



Why CRNAs and RRNAs Should Care About Federal Student Loan Caps

Introduction

Recent changes proposed in the implementation of the One Big Beautiful Bill Act (H.R. 1) placed new federal loan caps on graduate and professional degrees. Under the Department of Education's current draft, Doctor of Nurse Anesthesia Practice (DNAP) or a Doctor in Nursing Practice (DNP) programs would be categorized as graduate, not professional degrees, limiting Student Registered Nurse Anesthetist (SRNAs)/Resident Registered Nurse Anesthetist (RRNAs) enrolled in these programs to an aggregate borrowing cap far below the actual cost of their education, a misclassification that poses a significant threat to the CRNA workforce pipeline and to patient access to anesthesia care nationwide.

Background: The One Big Beautiful Bill Act OBBBA

The One Big Beautiful Bill Act (OBBBA), signed into law by President Donald Trump on July 4, 2025, introduced a series of tax and spending measures. Among its provisions were significant changes to federal student aid programs, including capping federal student loans at \$100,000 in aggregate for graduate students and \$200,000 in aggregate for professional students.

OBBBA references the definition of a "professional degree" in 34 CFR § 668.2, which describes a professional degree as 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.). While advanced nursing degrees like the DNAP or DNP are not listed, the phrase "but are not limited to" makes clear that the list is illustrative rather than exhaustive. **Under this definition, CRNA programs would have met the criteria.**

What's Happening: Proposed Rulemaking Process

After a law is passed, federal agencies must translate its broad directives into detailed, actionable regulations through a process called rulemaking. This process clarifies definitions, establishes procedures, and determines how statutory requirements will operate in practice.

For OBBBA, the Department of Education (ED) convened a committee of stakeholders from the public and ED representatives called the Reimagining and Improving Student Education (RISE) Committee. This committee was tasked with negotiating draft regulations with the ED to implement the new student loan provisions, including defining which degrees qualify as professional degrees.

Under the current draft, the ED would include all subcategories of the original ten professions based on ED's four-digit Classification of Instructional Program (CIP) codes and add Clinical Psychology (Psy.D., Ph.D.). **However, advanced nursing degrees, including DNAP and DNP programs, are excluded, leaving these students subject to the lower graduate student loan cap.**

Why This Impacts CRNAs and RRNAs

For Current CRNAs

CRNAs already play an essential role in meeting the nation's anesthesia needs, especially in communities with the greatest barriers to care. The anesthesia labor market is short more than 9,000 providers, and this shortage is expected to persist.¹ CRNAs are helping to close that gap: in 2024, 2,866 new CRNAs were certified,² outpacing the 2,039 first-year physician anesthesia residents.³ CRNAs also disproportionately serve underserved populations,⁴ including low-income, Medicaid-eligible, and uninsured patients, and they are the sole anesthesia providers in more than 80% of rural counties.⁵ Any disruption to the CRNA pipeline will worsen these shortages, place greater provider burden on current CRNAs, and further limit access to anesthesia care for these communities.



For Current and Prospective SRNAs/RRNAs

Capping federal loans below the actual cost of nurse anesthesia education would make it financially difficult for many students to enter these programs. Becoming a CRNA requires intensive academic and clinical training, which drives average student debt above \$200,000.¹ Tuition alone can exceed the proposed aggregate cap: Johns Hopkins' program costs \$214,000 before fees, supplies, or living expenses,² and Duke estimates nearly \$300,000 when all costs are included.³ Even programs on the lower range of the scale, such as Texas Christian University at \$115,000, still leave students responsible for significant additional expenses.⁴ Unlike our physician colleagues, who have federal workforce funding to pay their residents, most RRNAs receive no salary during their training and are strongly discouraged from working due to the demands of their 3-year program, meaning they rely heavily on student loans to cover living costs.

If students cannot borrow enough to complete their education, programs will see declining enrollment, fewer CRNAs will enter the workforce, and the existing anesthesia shortage will deepen, ultimately harming patients and disproportionately affecting the communities that depend on CRNAs the most.

Why Advocacy Matters: Reclassifying SRNAs/RRNAs as Professional Students

Reclassifying DNAP and DNP as professional degrees is critical to protecting access to nurse anesthesia education and ensuring the stability of the anesthesia workforce. Without this designation, SRNAs/RRNAs would be subject to lower federal loan caps that do not reflect the true cost of their training.



