Life. [How Much Does it Cost to Go to Physician Assistant School?](#). Accessed December 23, 2025.

²³ Physician Associate Education Association. CASPA Program Directory.

²⁴ PA Education Association. [PA School- What to Expect](#). July 16, 2019.

responded to PAEA's Program Survey are located in cities, with 46% in large or midsize cities. An additional 26% are located in suburban areas, including 23% in "large suburban" areas.²⁵ Because PA programs tend to be located in areas with higher-than-average cost of living, cost of attendance for PA students may be significantly higher than tuition.

For example, the tuition for Nova Southeastern University in Orlando is \$96,900, the median program tuition. Additional cost of attendance, which encompasses books, supplies, fees, health insurance, housing, food, loan fees, personal expenses, and transportation, is estimated to be \$59,677 in the first year of the program, \$56,950 in the second year, and \$13,744 in the final year of the program. **Therefore, the total cost of attendance is approximately \$227,271.²⁶ If PA programs are placed in the "graduate" category, PA students would face a shortfall of \$165,771 that would have to be funded through independent means or private loans.**

PA Program Financing

A recent study of PA student borrowers by the PA Education Association found the following:

- 88% of recently certified PAs reported having educational debt;²⁷
- 63.6% of PAs reported starting their careers with debt of at least \$100,000;
- 12.4% of PAs reported started their careers with debt of at least \$200,000; and
- 72.5% of PAs who reported having any educational debt reported debt of more than \$100,000.²⁸

In February, AAPA released the results of a survey²⁹ of more than 4,500 PA students and aspiring PAs to better understand how they were financing their training and how the RISE committee's consensus on the definition of "professional" (reflected in the RISE proposed rule) would affect PA practice. The survey found:

- 79% of practicing PAs, along with 86% of PA students and 83% of aspiring PAs, said federal student loans were (or are) very or extremely important to their ability to pursue PA education;
- 86% reported that they did, do, or expect to rely on federal loans;
- 31% reported using private student loans;
- 73% of aspiring PAs said they would be forced to apply for private student loans if the Department's proposal were finalized; and

²⁵ Physician Associate Education Association. [Program Report 36: By the Numbers: Data from the 2021 Program Survey](#). Accessed December 23, 2025.

²⁶ NOVA Southeastern University. [College of Allopathic Medicine Tuition and Fees](#). Accessed December 30, 2025.

²⁷ This includes undergraduate debt.

²⁸ Kozikowski A, Bruza-Augatis M, Morton-Rias D, et al. [The effect of education debt on PAs' specialty choice or preference](#). *JAAPA*. 2025;38(1):35-44. doi:10.1097/01.JAA.0000000000000166

²⁹ AAPA. [PA Perspectives on Student Loan Borrowing](#).

- 63% said they are uncomfortable or very uncomfortable relying on private loans to fill funding gaps;
- 76% of aspiring PAs reported being very or extremely concerned about their ability to secure private loan financing.³⁰

PA Program Outcomes

In the last (2024-2025) cycle of applicants to PA school, 34,625 students applied, an increase of 13% from the 2020-2021 cycle. Matriculants to PA schools also increased roughly 13% over the same period, to 12,636. 24 to 27% of those who are not admitted in a given cycle reapply, a rate that has remained stable over several cycles.³¹

The high demand for PA training reflects the very high demand for PAs in the workforce:

- The median salary for PAs is \$133,260;³²
- Employment of PAs is expected to grow by over 20% from 2024-2034, which is a much higher rate of growth than the average for all occupations.³³
- The unemployment rate for PAs is just 1.6%.³⁴
- At the 50th percentile, the salary for PAs in their first year of practice is \$115,000.³⁵
- In its 2026 ranking of best healthcare jobs, U.S. News & World Report ranked the PA profession second and fifth in best jobs overall.³⁶

While there is little data on the rate of default for graduates of PA programs, it is very unusual for a PA to default on their student loans despite the high cost of PA education, once again reflecting the high demand for PAs in the workforce and the high starting and median salary for PAs.

In addition to meeting the statutory definition of “professional degree,” as enacted by Congress and as defined under section 668.2 of title 34 of the Code of Federal Regulations for 30 years, PA programs are clearly the kind of in-demand, inherently expensive programs that lead to in-demand, highly compensated professional employment intended to have access to higher “professional” loan limits.

³⁰ American Academy of Physician Associates. [New Survey Shows Proposed Federal Student Loan Cap Would Shrink the PA Workforce](#). February 4, 2026.

³¹ Physician Associate Education Association. [PA Program Applications Show Growth, Persistence](#). Accessed December 30, 2025.

³² American Academy of Physician Associates. 2025 AAPA Salary Report.

³³ [Bureau of Labor and Statistics. Occupational Outlook Handbook: Physician Assistants](#). Accessed December 23, 2025.

³⁴ Bureau of Labor and Statistics. Occupational Outlook Handbook: Physician Assistants. Accessed December 23, 2025.

