



March 2, 2026

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

Re: Notice of Proposed Rulemaking: Reimagining and Improving Student Education, Docket ID: ED-2025-OPE-0944

Dear Secretary McMahon:

The American College of Radiology (ACR)—a professional association representing more than 40,000 physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine, as well as medical physicists—appreciates the opportunity to provide comments on the Notice of Proposed Rulemaking (NPRM), “Reimagining and Improving Student Education” to amend Title IV federal student loan regulations to implement statutory changes enacted by the One Big Beautiful Bill Act (OBBBA, P.L. 119-21).

The College respectfully urges the Department of Education to preserve the long-standing federal loan exception that allows medical students and other health professions students to borrow additional Unsubsidized Direct Loans supplementing statutory limits. ACR also urges the Department to reconsider its approach regarding the “professional” category and explicitly include critical health professions programs that were omitted from the proposed rule.

As the population in the United States (U.S.) continues to increase in size and age, the demand for physicians and other health care providers is greater than ever. There is already a nationwide shortage of these professionals and, according to a report from the Association of American Medical Colleges (AAMC), the U.S. will face a shortage of up to 86,000 physicians by 2036. To address this shortage, we must increase the number of students graduating from medical school to sustain the physician pipeline, ensuring future patient access to care. Additionally, given the interconnected and increasingly multidisciplinary nature of health care, we are concerned the Department’s proposal would exclude other health professions degree programs, including medical physicists, from eligibility of certain loan limits. Many of these excluded professions include applicable licensure or certification, among other important attributes, and make significant contributions to the health care system. They are vital to the workforce and patient care at academic medical centers and other clinical settings nationwide. To illustrate, a typical path for a medical physicist involves a bachelor’s degree, followed by a CAMPEP-accredited graduate degree (MS, PhD, or DMP) and a two-year clinical residency. Board certification via

the American Board of Radiology (ABR) is also a requirement for medical physicists. The expertise of medical physicists, of which there is also a significant shortage, is critical to patient care, quality, and safety. As the Department considers the impact of the “professional” designation and eligibility for loan limits, we encourage engaging health professions education organizations for their knowledge of the shortage of different members of the workforce among other topics.

The proposal to amend annual and aggregate loan limits for graduate and “professional” loan borrowers will impact students’ ability to afford additional schooling, exacerbating existing shortages across the country, especially in rural areas. Specifically, the aggregate limits of \$100,000 for graduate students and \$200,000 for students enrolled in professional degree programs are concerning. Also, subjecting medical physicist students to the graduate level borrowing limits does not reflect the level of specialized education and training these students must undergo.

While the goal of the loan limit policy may be to force universities to lower tuition and make higher education more affordable for all students, there is no guarantee the programs will take these actions, nor will they have enough time to implement changes before these new limits go into effect. The average medical school graduate completes school with approximately \$235,000 in medical school debt alone, or \$265,000 of combined medical and premedical education debt. With these changes, far fewer students will be able to afford medical school or other additional schooling. Moreover, medical school graduates holding MD or DO degrees cannot enter practice immediately upon graduation but must then take residencies and fellowships that can add from 3-8 or more years to their education with limited earning capacity and rapidly increasing debt loads. To maintain a robust health care workforce, the exception allowing students to borrow additional Unsubsidized Direct Loans supplementing statutory limits must be maintained for students going to medical school.

The Secretary’s authority to increase borrowing limits for certain degree programs is codified in Section 428H(d) of the Higher Education Act (“Unsubsidized Stafford Loans for Middle-Income Borrowers”), which explicitly allows the Secretary to grant supplemental borrowing above the statutory limits for students in specialized programs with high educational costs. OBBBA did not amend this provision, leaving the Secretary’s statutory authority unchanged.

Since 1996, the Department has recognized the unique financial demands of health professions education, allowing additional Unsubsidized borrowing for eligible graduate and professional programs. A [2008 Dear Colleague Letter](#) provides precedent for this practice, explaining adjustments made to account for higher loan limits in certain health professions programs. Given this longstanding policy and statutory authority, the Department should continue to exercise the

exemption and make corresponding conforming adjustments. Preserving this exemption ensures that qualified students can pursue medical and other health professions degrees without unnecessary financial barriers.

At a time of growing shortages of physicians and other healthcare professionals, particularly in rural and medically underserved areas, maintaining access to federal loan options is essential to sustain a skilled health workforce and maintain patient access to care. Thank you for the opportunity to provide input on this important matter.

Sincerely,



Dana H. Smetherman, MD, MPH, MBA, FACR
Chief Executive Officer