What are federal student loan caps and their impact on CRNAs?

Issue

The One Big Beautiful Bill Act (OBBBA) capped student loans for graduate students at $100,000 in aggregate and professional students at $200,000 in aggregate. In implementing regulations, the Department of Education proposed a definition of "professional students" **which excludes all nursing degree programs, including CRNA education programs.** This limits RRNAs to the lower cap and due to the high cost of CRNA education this would cripple our workforce pipeline.

What is the Department of Education's definition of professional degree?

OBBBA designates a professional degree as defined in 34 CFR § 668.2. This definition states that a professional degree is one that prepares you academically for practice in a profession and is beyond a bachelor's degree while also generally requiring licensure. The CFR then states, "Examples of a professional degree **include but are not limited to**…" and lists 10 professions from Pharmacy (PharmD) to Theology (M.Div, M.H.L.).

The draft definition from the Department of Education would incorporate all subcategories of the original 10 professions contained within their four-digit Classification of Instructional Programs (CIP) codes and add a new category of Clinical Psychology (Psy.D., PhD), but no advanced nursing degrees would be included.

Why should RRNAs be considered "professional students"?

RRNAs meet the definition by obtaining a doctorate degree that prepares them for the CRNA profession and obtaining licensure to practice as a CRNA - but because of a technicality that nursing CIP codes are listed separately from the previous 10 professions at § 668.2 they are wrongfully excluded.

+ All cohorts entering nurse anesthesia programs as of January 1, 2022, must be enrolled in a Doctor in Nursing Practice (DNP) or a Doctor of Nurse Anesthesia Practice (DNAP) degree program which are three-year programs.

+ Before entering a CRNA program, RRNAs must already be Registered Nurses with 1-2 years of critical care nursing experience and a nursing license in good standing. RNs must have a Bachelor of Science in Nursing degree, or a related science degree, and successfully pass the NCLEX.

+ Once graduating from an accredited nurse anesthesia program, RRNAs must pass their National Certification Examination (NCE) administered by the National Board of Certification and Recertification for Nurse Anesthetists.

+ Once a CRNA, they must complete recertification and continuing education every four years to maintain their professional licensure.

CRNAs are high return on investment professionals which meets the intent behind this provision in OBBBA.

+ CRNAs annual mean wage as of 2024 BLS data is $231,700 and programs like at Johns Hopkins report a 100% employment rate within 6 months of graduation.

+ CRNA programs are highly competitive and the first-time pass rate for CRNAs taking the National Certification Exam is 89.3% as of 2024 data.

+ CRNA programs are reporting a 0-1% student loan default rate for 2024.

+ Programs are training CRNAs for immediate, safe and effective practice of a necessary profession.

What are the consequences of capping RRNAs at $100,000?

This will deepen the anesthesia provider shortage, harming patients with the most barriers to care.

+ There is a critical anesthesia provider shortage - the labor market for anesthesia providers is short by over 9,000 providers, and this is anticipated to continue.

+ More CRNAs are entering the workforce than physician anesthesiologists.
  - NBCRNA certified 2,866 new CRNAs in 2024 (NBCRNA 2024 annual report)

  - There were 2,039 physician anesthesia resident positions for 2024 (AMA data)

+ CRNAs serve more underserved communities with higher concentrations of low income, Medicaid-eligible, and uninsured patients.

+ CRNAs serve as the anesthesia providers in more than 80% of rural counties.

Future CRNAs won't be able to afford these programs, which will cripple the workforce pipeline.

+ Nurse anesthesia education is expensive due to rigorous academic and clinical requirements which causes the average CRNA to graduate with more than $200,000 in debt.

+ Just tuition at some programs can cost over $200,000 due to expensive training equipment, malpractice insurance, and competitive salaries for high-quality faculty - for example Johns Hopkins which is $214,000 and does not include mandatory fees or supplies and living expenses and Duke University's program estimating living expenses, fees, and current tuition rates is nearly $300,000.
  - On the lower range, Texas Christian University tuition is $115,000 for their DNP program.

+ While some programs offer small stipends, most RRNAs are not paid for their anesthesia residency, unlike our physician counterparts. RRNAs are strongly discouraged from working at all during their 3-year program due to academic and clinical demand, therefore RRNAs heavily rely on student loans for living expenses.