



March 2, 2026

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

Submitted electronically at <http://www.regulations.gov>

Re: Reimagining and Improving Student Education (ED-2025-OPE-0944)

Dear Secretary McMahon:

On behalf of our 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association appreciates the opportunity to submit comments in response to the [Department of Education's Reimagining and Improving Student Education \(ED-2025-OPE-0944\) proposed rule](#). APTA is dedicated to building a community that advances the physical therapy profession to improve the health of society. As experts in rehabilitation, pre-habilitation, and habilitation, physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability for individuals across the age span, helping individuals improve overall health and prevent the need for avoidable health care services. Physical therapists' roles include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

Following the passage of the One Big Beautiful Bill Act and using the recommendations from the Reimagining and Improvement Student Education Committee's negotiated rulemaking session, the Department of Education proposes to implement new annual and lifetime borrowing caps on student federal loan borrowers depending solely upon whether they are obtaining a graduate or professional degree. Under this proposal, programs designated as "graduate degree programs" would maintain an annual borrowing limit of \$20,500 but a new lifetime cap of \$100,000. In contrast, programs designated as "professional degree programs" would have a \$50,000 annual limit and a \$200,000 lifetime cap. Additionally, the proposal completely eliminates graduate PLUS loans which have historically been used to cover up to the full cost of attendance (both direct and indirect costs). While APTA supports efforts to reduce the cost of education, this arbitrary and capricious proposal runs counter to Congressional intent and will severely harm the physical therapy profession by limiting prospective student's access to federal funds used to cover tuition, fees and cost-of-living throughout the duration of their program.

The Doctor of Physical Therapy Degree Meets the Definition of ‘Professional Degree’

For the purpose of loan limits, the Department of Education proposes to define professional student as a student enrolled in a program of study that awards a professional degree upon completion of the program. More specifically, the Department applies the definition of professional degree in [34 CFR 668.2](#) as instructed in the One Big Beautiful Bill Act:

“A degree that signifies both completion of the academic requirements for beginning practice in a given profession and a level of professional skill beyond that normally required for a bachelor’s degree. Professional licensure is also generally required. Examples of a professional degree include but are not limited to Pharmacy (Pharm.D.), Dentistry (D.D.S. or D.M.D.), Veterinary Medicine (D.V.M.), Chiropractic (D.C. or D.C.M.), Law (L.L.B. or J.D.), Medicine (M.D.), Optometry (O.D.), Osteopathic Medicine (D.O.), Podiatry (D.P.M., D.P., or Pod.D.), and Theology (M.Div., or M.H.L.).”

Based on this definition, the DPT degree should be classified as a professional degree. As defined above, finishing a professional degree program must signify completion of the academic requirements for beginning practice in a given profession. As of 2016, [the DPT degree was the required degree for all accredited entry-level physical therapist education programs](#). After this date, individuals who wish to become physical therapists must complete the DPT degree to certify that they have attained the academic requirements necessary to provide physical therapist services.

The second defining component of a professional degree is that the degree require a level of professional skill beyond what is normally expected of a bachelor’s degree. DPT programs have been at the post-baccalaureate level since 2002; as a result, physical therapy degree programs have met this requirement for nearly a quarter century. Based on time, the degree should also require at least six academic years of postsecondary education coursework, including two years of postbaccalaureate level coursework. The DPT degree meets these requirements as it is the culmination of a four-year bachelor’s program and a three-year doctoral program therefore exceeding the skill required for a bachelor’s degree. While some programs run a 3+3 model to allow the student to complete their last year of undergraduate study while also completing the competencies in the first year of the DPT, there are no DPT programs that can be completed in less than two years.

The final component is whether the degree generally requires the individual to obtain licensure before offering services as part of the profession. The DPT degree squarely meets this requirement as licensure is required in each state or jurisdiction in which a physical therapist practices and must be renewed on a regular basis, with a majority of states requiring continuing education as a condition for license renewal. Even before obtaining licensure, the degree holder must pass the National Physical Therapy Exam, which is administered by the Federation of State Boards of Physical Therapy. Without a DPT degree, the individual cannot obtain licensure, without licensure, they cannot practice in the U.S, thus ensuring the DPT degree meets all the required components of a professional degree.

While these criteria are the only *required* elements listed within the regulatory definition of professional degree, the RISE Committee chose to further incorporate two additional elements to the definition:

whether the program is in an adjacent field, defined as other programs within the same two-digit Classification of Institutional Programs code as the professional degrees named in the regulatory text, or of similar length (80 credit hours) to an existing professional degree.

