Restricting Loans for Health Care Workers Should Outrage Us All

A federal proposal would unfairly restrict the borrowing of students pursuing in-demand allied health professions.

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In July, President Donald Trump signed into law new legislation that will overhaul the federal student loan system. Among the changes brought by the so-called One Big Beautiful Bill Act are the elimination of loans that allowed graduate students to borrow up to the cost of attendance and differing caps on student loans for those pursuing graduate versus professional degree programs — a classification that the Department of Education has proposed to include graduate studies in 11 fields, including medicine, pharmacy, and dentistry. Notably missing from that list, however, are myriad allied health professions like physical and occupational therapy, audiology, speech and language pathology, and licensed social work.

If finalized, come next summer, students in these fields will be limited in how much they can borrow from the federal government for their education to $20,500 annually, with a lifetime cap of $100,000 — compared to $50,000 and $200,000, respectively, had their programs fallen under the definition of professional by this administration.

This exclusion, and its implications, drew swift rebuke from the members of the health care community. And while much of the conversation — and response from the Trump administration — has focused on nursing, this in some ways obscures the extent of the problem. After all, these new loan caps would only apply to those pursuing advanced degrees, which are held by about 20 percent of nurses. But physical and occupational therapists, audiologists, and similar professionals are required to obtain advanced degrees in order to be licensed. This means that they — alongside nurses interested in becoming nursing educators, nurse practitioners, or any other position requiring a graduate degree — will see their student loan borrowing capacity, and career ambitions, especially limited by the new rules.

As a medical student and physician-in-training, I want to add my name to the list of people outraged by these changes.

During my first two years of medical school, my professors stressed the importance of collaboration in medicine. But when I arrived on the wards in my third year — slack-jawed, overwhelmed, and more than a little humbled — I quickly realized that nurses, physical therapists,

social workers, and other allied health professionals were not just collaborators or teammates. They were my instructors. Each one I encountered had something to teach me.

On my first day of third-year rotations, I encountered a patient who had survived a life-threatening episode of sepsis weeks earlier. The blood pressure medications that saved his life had also narrowed the blood vessels in his fingers, cutting off circulation and causing necrosis, damage that ultimately required the amputation of both hands. With the steady guidance of occupational therapy, he regained remarkable independence in a matter of weeks. When I met him, he was sitting up in bed, serenely eating breakfast, his arms still bandaged.

A few months later, during my surgery rotation, I cared for a young victim of gun violence. He had been slashed open from pubic bone to shoulder, a volley of bullets tearing through his liver and intestines and nicking his aorta and esophagus. After his initial surgeries, his abdomen was intentionally left open to allow swelling and pressure to subside, his organs protected by little more than a layer of blue foam. In such a fragile state, I was hesitant to perform even a basic exam: listening to his heart and lungs, checking the fluids draining from the many tubes snaking around his body. Yet despite his condition and his countless back-to-back surgeries, the physical therapy team had him up and walking. Their boldness and persistence in the face of such a difficult patient reflected a mindset and skill I hope to develop as a future physician.

There were also other, quieter and more fleeting moments of support, though no less important. Like the speech-language pathologist who suggested I order a swallowing evaluation for a patient with dementia to test his risk of aspiration during my early weeks of third year. During rounds, I presented the idea as my own — to the approval of my attending — but the insight was hers.

And I'll never forget the social worker who helped me track down relatives of a suicidal patient who wandered into the hospital with no identification. I had tried for three days to find his family. She found them in a few hours. I never learned what behind-the-scenes magic she conjured to make the family reunion happen, nor did I ever fully learn the tricks of the trade used by any of the other providers I encountered. And perhaps that's the point.

Health care is a finely tuned symphony: Everyone has their unique role, one they are suited to and prepared for through extensive education and the trial-by-fire experiences in the early days of their career. By devaluing the importance of allied health professionals, the rigor of their training, and the resources needed to build that skill set, the proposed Department of Education changes could incinerate this delicate balance, forcing clinicians like me to take on roles we are not equipped to handle.

Without the care, skill, and guidance of allied health professionals, I would not be the physician-in-training I am today. And I'm not alone. A recent article published in JAMA Network Open determined that adequate nursing staff in hospitals was correlated with increased physician well-being. Our patients benefit too. Research indicates that interprofessional care models and positive collaboration between physicians, nurses, social workers, speech-language pathologists, and physical and occupation therapists improves patient outcomes, satisfaction, and access to care.

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To exclude those who want to pursue these and other allied health roles from the benefits of professional degree status should raise the hackles of anyone even tangentially involved in health care. But this is not just about gratitude or dignity. The Department of Education's proposal to preclude valuable health professionals from accessing the same financial support as many of their colleagues to pursue higher education is a stunning volte-face from an administration that claims to support skilled, practical work.

Of course, the cost of programs of study vary widely, and not everyone pursuing these fields of study will bump up against the new proposed borrowing limits. But data from the National Center for Education Statistics shows the average annual tuition for a graduate degree, excluding doctoral students pursuing professional practice, is right around the cap of $20,500 per year. And that doesn't include many of the other costs students incur for things like books, housing, and food. Additionally, according to recent research from American University's Postsecondary Education and Economics Research Center, among federal loan borrowers, about 22 percent of master's students and 28 percent of doctoral students who don't fall into the professional category borrow more than the new loan caps would allow. A doctorate in physical therapy, for example, can easily exceed the $100,000 lifetime limit. And with demand for physical therapists, along with speech language pathologists and other roles, already outpacing supply, the government's proposed changes certainly don't seem poised to help.

Even for nurses who aren't pursuing advanced degrees, the changes could have an impact. According to the American Association of Colleges of Nursing, schools across the United States are already facing a shortage of nursing faculty, which limits the number of students they can enroll. And with the U.S. projected to face a workforce deficit of approximately 64,000 nurses by 2030, new barriers to those who want to pursue advanced degrees and go on to teach may only make the problem worse. As Jennifer Mensik Kennedy, president of the American Nurses Association, warned in a press release, restricting access to federal loans would exacerbate the faculty shortage by "discouraging nurses from pursuing the advanced degrees required to teach the next generation."

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As a student at the bottom of the ladder, I have seen firsthand how these workforce deficits play out. Overworked clinicians staying hours past their shifts, patients waiting too long for life-saving medications or left sitting on bedside commodes because no one is available to help, students repeatedly paging the same few occupational and physical therapists because there simply aren't enough to go around.

While facing our own potential losses, those of us in health care who stand to fare better from the changes that could apply to our professional designation should be sounding the alarm about the stricter limitations facing our colleagues. Not only out of respect for our teammates, but out of concern for the longevity of the very health care system our country relies on. If faced with ballooning provider shortages, the administration will hopefully reverse course.

Until that possibly happens, though, I worry that limiting financial resources will dissuade at least some of today's prospective students from pursuing certain allied health career paths — an opportunity cost that we may never be able to fully measure. If that happens, the damage may well be irreparable.

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