



As neonatal nurses and healthcare professionals, we strongly support policies that ensure nursing education remains accessible, equitable, and sustainable. The proposed creation of a tiered federal loan system that significantly caps borrowing—particularly at the graduate level—poses a serious threat to the future of our profession and the patients we serve.

The United States is already facing a critical nursing shortage. According to projections from the U.S. Bureau of Labor Statistics, employment of registered nurses is expected to grow 6% from 2022 to 2032, with approximately **193,100 RN job openings projected each year** due to growth and workforce turnover. Advanced practice registered nurses (APRNs) face even greater demand. Nurse practitioners are projected to grow **45% during the same period**, one of the fastest growth rates of any occupation in the country.

For many registered nurses (RNs), graduate education is not optional. It is required for licensure as nurse practitioners, clinical nurse specialists, nurse anesthetists, nurse midwives, educators, and leaders. Yet financial barriers already limit progression. Data from the American Association of Colleges of Nursing show that in 2022 alone, **over 78,000 qualified applicants were turned away from baccalaureate and graduate nursing programs**, primarily due to faculty shortages, limited clinical sites, and resource constraints. Restricting access to federal loans will only shrink the pipeline further.

Faculty shortages are especially concerning. The AACN reports that U.S. nursing schools identified **more than 1,900 full-time faculty vacancies** in a single academic year, with a national nurse faculty vacancy rate approaching 8%. Graduate-prepared nurses are required to fill these academic roles. However, faculty salaries average **tens of thousands of dollars less per year** than clinical practice roles, making loan repayment particularly burdensome and discouraging nurses from entering education.

The financial burden is significant. According to the National Center for Education Statistics, graduate students commonly accumulate **\$70,000–\$100,000 or more in total student loan debt**, and many nursing students already carry undergraduate debt before pursuing advanced degrees. Unlike many graduate programs, nursing education requires extensive unpaid clinical hours—often 500 to 1,000+ hours—forcing nurses to reduce work hours or leave employment while still managing living expenses.

Access to advanced practice nurses is directly tied to healthcare access. The Association of American Medical Colleges projects a physician shortage of up to **86,000 physicians by 2036**, particularly in primary care and rural communities. Nurse practitioners and other APRNs are essential to filling this gap. In many rural and underserved areas, they serve as primary care providers and significantly improve access to preventive and chronic disease management services.



Within neonatal care, workforce strain is equally urgent. The American Academy of Pediatrics has highlighted ongoing neonatal workforce challenges, including shortages of neonatal specialists and increasing medical complexity among premature and critically ill infants. NICUs are caring for infants with lower gestational ages and more complex comorbidities than ever before, requiring highly trained, graduate-prepared nurses with advanced competencies.

Limiting federal loan access would disproportionately affect nurses from middle- and lower-income backgrounds. Nearly **one in four undergraduate nursing students are first-generation college students**, and students from underrepresented racial and ethnic groups make up a growing portion of nursing enrollment. Financial barriers directly threaten workforce diversity—an essential factor in improving maternal and infant health outcomes and reducing disparities.

Investing in nursing education is fiscally responsible. Research consistently shows that advanced practice nurses provide high-quality care with outcomes comparable to physicians in many primary and specialty care settings, while helping reduce hospital readmissions and overall healthcare costs. Expanding the nursing workforce is not an expense—it is a cost-containment and access strategy.

The outdated classification of nursing as a “non-professional” degree undermines the rigor, scientific foundation, and clinical intensity of nursing education. Nursing curricula include advanced pharmacology, pathophysiology, diagnostics, research, leadership training, and extensive supervised clinical immersion. These are foundational to patient safety.

At a time when nearly every state reports nursing shortages, when schools are forced to turn away qualified applicants, and when NICUs are facing staffing strain amid increasing infant acuity, placing rigid caps on federal student loans is counterproductive and dangerous.

If we truly value infants, families, and the future of neonatal care, we must invest in nurses—not restrict their access to education. Policies that limit nursing student loans threaten workforce stability, healthcare access, and patient safety.

We urge policymakers to reconsider any proposal that caps nursing student loans without addressing the true cost of education, the documented workforce shortages, and the indispensable role nurses play in safeguarding the health of our communities.

Supporting nurses means supporting babies, families, and the future of healthcare.