³⁵ American Academy of Physician Associates. 2025 AAPA Salary Report.

³⁶ [U.S. News & World Report: 100 Best Jobs 2026](#)

Health Workforce Disruptions

Restricting loan access for PA students in a way that is inconsistent with Public Law 119-21 will constrict the pipeline of qualified healthcare providers at a time when the nation faces a projected shortage of 187,130 physicians by 2037, according to the Health Resources and Services Administration (“HRSA”).³⁷ HRSA has also indicated that PAs help alleviate the issues associated with shortage.³⁸

Indeed, 84% of PA students and aspiring PAs surveyed by AAPA say that the Department’s proposal would decrease the number of applicants to PA school, while 58% report they would have postponed enrolling in PA school due to the financial burden. Even more troubling, 37% of PAs and PA students said they would have changed course entirely and no longer pursued a healthcare career.³⁹

Excluding PAs and other non-MD/DO healthcare providers is especially harmful for rural America, where HRSA has currently designated 8,207 Health Professional Shortage Areas for primary care alone. Similarly, there are 6,604 Mental Health HPSAs – where non-physician providers such as clinical psychologists and psychiatric NPs and PAs practicing in psychiatry help bridge the gap and ensure more timely access to necessary mental healthcare.

Limiting PA student access to federal loans is also likely to disincentivize specializing in primary care, which has an especially acute shortage of providers, while also disincentivizing practice in rural and underserved areas where compensation may be relatively lower. Indeed, studies have found that, “PAs with higher educational debt were more likely to choose nonprimary care specialties,” and that, “PAs who stated that debt influenced their specialty choice had higher starting salaries or salary expectations and were more likely to accept or prefer positions offering loan repayment.”⁴⁰ This is consistent with extensive literature documenting the negative effect of the cost of medical education on physicians, among whom “educational debt is driving medical school graduates away from practicing in underserved communities and entering primary care specialties— what our country will sorely need in the coming years.”⁴¹

AAPA’s recent survey of PA students and aspiring PAs further reinforces these findings. When asked how finalizing the Department’s proposal would affect PA practice:

- 79% said it would reduce the number of PAs practicing in rural areas; and

³⁷ HRSA. [Physician Workforce: Projections, 2023-2028](#). December 31, 2025.

³⁸ HRSA, “Designated Health Professional Shortage Areas Statistics.” December 23, 2025.

³⁹ American Academy of Physician Associates. New Survey Shows Proposed Federal Student Loan Cap Would Shrink the PA Workforce. February 4, 2026.

⁴⁰ Kozikowski A, Bruza-Augatis M, Morton-Rias D, et al. [The effect of education debt on PAs' specialty choice or preference](#). *JAAPA*. 2025;38(1):35-44. doi:10.1097/01.JAA.0000000000000166

⁴¹ Albert L. Hsu, Kelly Caverzagie. American Medical Association Journal of Ethics. *Virtual Mentor*, “Educational Debt and Specialty Choice.” July, 2013.

- 78% say it would reduce the number of PAs practicing in medically underserved communities.

Limiting PA students' access to financing will deepen existing healthcare deserts, disincentivize primary care practice, and deter many aspiring healthcare workers, including students from rural backgrounds who are most likely to return to serving their communities.

If PA students are required to finance a greater share of their education through private loans, then debt burdens will increase. As demonstrated in the literature, higher debt loads are associated with specialization away from primary care and avoidance of rural practice. The proposed rule therefore directly undermines federal efforts to address provider shortages, especially in rural areas.

PAs Included in Trump Administration and Congressional Health Workforce and Access Priorities

Congress and the Administration have repeatedly recognized the workforce need in rural America. During the first Trump Administration, to implement the President's Executive Order, "Promoting Healthcare Choice and Competition Across the United States,"⁴² the Departments of Health and Human Services, Treasury, and Labor collaborated on a report, "Reforming America's Healthcare System Through Choice and Competition." According to the report, "certain policies relating to graduate medical education (GME)... unnecessarily limit the supply of physicians available to provide care to Americans," and "physician assistants... and other highly trained professionals can safely and effectively provide some of the same healthcare services as physicians, in addition to providing complementary services." Further, the report cites that, "in underserved areas and for underserved populations, the benefits of expanding supply are clear: Consumers will have access to services that were otherwise unavailable. Even in well-served areas, the supply expansion will tend to lower prices for any given level of demand, thus lowering healthcare costs." Further highlighting the ways the Department of Education's proposal would be counterproductive to Administration goals, the report recommends that states adopt policies that would erase the restrictive regulations the Department relies upon as a justification for excluding PAs: "States should consider changes to their scope-of-practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set."⁴³

The Centers for Medicare and Medicaid Services ("CMS") included criteria in the Rural Health Transformation ("RHT") fund to incentivize states to address this need.⁴⁴ The RHT is distributing \$50 billion in federal funds to states through a competitive application process. States that authorize providers like PAs to practice at the top of their license and states that join provider inter-state

⁴² The White House. Promoting Healthcare Choice and Competition Across the United States. October 12, 2017.

