

## **Comments on Proposed Federal Student Loan Caps for Professional Degrees**

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### **Re: Reimagining and Improving Student Education (RISE) Notice of Proposed Rulemaking (Docket ID ED-2025-OPE-0944)**

The City of New York (the “City”) submits this comment in response to a Notice of Proposed Rulemaking from the U.S. Department of Education (“DOE”), Docket No. ED-2025-OPE-0944, 91 Fed. Reg. 4254 (the “Proposed Rule”). The New York City Department of Citywide Administrative Services, Department of Health and Mental Hygiene, and the Department of Consumer and Worker Protection contributed to this comment.

The City of New York opposes the Proposed Rule amending regulations issued pursuant to Title IV of the Higher Education Act (HEA) of 1965, specifically §685.102, which would narrowly define “professional student.” The proposed definition unduly limits the population of students in graduate programs that are professional in nature from higher federal student loan limits. This will create barriers to access higher education and adversely impact the City’s workforce, public health, and quality of life. Accordingly, the City strongly urges DOE to withdraw or substantially modify the Proposed Rule.

#### **I. Background**

According to the Notice of Proposed Rulemaking, DOE proposes to implement statutory changes to federal student loan programs under Title IV HEA programs that were included in Public Law No. 119-21, 139 Stat. 72, The One Big Beautiful Bill Act (OBBA), signed into law by President Trump on July 4, 2025. As relevant here, the Proposed Rule seeks to implement the following statutory changes:

- a. Eliminates Graduate PLUS Loan program;
- b. Imposes annual loan limits and lifetime caps for student aid for graduate and professional students, namely \$20,500 annually and \$100,000 in the aggregate for graduate students and \$50,000 annually and \$200,000 in the aggregate for professional students; and
- c. Eliminates current repayment plans and creates new repayment plans, specifically the Tiered Standard Repayment Plan and the Repayment Assistance Plan, eligible for Public Service Loan Forgiveness.

To distinguish between graduate students and professional students eligible for the higher loan limits described above, the Proposed Rule would establish a definition of “professional

student” generally to mean a student enrolled in a program of study that awards a professional degree upon completion of the program.

## **II. Reduced Federal Loan Access Will Have Negative Impacts on Public Health**

### **a. Negative Impacts on the Public Health Workforce**

In defining “professional student,” the Proposed Rule unduly restricts the population of persons eligible for the higher federal student loan limits set by OBBB. Reducing federal student loan availability to a narrowly-interpreted category of “professional students,” thereby subjecting a broad category of persons seeking to earn certain advanced health-related fields of study set forth in the new regulation, to lower borrowing limits, would shrink the workforce in critical health fields, limit access to care, worsen health outcomes for children and families, increase health inequities, and compromise an already fragile public health infrastructure. The Proposed Rule’s definition of “professional student” includes within it a definition for “professional degree” that fails to include advanced degrees that are required for licensure in clinical social work, certain mental health professions, advanced practice providers (such as physician assistants and psychiatric nurse practitioners), and many public health professions performing critical roles in screening, assessment, treatment, and administration within community-based behavioral health systems. The exclusion of these degree programs from the definition of “professional degree” would reduce access to loans for critical degree programs and further exacerbate existing shortages in the public health workforce. The City strongly urges DOE to withdraw or reconsider these definitions so a broader population of students may be eligible for federal student loans.

Research has shown that reduced student loan availability negatively impacts student retention and graduation rates.<sup>1,2</sup> With the reduced availability of federal loan programs to pay for increasingly high tuition costs in graduate health programs, students will be deterred from certain health professions.<sup>3</sup> This impact will be most noticeable among students of low-income and minority backgrounds. It is widely understood that a diverse healthcare workforce that is representative of the community it serves is a strong contributor to positive health outcomes.<sup>4</sup> With that in mind, it is essential to support the professional development of prospective health care professionals with additional investment, not less. Lower federal borrowing limits and reduced loan availability for nursing, midwifery, physical therapy, speech-language pathology, social work, and public health will weaken our health system’s capacity to protect and promote the health and well-being of individuals and communities, especially those communities impacted by historical social and economic disinvestment.