Safeguarding entry into the profession

Having professional-degree status ensures borrowers have access to the loan amounts aligned with the total educational costs associated with nurse anesthesia programs.





Protecting the CRNA workforce pipeline

At a time when the nation faces a shortage of anesthesia providers, any barrier to entering CRNA programs threatens to reduce future workforce capacity, particularly in rural and underserved communities that rely most on CRNAs.



Amplifying the voices of those directly impacted

Students and practicing CRNAs can speak firsthand to training demands, financial realities, and the consequences for patient access if federal policy misclassifies SRNAs/RRNAs.



Influencing the rulemaking process

The Department of Education must consider public comments and stakeholder evidence when finalizing regulations. Unified, coordinated advocacy increases the likelihood that CRNA programs receive appropriate designation.

How CRNAs Can Stay Engaged

Submit comments during the public comment period when alerted by AANA: watch for the member grassroots alert with instructions on how to advocate for DNAP and DNP programs to be correctly classified as professional degrees, protecting CRNA students' access to federal loans.

Call or write a letter to your legislator to ask them to contact Under Secretary for Education Nicholas Kent and urge him to reclassify students in nurse anesthesia programs as professional students.



Conclusion

Capping federal student loans for SRNAs/RRNAs at \$100,000, far below the actual cost of nurse anesthesia education would significantly harm the pipeline of future CRNAs and intensify the nation's anesthesia provider shortage. Given that many programs exceed this cap in tuition alone and most students cannot work during their training, such limits would make these programs inaccessible for many qualified applicants.

By engaging in advocacy, whether through the rule making process, or direct communication with legislators, you can help ensure that DNAP and DNP degrees are classified as professional and eligible for higher borrowing limits. Without strong, coordinated advocacy, the final rule could impose severe financial barriers that shrink the number of students able to enter and complete CRNA programs, deepening provider shortages and limiting access to high-quality anesthesia care, especially in rural and underserved communities that depend on CRNAs the most.

¹ Negrusa, S. Hogan, P., Cintina, I., Quraishi, J.A., Hoyem, R., Jordan, L., Zhou, M. (2021). Anesthesia Services: A Workforce Model and Projections of Demand and Supply. Nursing Economics, 39(6).
https://www.researchgate.net/publication/357569422_Anesthesia_Services_A_Workforce_Model_and_Projections_of_Demand_and_Supply

² National Board of Certification and Recertification for Nurse Anesthetists. (2025). 2024 Annual Report. https://www.nbcna.com/docs/default-source/publications-documentation/annual-reports/2024-annual-report.pdf?sfvrsn=fa53240b_3

³ American Medical Association. (2025). Anesthesiology programs with the most residency positions. <https://www.ama-assn.org/medical-students/preparing-residency/anesthesiology-programs-most-residency-positions>



⁴ Liao, C.J., Quraishi, J.A., Jordan, L.M. (2015) Geographical Imbalance of Anesthesia Providers and its Impact On the Uninsured and Vulnerable Populations. Nursing Economics, 33(5):263-70.
<https://pubmed.ncbi.nlm.nih.gov/26625579/>

⁵ American Association of Nurse Anesthesiology. (2022). AANA Get the Facts CRNAs at a Glance. https://www.anesthesiafacts.com/wp-content/uploads/2022/11/2022_SGA04_At_a_Glance_FNL.pdf

⁶ CRNA Financial Planning. A CRNA's Life After Anesthesia Preview Chapter 1: The Current Landscape in Health Care for CRNAs.
<https://www.crnafinancialplanning.com/p/a-crnas-life-after-anesthesia-chapter-1-preview>

⁷ Johns Hopkins School of Nursing. DNP: Nurse Anesthesia.
<https://nursing.jhu.edu/programs/doctoral/dnp/dnp-anesthesia/#what-is-included-in-the-dnp-project>

⁸ Duke University School of Nursing. (2025). 2025-26 School of Nursing Nurse Anesthesia Cost of Attendance.
<https://nursing.duke.edu/sites/default/files/documents/2025-26%20Nurse%20Anesthesia%20Cost%20of%20Attendance.pdf>

⁹ Texas Christian University Harris College of Nursing & Health Sciences. BSN to DNAP Admission. <https://harriscollege.tcu.edu/nurse-anesthesia/dnap/admission.php#accd23e81-dnap-tuition>