⁴³ Department of Health and Human Services, Department of the Treasury, Department of Labor. [Reforming America's Healthcare System Through Choice and Competition](#). December, 2018.

⁴⁴ CMS, "Rural Health Transformation Program," Overview.

licensure compacts will be awarded scores that increase their chances of receiving a higher amount of funding. CMS stated that “by allowing clinicians to practice at the top of their license, States can increase health service supply.”⁴⁵

For PAs, CMS is using AAPA’s state practice environment scale, ranging from Reduced to Optimal practice. AAPA defines an optimal practice environment as one where PAs practice to the full extent of their medical education, training, and experience.⁴⁶ The RHT also encourages states to join the PA Licensure Compact, a bipartisan reform designed to make it easier for PAs to practice across state lines. Presently, 22 states have joined the PA Licensure Compact.⁴⁷

Additionally, the first Trump Administration incentivized PA training and practice by issuing an executive order, “Promoting Healthcare Choice and Competition Across the United States,”⁴⁸ which prompted a report from the Department of Health and Human Services, Department of the Treasury, Department of Labor, the Federal Trade Commission, and several offices within the White House, that stated the following, “When state regulators impose excessive entry barriers and undue restrictions on SOP for particular types of providers, they often are not responding to legitimate consumer protection concerns... For example, advanced practice registered nurses (APRNs), physician assistants (PAs), pharmacists, optometrists, and other highly trained professionals can safely and effectively provide some of the same healthcare services as physicians, in addition to providing complementary services.”⁴⁹

The Department of Education’s proposal, which would restrict financing for PA programs and would constrict the healthcare workforce pipeline, is both inconsistent with the law it is implementing and inconsistent with broader Congressional and Trump Administration goals.

Conclusion

In seeking to implement Public Law 119-21, the Department of Education has arbitrarily proposed a definition of “professional degree” that, while intended to limit federal expenditures and to disincentivize the continued increase in tuition costs, unilaterally imposes restrictions that are inconsistent with the law and are at odds with the broader goals of the Trump Administration. Finalizing this proposal may result in increased federal spending over the long-term, as rural health workforce shortages are exacerbated and more drastic measures are needed to incentivize providers to practice in rural areas. Congress defined “professional student” by referring to an existing regulation defining “professional degree,” as in effect on the date of enactment of the law.

⁴⁵ CMS. Notice of Funding Opportunity: Rural Health Transformation Fund. September 15, 2025.

⁴⁶ AAPA. [PA Practice Modernization](#). Accessed December 31, 2025.

⁴⁷ [PA Licensure Compact](#).

⁴⁸ The White House. Promoting Healthcare Choice and Competition Across the United States. October 12, 2017.

⁴⁹ U.S. Department of Health and Human Services, U.S. Department of the Treasury, U.S. Department of Labor. Reforming America’s Healthcare System Through Choice and Competition. December 3, 2018.

The Department must use a definition of “professional degree” consistent with the law, which would include programs that clearly qualify such as PA programs.

While this proposal is primarily problematic because of its inconsistency with the law, as policy, limiting the definition of “professional degree” in a way that excludes PA student borrowers also presents major policy problems. PA programs, like the medical training programs they are an abbreviated and condensed version of, are inherently expensive. At the same time, seats in PA programs are in very high demand because there is also a very high demand for PAs in the health workforce. PAs earn high salaries, which allows them to pay back their loans. The Department’s state scope of practice law-based justifications of its proposal are both arbitrary and capricious, as they are not applied consistently to included professions, and as they are both purely a product of the regulatory process and were never referred to in the RISE committee’s record.

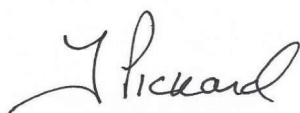
Restricting federal financing of PA programs risks constricting the healthcare workforce pipeline during a time of increasingly acute healthcare provider shortages. It further threatens to disincentivize practice in specialties with the worst shortages, such as primary care, and practice in rural areas with acute shortages, as pressure to pay back more expensive private loans may prompt PAs to seek out more lucrative specialties and geographic area to practice.

Finally, this proposal is misaligned with Congressional and Trump Administration priorities for primary care and rural health workforce.

We call on the Department of Education to revise the final rule to align the Department’s rulemaking with the text of the statute and Congressional intent by explicitly clarifying that PA and other graduate-level healthcare programs leading to professional licensure meet the criteria for professional preparation and qualify for the \$50,000 annual/\$200,000 aggregate loan limit, removing any requirements related to degree type, program length, scope of practice, or supervision that are not contained in the incorporated regulatory definition.

If you have any questions, please contact Tate Heuer, VP of Federal Advocacy, at theuer@aapa.org or at (517) 319-4338.

Sincerely,



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