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<sup>1</sup> Sandra E. Black et al, *Taking it to the Limit: Effects of Increased Student Loan Availability on Attainment, Earnings, and Financial Well-Being* (Nat’l Bureau of Econ. Res., Working Paper No. 27658), <https://doi.org/10.3386/w27658>.

<sup>2</sup> Mary Ellen Dello Stritto et al., *Financial Aid Matters: The Relationship Among Financial Aid, Retention, and Graduation Rates in Online Students*, 54(2) J. OF STUDENT FIN. AID (2025), [https://ir.library.louisville.edu/cgi/viewcontent.cgi?article=1866&context=jsfa&utm\\_](https://ir.library.louisville.edu/cgi/viewcontent.cgi?article=1866&context=jsfa&utm_).

<sup>3</sup> Jonathon P. Leider et al., *Student Loan Debt Burden in the Public Health Workforce*, AM. J. OF PUB. HEALTH e1-e7, .accessible at <https://doi.org/10.2105/AJPH.2025.308290https://pubmed.ncbi.nlm.nih.gov/41570257/>.

<sup>4</sup> Laurie Zephyrin et al., *The Case for Diversity in the Health Professions Remains Powerful*, COMMONWEALTH FUND: TO THE POINT (July 20, 2023), accessible at <https://doi.org/10.26099/shph-nr71>.

The Proposed Rule’s rationale that reduced federal student loan availability will “put downward pressure on tuition prices” is antiquated and poorly supported, if not generally dismissed.<sup>5</sup> Though some institutions have inflated tuition in response to increased loan limits,<sup>6</sup> most institutions adjust cost of attendance in response to a wide variety of factors that are largely unrelated to loan limits – such as inflation, administrative costs, growing class sizes, and competition with other programs.<sup>7,8</sup> Drastically scaling back loan availability may result in small drops in tuition,<sup>9</sup> but it will most likely mean more out-of-pocket costs for students, pushing less affluent students to the private lender market where predatory loan practices and higher interest rates are far more common. Such policies stifle economic upward mobility and exacerbate disparities in social determinants of health.

## **b. Negative Impacts on Public Health Emergency Preparedness**

The Proposed Rule would increase the risks to the health and safety of the New York City public. As written, the Proposed Rule would significantly deter students from pursuing or finishing a graduate degree in public health – often a prerequisite for professional positions in public health – negatively impacting the pipeline of graduates entering into the profession. Accessible federal student loans at amounts sufficient to cover the escalating cost of graduate education are necessary to facilitate productive investments in higher education and strengthen the public health emergency preparedness workforce.

In turn, a reduced workforce pipeline would significantly worsen the public health workforce crisis at local, state, and federal levels. The most important element of a prepared public health system is people – trained professionals from laboratory technicians to disease outbreak investigators. Building a strong workforce takes time and needs to happen before an emergency occurs. However, the public health workforce has significantly declined over the past two decades. Public health has been chronically underfunded at the federal level for decades, with a need to increase due to evolving public health emergencies.<sup>10</sup> In addition, cuts to public health funding between 2008 and 2017 resulted in the loss of more than 56,000 positions in local health departments.<sup>11</sup> A recent report notes the country’s rising rates of chronic disease and its insufficient

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<sup>5</sup> Grey Gordon and Aaron Hedlund, *Do Student Loans Drive Up College Tuition?*, Federal Reserve Bank of Richmond, Economic Brief No. 22-32 (Aug. 2022), accessible at [https://www.richmondfed.org/publications/research/economic\\_brief/2022/eb\\_22-32](https://www.richmondfed.org/publications/research/economic_brief/2022/eb_22-32).

<sup>6</sup> Stephanie Riegg Cellini et al., *Does Federal Student Aid Raise Tuition? New Evidence on For-Profit Colleges*, 6(4) AM. ECON. J.: ECON. POL’Y 6 174–206 (2014), <https://www.aeaweb.org/articles?id=10.1257/pol.6.4.174>.

<sup>7</sup> Elissa Nadworny, *College ‘Sticker Prices’ Have Risen Dramatically. Here’s Why*, NPR (Nov. 20, 2025), accessible at <https://www.npr.org/2025/11/20/nx-s1-5600854/college-costs-have-risen-dramatically-in-the-last-20-years-heres-why>.