The DPT degree meets both elements. First, the DPT degree has a CIP code, [51.2308](#), with the same two-digit CIP code of numerous degrees listed as professional degrees, more specifically falling within the “health” code category. Second, in 2024, the DPT degree [required an average of 84.9 professional credit hours in addition to an average of 105.7 pre-professional hours and 29.8 clinical education hours](#), putting the DPT degree above the minimum credit hours required for it to be directly compared to other professional degree programs.

In addition to meeting both the regulatory definition of professional degree and the additional elements named by the RISE Committee, APTA urges the department to consider that the DPT, in fact, exceeds the requirements of a professional degree because it is a clinical doctorate program whose sole purpose is to prepare students to become licensed physical therapists. Based on the information provided above, the DPT both meets the definition of a professional degree and exemplifies similar attributes to the existing list of examples of professional degrees. As a result, APTA strongly recommends that ED appropriately classify the DPT degree as a professional degree.

It is Not Relevant Whether the DPT is a “Relatively Modern Development” as Each Degree Should be Evaluated Based on Present Degree Requirements and Future Workforce Needs

Beyond determining that the DPT did not satisfy the definition of professional degree—with no description of which element(s) the DPT degree fails to meet—the Department notes that “the progression from a master’s level degree to the DPT degree is a relatively modern development,” citing an article from the Journal of Physical Therapy Education that was published nearly two and a half decades ago. Rather than rely on outdated context, APTA urges the department to examine the current status of DPT degree to determine whether it meets the definition of a professional degree.

The DPT degree emerged in the 1990s, but within a decade, it became the dominant degree for individuals entering the physical therapy profession. To demonstrate this trend, the department need only examine [historical data on the distribution of PT programs between 1979 to 2007](#). After the first DPT program began in 1993, with its first graduating class in 1996, the doctorate-level degree exploded in popularity. In 2003, an equal number of programs offered master’s and DPT degrees and yet by 2007, [185 of the nearly 210 accredited PT programs, or 88%, offered the doctorate degree](#). In total, the DPT degree became the dominant means by which you became a physical therapist many years before CAPTE made the DPT degree the required degree for all its accredited entry-level physical therapist education programs.

Beyond citing the relative modernity of the DPT degree, the Department argues that it “...has never included these degrees in the definition of professional degree. The adoption of the DPT in the physical therapy profession pre-dates the changes made to the definition in 34 CFR 668.2, yet the Department did not make updates to that definition.” APTA agrees that the definition of professional degree does not explicitly list DPT as an example, yet we remind the Department that this does not mean that it was

not considered a professional degree since the list was never intended to be exhaustive. The DPT degree has long been considered a professional degree simply because it meets all the requirements in the regulatory definition of a professional degree. The Department also claims that the adoption of the DPT pre-dates changes made to the definition of “professional degree” in 2007, but this cannot be the case since the DPT did not become the official degree of the profession until 2016, nearly a decade after the definition of professional degree was updated.

Needless to say, the Department presents conflicting information in the proposed rule first in claiming that the DPT has never been considered a professional degree and second in saying that the DPT pre-dates any changes to the regulatory definition of professional degree. To add insult to injury, the Department believes that the interpretation of what classifies as a professional degree should be in line with previous interpretations, yet the RISE Committee voted to include new criteria when determining which degrees were professional and using the new criteria, extended this definition to the clinical psychology degree. This reflects a modern-day reinterpretation of the original regulation.

Yet a more relevant interpretation is fitting since there were no distinctions between graduate and professional student loan limits prior to the passage of OBBBA. While the terms graduate student and professional student were used, students were not limited in the amount of loans they could borrow based on what type of degree they were obtaining. Now that loan limits are set to be tied to how degree programs are defined, there is even more incentive to carefully reconsider which degrees fall under each respective category to ensure that loan allowances reflect both present and future practice and workforce needs. For physical therapists, the most recent demographics of the profession signal [rising interest and demand in the profession with reported physical therapy labor shortages](#). Given these signals, maintaining consistency in interpretation over time should not be the sole justification for excluding the DPT degree from the list of professional degrees, particularly when the interpretation of the definition has new implications on the viability of the profession. As such, the definition should be applied to the educational attainment of each degree’s profession as it is today.

