



February 27, 2026

Linda McMahon  
Secretary  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202

Docket ID ED-2025-OPE-0944

**RE: Department of Education Proposed Rule: Reimagining and Improving Student Education (RISE)**

Dear Secretary McMahon,

The Connecticut Hospital Association (CHA) is a not-for-profit membership organization that represents hospitals and health-related organizations. CHA's mission is to advance the health of individuals and communities by leading, representing, and serving hospitals and healthcare providers across the continuum of care that are accountable to the community and committed to advancing health and health equity. We appreciate the opportunity to comment on the U.S. Department of Education's (ED) [Reimagining and Improving Student Education \(RISE\)](#) proposed rule.

**CHA expresses serious concern regarding the proposed reclassification of "professional degree" programs and the resulting restrictions on federal student loan borrowing for post-graduate training in essential clinical and social services fields. This regulation would exacerbate persistent healthcare workforce shortages, particularly in rural and underserved communities.**

While we appreciate the intent to modernize educational designation, the consequences of this policy shift would directly undermine the preparation and sustainability of our healthcare workforce. This is particularly true for post-baccalaureate degree programs in nursing, physician assistant, pediatrics, rehabilitation, social work, and other high-demand professions on which our healthcare delivery system relies.

Advanced nursing degrees, including the Master of Science in Nursing (MSN), are not ancillary credentials; they are foundational to the clinical infrastructure of modern healthcare. Without a strong pipeline of MSN-prepared nurses, hospitals cannot achieve or maintain Magnet® designation, the nationally recognized gold standard for nursing excellence, quality, and patient safety. Magnet hospitals consistently demonstrate improved patient outcomes, lower mortality rates, and stronger workforce retention. Weakening access to graduate nursing education places these quality benchmarks at risk.

Similarly, nurse practitioners (NP) play a critical role in expanding access to care. In emergency departments, primary care practices, and specialty clinics, NPs provide vital frontline services that mitigate physician shortages and reduce wait time for patients. Limiting loan availability for advanced practice nursing degrees will further constrict a pipeline already squeezed by demographic shifts, provider burnout, and growing community demand.

The impact extends beyond traditional medical professionals. Master of Social Work (MSW) degrees are the gateway to licensure for clinical social workers, professionals who are central to behavioral health integration,

substance use treatment, and crisis response. Building robust networks of community-based behavioral health services, which are powered by these specialists, reduces emergency department utilization and improves access to timely care for all patients. As federal and state leaders prioritize behavioral health expansion to address rising hospitalizations and associated costs, slashing financial support for individuals pursuing MSW degrees is counterintuitive; without more licensed clinical social workers, expansion efforts cannot be realized.

Equally concerning is the proposal's impact on workforce diversity and economic mobility. Graduate healthcare programs have become one of the most effective pathways for first-generation college students and individuals from historically underrepresented communities to enter stable, mission-driven professions. Lowering loan caps for advanced healthcare degrees will make these programs unaffordable and unattainable for many. When generational gaps in education and income widen, communities suffer, disparities deepen, and the workforce pipeline narrows.

Healthcare workforce strategy is inseparable from education policy. For nearly three decades, federal policy has recognized the significant cost of healthcare education and the importance of these multidisciplinary roles. Since the late 1990s, Title IV of the Higher Education Act (HEA) allowed higher borrowing caps for approved health profession programs to ensure students could afford to enter these critical fields. Repealing this longstanding precedent by erecting new financial barriers risks reversing decades of workforce investments.

Our state is actively bolstering recruitment and retention initiatives, loan repayment programs, and cross-sector partnerships to stabilize high-need healthcare professions. We must ensure that efforts to refine education classification frameworks do not inadvertently weaken the workforce that protects the health and safety of our residents.

We respectfully urge the department to revise the proposed professional degree definition to explicitly include advanced healthcare degrees that are directly tied to licensure, patient safety, and public health infrastructure.

We appreciate your consideration of our comments.

Sincerely,



Allison Matthews-Wilson, LCSW  
Senior Director, Workforce and Clinical Policy

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