<sup>8</sup> Claire Lombardo, *Does More Federal Aid Raise Tuition Costs? Not for Most Students, Research Says*, NPR (Dec. 13, 2018), accessible at <https://www.npr.org/2018/12/13/672952507/does-more-federal-aid-raise-tuition-costs-not-for-most-students-research-says>.

<sup>9</sup> Emmet Bowling, *Analyzing the Effects of the OBBB’s Student Loan Limits on Tuition*, American Action Foundation (Oct. 6, 2025), accessible at <https://www.americanactionforum.org/research/analyzing-the-effects-of-the-obbbbs-student-loan-limits-on-tuition/>.

<sup>10</sup> *The Impact of Chronic Underfunding on America’s Public Health System: Trends, Risks, and Recommendations*, TRUST FOR AM.’S HEALTH (2021), accessible at [https://www.tfah.org/wp-content/uploads/2021/05/2021\\_PHFunding\\_Fnl.pdf](https://www.tfah.org/wp-content/uploads/2021/05/2021_PHFunding_Fnl.pdf)

<sup>11</sup> *The Impact of Chronic Underfunding on America’s Public Health System: Trends, Risks, and Recommendations*, TRUST FOR AM.’S HEALTH (2020), accessible at <https://www.tfah.org/report-details/publichealthfunding2020/>.

response to the COVID-19 pandemic were due, in part, to decades of under-investment in public health infrastructure and its workforce.<sup>12</sup> Further, the intensity and duration of the public health response to the pandemic and public backlash to it exacerbated the existing workforce crisis as many experienced public health staff left the profession due to burnout.<sup>13</sup>

A larger workforce is needed to prepare for and respond to public health emergencies such as infectious disease outbreaks, extreme weather events, or bioterrorism. A diminishing workforce means there are less trained professionals to mobilize emergency response teams, maintain critical disease detection systems, and to distribute life-saving medicines and supplies to healthcare partners and the public. It is crucial to resolve the existing workforce crisis and improve the public health workforce so that cities like New York can effectively prepare for future emergencies and protect public safety. The Proposed Rule, however, ensures that fewer people enter the public health workforce when the exact opposite outcome is needed.

### **c. Negative Impacts on Maternal Mortality, Early Childhood, and NYS Early Intervention Program**

In conjunction with the broader changes to the federal loan programs enacted in the OBBB, the Proposed Rule will also cause a similar reduction in nursing and midwifery workforces, with negative effects on maternal mortality rates. Research shows that larger nursing and midwifery workforces are strongly inversely correlated with maternal mortality ratios.<sup>14</sup> Lower health provider and birth attendant availability is associated with higher maternal mortality rates.<sup>15</sup> High educational debt shapes career choices and discourages entry into underserved or lower paying fields. This in turn reduces provider access in underserved communities, exacerbates existing inequities,<sup>16</sup> and can negatively impact public health infrastructure.<sup>17</sup> The Proposed Rule will reduce the number of people who enter this profession by preventing them from funding their education through federal student loans.

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<sup>12</sup> *The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations*, TRUST FOR AM.'S HEALTH (2024), accessible at <https://www.tfah.org/wp-content/uploads/2024/08/2024-PublicHealthFunding-FINAL.pdf>.

<sup>13</sup> Sarah Elizabeth Scales et al., *Burnout Among Public Health Workers During the COVID-19 Response: Results from a Follow-Up Survey*, 1(3) PLOS Mental Health, accessible at <https://doi.org/10.1371/journal.pmen.0000100>.

<sup>14</sup> Wenpeng You, *Nursing and Midwifery Workforce Expansion as a Strategic Lever to Reduce Maternal Mortality: Global Evidence and Policy Implications from an Ecological Study*. 12(2) AIMS PUB. HEALTH 579–99, accessible at [https://researchers-admin.westernsydney.edu.au/ws/portalfiles/portal/269296554/Nursing\\_and\\_midwifery\\_workforce\\_expansion\\_as\\_a\\_strategic\\_lever\\_to\\_reduce\\_maternal\\_mortality\\_global\\_evidence\\_and\\_policy\\_implications\\_from\\_an\\_ecological\\_study.pdf](https://researchers-admin.westernsydney.edu.au/ws/portalfiles/portal/269296554/Nursing_and_midwifery_workforce_expansion_as_a_strategic_lever_to_reduce_maternal_mortality_global_evidence_and_policy_implications_from_an_ecological_study.pdf).

