

Tribal Technical Advisory Group



To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board | 50 F Street NW | Washington, DC 20001 | (202) 507-4070 | (202) 507-4071 fax

March 2, 2026

The Honorable Linda McMahon
Secretary
Department of Education
400 Maryland Ave SW
Washington, DC 20202

Submitted via regulations.gov

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

Secretary McMahon,

On behalf of the Centers for Medicare and Medicaid Services Tribal Technical Advisory Group (CMS-TTAG), we submit the following comments in response to the US Department of Education's (Department) proposed rule, "Reimagining and Improving Student Education" (ED-2025-OPE-0944). The CMS-TTAG is established in statute to advise the CMS on Indian health policy issues involving Medicare, Medicaid, and the Children's Health Insurance Programs.¹ In particular, the CMS-TTAG focuses on providing policy advise to improve the availability of health care services to American Indian and Alaska Native (AI/AN) beneficiaries in CMS health and other federal programs.

This proposed rule represents a significant step in reshaping federal student loan policies to simplify repayment and help proactively manage borrowing. The CMS-TTAG is very concerned that the proposed rule excludes many other essential post-baccalaureate health professions, such as nursing, social work, physician assistant, physical therapy and occupational therapy, which also require advanced education, clinical training and licensure. If adopted, the proposed rule's overly narrow definition will subject students in these fields to significantly lower borrowing limits, increasing out-of-pocket costs and deterring qualified applicants at a time of persistent health care workforce shortages. We recommend the Department address this because it has the potential to disincentive students to pursue these health professions and further exacerbate the pipeline of health professionals and inflate health care costs.

However, we urge the Department to consider these comments and recommendations. In its current form, the proposed rule risks significantly constraining the already fragile pipeline of trained clinicians and vital mid-level health providers serving American Indian

¹ 42 U.S.C. § 1320b-24

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and Alaska Native (AI/AN) communities. We respectfully urge the Department to consider the following concerns and recommendations.

Background on the Indian Health System

The Indian Health Service (IHS), an operating division of the US Department of Health and Human Services (HHS), faces chronic and severe staffing shortages across all provider types. As only one of four direct federal health care providers and the 18th-largest health care system in the United States², the agency is the principal actor in fulfilling the United States' legal and trust obligations to provide health care to AI/AN people.

To facilitate the provision of health care to AI/AN people, the IHS delivers health services in various ways. The agency manages 21 hospitals, 53 health centers, and 25 health stations,³ providing direct care to approximately 1.9 million people.⁴ The agency also provides services through Tribally contracted and operated health programs and funding Urban Indian Organizations (UIOs). By authority provided by the Indian Self-Determination and Education Assistance Act, Tribes assume control of health care delivery to better tailor health programs to meet the unique needs of their communities. The agency also provides services through Tribally contracted and operated health programs, allowing Tribes to assume control over health care provisions. Today, approximately 65 percent of the IHS budget is passed through to Tribes to administer health programs.⁵ Pursuant to Indian Health Care Improvement Act (IHCIA),⁶ UIOs are AI/AN controlled organizations that deliver health care and referral services for AI/AN people residing in the urban centers with a UIO.

IHS Staffing Shortages and Educational Issues

IHS-operated, Tribally operated health systems and UIOs face chronic staffing shortages. Rurality, geographic isolation, and limited funding create persistent barriers to recruiting and retaining Indian Health System professionals nationwide. At the IHS, the overall vacancy rate across all positions is approximately 30 percent, with provider vacancies exceeding 35 percent. Understaffing at IHS facilities is so severe that 43 percent of IHS facilities risk closure if just one physician-level provider leaves. The vacancy rates for behavioral health providers at IHS are even more dire, with an overall 43% vacancy rate.⁷ Tribally operated health systems also face chronic workforce shortages, threatening their ability to provide care and access to essential services in

² U.S. Department of Health and Human Services, March 27, 2025. "Fact Sheet: HHS' Transformation to Make America Healthy Again". Accessed 11/9/2025: <https://www.ihs.gov/newsroom/ihs-updates/january-2-2025-ihs-updates-for-tribes-and-tribal-and-urban-indian-organizations/>

³ Indian Health Service, October 2024. "Fact Sheet: Quick Look"/ Accessed 2/24/2026: <https://www.ihs.gov/newsroom/factsheets/quicklook/>

⁴ Indian Health Service, October 2024. "Fact Sheet: Quick Look"/ Accessed 2/24/2026: <https://www.ihs.gov/newsroom/factsheets/quicklook/>

⁵ Indian Health Service, January 2, 2026. "IHS Realignment." Accessed 02/24/2026, <https://www.ihs.gov/tribalconsultation/ihs-realignment/> Cite

⁶ 25 U.S.C. §1651 et seq.