The Department cites the Loper Bright case as the legal justification for why it believes it is inappropriate to expand the interpretation of professional degree to include the DPT degree. This citation disregards the intent of OBBBA and the implicit responsibility of federal agencies to develop regulations within the bounds of federal law particularly as it relates to factual findings. In fact, in OBBBA, Congress defers to the Department’s interpretation of the definition of professional degree and does not instruct the Department to include only the existing examples of professional degrees defined under 34 CFR 668.2. Therefore, the Department is at liberty of including degrees that fit within this definition which, as described above, the DPT degree does. Thus, APTA asserts that this is not a matter of interpretation but rather one of facts: if the Department assesses whether the DPT meets all the defining criteria of a professional degree and finds that it does, it is directly within the scope of the Department and the instruction under OBBBA to include the DPT degree as a professional degree. If, for some reason, the Department continues to believe that the DPT degree does not meet this definition, APTA requests that the agency explain in detail how it came to that conclusion.

Federal Student Loans are Essential to Physical Therapy Education

In the proposed rule, the Department uses data from the National Student Loan Data System disbursement records 2023-24 award year to describe the characteristics of the ten largest programs under the department's and negotiator's proposals (See Table 5.3). According to this data, out of all the programs added under the negotiator's proposal, the DPT degree reports the highest number of annual federal borrowers who require, on average, \$38,361 in annual disbursements which is well above the proposed limit of \$20,500. In fact, over 60% of DPT students borrow more than \$20,000 annually to afford their programs, making the DPT degree the third highest degree in average annual loan disbursements following the nurse anesthetist degree and the clinical psychology degree, the latter of which was redefined as a professional degree by the RISE Committee. In addition to this data, the recently published [2025 APTA Physical Therapy Profile: Demographics of the Physical Therapy Profession](#) provides more historical information, reporting that for PT respondents under 36 years old, or individuals who graduated with a DPT degree in the past decade, who took out loans for PT school, the mean loan is \$103,000; the percentage who borrowed \$100,000 or more is 50.4% and 41.7% borrowed \$140,000 or more (both of which exceed the proposed lifetime cap for graduate degrees).

Simple math explains why DPT students will need to borrow beyond the proposed \$20,500 annual caps: the average tuition and fees for a DPT degree is \$20,901 and \$5,366 respectively and the mean total cost of attendance is \$74,067. While these amounts reflect the average costs, for a public, in-state school, [the total annual cost of attendance for a DPT program can fall anywhere between \\$35,427 to \\$134,805](#). Yet, these totals only account for the cost of the program, not additional cost-of-living needs such as housing, food, transportation, books, and childcare, all areas that have historically been supported by both unsubsidized and graduate PLUS loans. In fact, the National Center for Data Statistics Data Lab reports that [roughly a third of graduate borrowing is used to pay for non-tuition costs](#). This makes sense considering the Education Data Initiative found that the [average student loan debt growth rate outpaces tuition costs with tuition and fees declining by 0.72% over five years](#). It appears that growing inflation and changes in cost-of-living may be having a larger impact on student borrowing than tuition costs, something that both Congress and the Department have failed to realize in their policymaking.

While direct unsubsidized loans have historically been limited for both graduate and professional degree programs, students have always had access to graduate PLUS loans which allow students to borrow up to the full cost of attendance. But if the Department finalizes both annual and lifetime loan limits while simultaneously removing any opportunity to borrow other public loans, the only way that the majority of prospective DPT students will be able to afford the cost of attendance is to take out private loans, which are made by private organizations and have terms and conditions that are set by the lender. According to the Federal Student Aid Office, [private student loans are generally more expensive than federal student loans](#), some even require you to start paying back while in school which defeats the purpose of taking out a loan to begin with. They also frequently require an established credit score or a co-signer and can have variable interest rates. As a result, many students find private loans unappealing, and APTA is deeply concerned with how many prospective students will be dissuaded from obtaining a DPT degree as a result of the proposed changes.

Compounding the effects of these proposed changes is the existing economic burden of attaining a DPT degree. A study of student debt in professional doctoral health care disciplines analyzed the financial impact and economic burden of degree attainment in medicine, pharmacy, and physical therapy on graduates in their early careers and found that [physical therapists graduates have “high potential for obtaining unmanageable debt due to the costs of education and earning potential” early in their careers.](#) If physical therapy students have the most unmanageable debt, even when their tuition and fees are already substantially lower than medicine programs, how will the new loan limits will do anything except further exacerbate this problem? The [June 2020 Impact of Student Debt on the Physical Therapy Profession Report](#) demonstrates that most students have no option other than to take out loans: on average, only 5.6% of respondents’ PT education cost was paid for by personal or family sources that did not require repayment and 3.5% was covered by scholarships or grants. DPT students are not looking to take on unmanageable debt; they have no other choice.