<sup>15</sup> J. E. Snyder et al., *Regional Variations in Maternal Mortality and Health Workforce Availability in the United States*, 173(11) ANNALS OF INTERNAL MED. S45-S54, accessible at <https://www.acpjournals.org/doi/pdf/10.7326/M19-3254>.

<sup>16</sup> Richard K. Shields et al., *Healthcare Educational Debt in the United States: Unequal Economic Impact Within Interprofessional Team Members*, 23(1) BMC Med. Educ. 666., accessible at <https://link.springer.com/content/pdf/10.1186/s12909-023-04634-1.pdf>.

<sup>17</sup> Chulwoo Park & Eric Coles, *The Impact of Student Debt on Career Choices Among Doctor of Public Health Graduates in the United States: A Descriptive Analysis*, 19(8) INT'L J. OF ENVTL. RES. AND PUB. HEALTH 4836, accessible at <https://www.mdpi.com/1660-4601/19/8/4836>.

Further, following the COVID-19 pandemic, there has been a marked reduction in the number of special education teachers, speech-language pathologists, occupational therapists, and physical therapists working in the NYS Early Intervention Program, mandated by Part C of the Individuals with Disabilities Education Act. A main driver of this concerning reduction is the challenge of recruiting students in graduate therapy programs to consider working with the Early Intervention Program. Reducing the number of people who can enter these fields by preventing them from receiving federal student loans only exacerbate this shortage.<sup>18</sup> New York City currently faces a nursing shortage, and hiring more nurses will be made more challenging due to the Proposed Rule.<sup>19</sup>

#### **d. Negative Impacts on Mental Health**

The Proposed Rule will also negatively impact the behavioral health field at a time when the demand for behavioral health services significantly outpaces availability. The increased demand for behavioral health (mental health and substance use) services started prior to and was exacerbated by the COVID-19 pandemic.<sup>20</sup> The pandemic then significantly increased the need for licensed behavioral health providers to address rising psychological distress and heightened social needs.<sup>21</sup> In particular, children's mental health needs have been increasing at both the national and local levels.<sup>22</sup> In New York City, between 2011 and 2021, there was an increase from 27% to 38% of public high school students reporting feeling sad or hopeless.<sup>23</sup> Unmet mental health needs can detrimentally impact the trajectory of a child's outcomes later in life.<sup>24</sup> In addition, fatal drug overdoses remain a public health emergency and a leading cause of premature death in New York City, with nearly 20,000 New Yorkers lost since 2016.<sup>25</sup> There is an urgent need for more qualified licensed behavioral health providers to combat this public health emergency. Reducing federal loan availability for this career path will only reduce interest in and access to this much needed profession.

Behavioral health professions, including social workers and advanced practice nurses, already face persistent shortages. As of December 2023, 169 million individuals lived in federally

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<sup>18</sup> Sarah Carr, *30 Years Without a Real Raise: New York's Early Intervention Pay Crisis*, The74 (Oct. 2, 2025), <https://www.the74million.org/zero2eight/30-years-without-a-real-raise-new-yorks-early-intervention-pay-crisis/>.

<sup>19</sup> *NYC Health + Hospitals: Nurse Staffing Needs*, OFFICE OF THE NEW YORK STATE COMPTROLLER, Report 2-2024 (May 2023), <https://www.osc.ny.gov/files/reports/osdc/pdf/report-2-2024.pdf>.

<sup>20</sup> Mark W. G. Bosmans et al., *Impact of the COVID-19 Pandemic on Long-Term Trends in Youth Depression and Anxiety*, 5(1) DISCOV MENT HEALTH 210 (Dec. 2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12753614/>.

<sup>21</sup> Abigail M. Ross et al., *Introduction to the Special Issue: Social Work Practice in the Era of the COVID-19 Pandemic - Challenges and Innovations*, 60(1) SOC. WORK IN HEALTH CARE 1-7, <https://pubmed.ncbi.nlm.nih.gov/33588691/>.

<sup>22</sup> *Youth Risk Behavior Survey: Data Summary & Trends Report, 2013–2023*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Aug. 6 2024), <https://www.cdc.gov/yrbs/dstr/index.html>.

<sup>23</sup> Meghan Hamwey et al., *The State of Mental Health of New Yorkers*, NEW YORK CITY DEP'T OF HEALTH AND MENTAL HYGIENE (May 2024), <https://www.nyc.gov/assets/doh/downloads/pdf/mh/state-of-mental-health-new-yorkers.pdf>.

<sup>24</sup> Melissa Mulraney et al., *A Systematic Review of the Persistence of Childhood Mental Health Problems into Adulthood*, 129 NEUROSCI BIOBEHAV REV. 182–205 (Oct. 2021), <https://pubmed.ncbi.nlm.nih.gov/34363845/>.

<sup>25</sup> Ellenie Tuazon et al., *Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2024*, NEW YORK CITY DEP'T OF HEALTH AND MENTAL HYGIENE EPI DATA BRIEF 150 (OCT. 2025), <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief150-unintentional-drug-death-2025.pdf>.

designated Mental Health Professional Shortage Areas,<sup>26</sup> and the Bureau of Labor Statistics expects workforce gaps to impact nearly every U.S county through at least 2030.<sup>27</sup>

In New York City, client-facing and clinical roles at nonprofit organizations face vacancy rates of 30%-45%.<sup>28</sup> These workforce challenges are even higher in the “highest need settings, such as licensed mental health clinics.”<sup>29</sup> The behavioral health service system already faces challenges meeting the cost of services with low reimbursement rates that impact their fiscal viability.<sup>30</sup> As a result, many community behavioral health roles are comparatively lower-paying relative to other graduate-trained professions, impacting the service system’s ability to recruit and retain qualified staff.<sup>31</sup> These systemic fiscal challenges make educational financing considerations particularly relevant. Fixing shortages in the highest-need settings requires more investment in social work and nursing professional candidate degree programs, not less. The Proposed Rule will disincentivize people from entering these professions.

While one of the largest challenges to alleviating behavioral health workforce shortages is the cost of degree programs, restricting access to federal loans would create an even larger barrier. National data indicate that lower-income graduate students make use of federal loans at higher rates than their higher-income peers.<sup>32</sup> Federal lending reductions would disproportionately affect these students

Reducing the behavioral health workforce increases reliance on emergency rooms and inpatient hospital care — the most expensive and least preventive forms of care. By limiting funding for professional training in social work, other mental health professions, and advanced practice nursing, and related public health and public administration roles, the Proposed Rule will curtail the behavior health workforce pipeline and thus undermine access to preventive and early intervention services and result in higher-level needs and costs.<sup>33</sup> Given that inpatient and emergency department treatment for behavioral health conditions represent among the costliest

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<sup>26</sup> *Behavioral Health Workforce Brief, 2023*, HEALTH RESOURCES AND SERVICES ADMINISTRATION (Dec. 2023), <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>.

<sup>27</sup> Occupational Outlook Handbook, Social Workers, U.S. BUREAU OF LABOR STATISTICS, accessible at <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm> (last visited January 09, 2026).

<sup>28</sup> Melissa Lent, Solving the Staffing Crisis Facing NYC’s Human Services Organizations, CENTER FOR AN URBAN FUTURE (May 2024), <https://nycfuture.org/research/solving-the-staffing-crisis-facing-human-services-organizations-in-nyc#Recommendations>.

<sup>29</sup> *OMH Community Engagement Feedback Sessions Results*, NEW YORK STATE OFFICE OF MENTAL HEALTH (Sep. 2023), [https://omh.ny.gov/omhweb/transforming-mental-health/omh\\_community\\_engagement\\_feedback\\_results.pdf](https://omh.ny.gov/omhweb/transforming-mental-health/omh_community_engagement_feedback_results.pdf).

<sup>30</sup> *Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans*, NAT’L ACADS. OF SCIENCES, ENG’G, AND MED. (Oct. 2024), accessible at <https://pubmed.ncbi.nlm.nih.gov/39571055/>.

<sup>31</sup> Occupational Employment and Wage Statistics, May 2024, U.S. BUREAU OF LABOR STATISTICS, accessible at [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm) (Social Workers (SOC 21-1020), median annual wage \$61,330; Mental Health Counselors (SOC 21-1014), median \$59,190; School Counselors (SOC 21-1012), median \$65,140).