The Proposed Loan Caps Will Severely Impact Both the Long-Term Viability of the Physical Therapy Profession and the Individuals Who Access Physical Therapy Services

The proposed loan limits threaten to reduce the physical therapy workforce at a time of increasing demand for services with a [99.5% employment rate 12 months after graduation](#) and [job growth outpacing most other medical fields](#). Unfortunately, APTA’s 2024 benchmark report, [Hiring Challenges in Outpatient Physical Therapy Practices](#), found that this demand is not being met. In outpatient therapy clinics, the vacancy rate is 9.5%, nearly twice as high as the national vacancy rate of 4.8% for all industries estimated by the U.S. Bureau of Labor Statistics. Based on the [2022-2037 supply and demand forecast](#), unless measures are implemented to boost the number of physical therapists entering or re-entering the workforce, or policies are enacted to improve retention, the national shortfall is likely to persist, further exacerbating patient access to care.

Unfortunately, changes to student loan access will only further exacerbate the current vacancy rates in outpatient practice. As a result, patients will be left on waiting lists or may experience an increase in baseline wait times for specialist evaluations and follow-ups; some may even forego care altogether. Clinics in rural and underserved areas may have more difficulty hiring new PTs and may be forced to limit service capacity. Many therapists may choose to work in hospitals or other more lucrative settings in order to quickly pay back their private loans with high interest rates. This is compounded by barriers, such as insurance coverage, that already impact who can easily access physical therapy. Particularly within the Medicaid population, access is often limited by lower provider participation compared to private insurance due to [a lack of Medicaid expansion](#) and unsustainable reimbursement rates.

Because physical therapy remains to be a widely used and highly valued healthcare service, these possibilities must be avoided. Unlike many specialty providers, physical therapists address health needs across the lifespan, from infants to older adults, providing preventive services, early intervention for infants and children, habilitation and rehabilitation, performance enhancement, risk reduction, and palliative care. Due to the wide range of services PTs provide, [over 300 million physical therapist visits occur every year](#) across more than ten uniquely defined health care settings including: outpatient practices, skilled nursing facilities, hospitals, inpatient rehabilitation facilities, home health, elementary and secondary schools, universities, hospice facilities, and occupational health practices. Physical

therapists are also part of many federal programs, including service in the armed forces under the Department of Defense, service to our nation's veterans under the Veteran's Health Administration and service in public health programs such as the uniformed Public Health Service and the Indian Health Service. Across all fifty states, physical therapists provide services as a point of entry into the health care delivery system through direct access practice models, and they also refer individuals to other health providers such as primary care physicians, neurologists, orthopedists, and radiologists, and physical therapist specialists.

Physical therapist services are essential to the [Make America Healthy Again Initiative](#). Research shows that increased and earlier access to physical therapist services results in benefits to individuals, communities, and the health care system because physical therapists possess the knowledge and skills to engage with individuals, groups, communities, and populations to decrease the onset, duration, severity, and sequelae of health conditions, particularly in populations with an identified condition, injury, or illness. For example, physical therapist interventions for individuals with disability arising from chronic illness may help them maintain maximal function and participation throughout the course of the disease, allowing them to participate in wellness or prevention activities to maintain or improve their health and well-being. With the increased incidence and impact of chronic diseases, the services of PTs in health and wellness have the potential to significantly impact overall health outcomes.

Physical therapy can also serve as an alternative to more costly and invasive forms of care. "[The Economic Value of Physical Therapy in the United States](#)" quantifies physical therapy's potential to deliver economic value to both patients and the healthcare system. Across eight different conditions, the use of physical therapy was associated with a net economic benefit compared to other types of care. Those benefit estimates include \$4,160 for acute low back pain, \$10,129 for stress urinary incontinence, and \$39,533 for carpal tunnel syndrome. The report demonstrates not just how valuable physical therapists are but also their ability to serve as an alternative to other, more intensive forms of treatment.

Given the frightening consequences of this proposal, immediate implementation must be avoided at all costs. If the intended effect of the law is to be achieved, that is forcing schools to reduce tuition and fees to align with the new loan limits, schools should be afforded the appropriate amount of time to lower their rates accordingly. Not to mention the detrimental impact immediate implementation would have on students who have already been accepted and plan to start in the 2026 school year. These students would not be officially enrolled by June 30, making them subject to the lower loan limits. APTA wishes to avoid such substantial harm to the profession and the patients we serve, and as a result, we encourage the Department to advance, not retract, federal support for physical therapy programs by ensuring that the DPT degree is appropriately classified as a professional degree.

Conclusion

APTA appreciates the opportunity to comment on the Department of Education's Reimagining and Improving Student Education proposed rule. Should you have any questions regarding our comments, please contact Rachel Miller, MPH, senior specialist in health policy and payment at rachelmiller@apta.org. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, which appears to read "Kyle Covington". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kyle Covington, PT, DPT, PhD
APTA President