<sup>32</sup> *Trends in Student Aid 2023*, COLLEGEBOARD (Oct. 2023), <https://research.collegeboard.org/media/pdf/trends-student-aid-2023.pdf><https://research.collegeboard.org/media/pdf/trends-in-student-aid-presentation-2023.pdf>.

<sup>33</sup> Patricia J. Mrazek & Robert J. Haggerty, eds., *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*, Institute of Medicine Committee on Prevention of Mental Disorders, (1994), accessible at <https://pubmed.ncbi.nlm.nih.gov/25144015/>.

forms of care reductions in workforce supply that limit access to trusted preventive outpatient services may increase reliance on acute settings, thereby increasing long-term system costs.

### **III. The Proposed Rule Create Barriers to Higher Education and Result in Negative Impacts on the City’s Workforce Effecting Critical Service Delivery and Quality of Life**

In conjunction with the broader changes to the federal loan programs enacted in OBBB, the Proposed Rule will harm the City’s ability to recruit talented and skilled workers beyond the medical field. Nearly two hundred thousand (200,000) New York City employees hold civil service positions that require higher education or advanced degrees, such as engineer, architect, city planner, construction manager, and social worker. The Proposed Rule narrows the definition of “professional student” in a manner that would exclude students of these and numerous similar degree programs. Reducing federal loan caps for degree programs that prepare individuals for these careers will deter otherwise qualified candidates from pursuing or completing the education necessary to enter these critical roles, ultimately reducing the City’s workforce talent pool.<sup>34</sup> This reduced talent pool will, in turn, impair government operations and the delivery of essential services for everyday New Yorkers.

The City relies on its talented workforce to design and maintain infrastructure, advance housing and planning initiatives, deliver social and community services, etc. Research indicates that reductions in the municipal workforce can negatively impact residents and their quality of life. For example, when the U.S. K–12 public education system lost almost 350,000 jobs between 2008 and 2012, several studies found links to decreased student achievement. Any action that discourages individuals from pursuing advanced degrees, as the Proposed Rule does, reduces the number of qualified candidates that the City can hire to provide these critical services.

The Proposed Rule will specifically constrain the quantity of credentialed professionals for critical service areas. Workforce shortages in fields such as architecture, planning, construction and healthcare impedes the City’s ability to meet growing demands for housing development, Class A office space and similar commercial development, infrastructure modernization, the provision of safe, efficient transit, etc. Any further reduction to the public service workforce due to decreased federal graduate school financing threatens not only the City’s workforce, but the wellbeing of all New Yorkers. In this respect, the Proposed Rule reflects continued federal disinvestment the in public assets, including disinvestment in the New York City workforce itself.

Federal student aid policy is a central driver of workforce development and economic mobility. Policies that reduce borrowing capacity and narrow repayment flexibility risk broader economic consequences, including reduced enrollment in high-skill fields and increased inequities in educational opportunities.

### **IV. Conclusion & Recommendation**

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<sup>34</sup> *Building Blocks of Change: A Blueprint for Progress at NYC's Housing Preservation and Development*, OFFICE OF THE NEW YORK CITY COMPTROLLER (Feb. 8, 2024), <https://comptroller.nyc.gov/reports/building-blocks-of-change/>.

The Proposed Rules would significantly reduce access to graduate and professional education, and exacerbate already critical workforce shortages. By sharply limiting federal loan availability and excluding essential health and other public service degrees from the definition of “professional student,” the Proposed Rule undermines workforce development in public health, behavioral health, emergency preparedness, education, and potentially all other essential functions public services.

DOE has failed to fully consider the foreseeable downstream effects of these changes, including reduced access to preventive and community-based care, increased reliance on emergency rooms and inpatient hospital services, and heightened health inequities. Further, this would impact harm the City’s, and other large municipalities, the ability to provide the myriad other vital services necessary to a dense, urban population. The Proposed Rule also threatens the City’s ability to recruit and retain a highly educated public-sector workforce by increasing repayment burdens and reducing borrower protections for civil servants. For these reasons, the Proposed Rule arbitrarily and capriciously limits the availability of federal student loans and should be withdrawn or substantially revised.

If not withdrawn, the City of New York strongly suggests expanding the definition of within the “professional student” definition to include a much broader set of fields that more accurately reflect the intent of Congress and the critical needs of New York City, its workforce, and the public they steadfastly serve.