⁷ Nichole Fusilier, Elisabeth Stelson, Janette Dill, Recent trends in US government healthcare & behavioral health workforce departures, Health Affairs Scholar, Volume 4, Issue 2, February 2026, qxag032, <https://doi.org/10.1093/haschl/qxag032>

Tribal communities. Likewise, workforce recruitment and retention issues are a persistent challenge at UIOs.⁸

Importance of Title IV Programs to the Indian Health Workforce

Because of the chronic workforce shortages that plague the Indian health system, our communities leverage every tool at our disposal to ensure that cost does not deter individuals who want to pursue careers in Tribal health. Access to federal student loans under Title IV of the Higher Education Act has been integral to financing training pathways for health professionals within the Indian health system. TTAG has concerns with two changes under this proposed rule.

First, the proposed annual and aggregate loan caps on graduate and professional student loans, and the phase-out of the Graduate PLUS program, would significantly limit students' ability to finance extended professional programs. Over time, these restrictions threaten the pipeline of clinicians and other critical health care professionals entering Indian health system facilities, exacerbating workforce shortages and limiting access to essential care in AI/AN communities.

Under the current interpretation of the proposed rule, provisions from section 81001 will overly restrict access to higher funding limits for federal student loans to “professional students” for a narrow set of “professional degree” programs⁹, despite programs meeting statutory criteria outlined in the One Big Beautiful Bill Act (OBBBA)¹⁰. This narrow definition will exclude physician assistants, advanced practice nurses, and other graduate-level health professionals, which are critical mid-level providers within Indian health system facilities. Lowering the amount these students can borrow will increase financial barriers that deter enrollment in these programs and ultimately decrease the number of people entering the workforce.

Second, the proposed changes to deferment and forbearance policies may also reduce the necessary flexibility for AI/AN students who are statistically more reliant on federal aid¹¹ and are typically engaged in residency or scholarship programs or working part-time to make ends meet. All these scenarios are typical of health workforce training and the realities of AI/AN students, particularly in rural and underserved Tribal communities.

The proposed rule would replace most income-based repayment plans with either a "Tiered Standard Plan" or a "Repayment Assistance Plan," both of which could result in higher monthly payments for borrowers and raise serious concerns. In this scenario, students who default to the Tiered Standard plan may face higher initial payments and reduced flexibility, which may deter graduates from lower-paying positions.

⁸ National Council Of Urban Indian Health, Policy Priorities: Upholding The Trust Responsibility To All American Indian And Alaska Native People (2025), https://ncuih.org/wp-content/uploads/Policy-Priorities-25-NCUIH-D559_F.pdf.

⁹ 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.), Theology (M.Div., or M.H.L.), and Clinical Psychology (Psy.D. or Ph.D.).

¹⁰ One Big Beautiful Bill Act, Pub. L. No. 119, § 21, 139 Stat. 335 (2025)

¹¹ John Echohawk, “Tribal Nations Disproportionately Affected by Federal Funding Freeze,” Native American Rights Fund, January 25, 2025, accessed February 24, 2026, [https://narf.org/2025-federal-funding/#:~:text=The%20Native%20American%20Rights%20Fund%20\(NARF\).](https://narf.org/2025-federal-funding/#:~:text=The%20Native%20American%20Rights%20Fund%20(NARF).)

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Existing Authority to Adopt Broader Definition of Professional Degrees

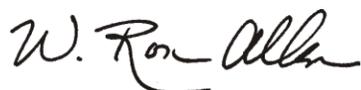
The Department's loan programs have historically recognized degree programs in fields like nursing, physician assistants and physical therapy as "professional," given the time, skill and expense required to complete them. The core components of the proposed definition of professional degree focus on rigorous academic, training and licensure requirements. The CMS-TTAG believes strongly that a full range of health professions aligns with the proposed definition of a professional degree and that the department has the flexibility to adopt a broader definition.

To avoid exacerbating existing provider shortages in the Indian health system, the TTAG recommends that the Department expand the definition of "professional student." The expanded definition should include essential post-baccalaureate health professions (e.g. physician assistants, social workers, physical therapists, occupational therapists, graduate level behavioral health providers) from the proposed loan caps. Given the unique financial and geographic challenges facing AI/AN students entering health fields, we also encourage the Department to reserve deferment and forbearance options for students engaged in health-related residencies, service obligations, or training programs typical of health care career pathways. The Department should ensure that the new repayment structure, particularly the default assignment to the Tiered Standard Plan, does not disadvantage graduates entering lower-paying provider positions by allowing these students to opt into income-driven repayment plans without additional barriers.

Conclusion

Considering these concerns, we urge the Department to revise the proposed rule to ensure that federal student loan policy continues to support, rather than hinder, the development of the Indian health workforce. The ability of AI/AN communities to access essential health services depends on a robust pipeline of clinicians, mid-level providers, and other skilled professionals. Any changes that limit financing options or reduce repayment flexibility for these students will have direct and harmful consequences for the Indian health system. We stand ready to work collaboratively with the Department to identify solutions that both advance the goals of the proposed rule and uphold the federal government's trust and treaty obligations to Tribal Nations.

Sincerely,



W. Ron Allen, TTAG Chair

Chairman/CEO, Jamestown S'Klallam Tribe

Cc: Rachel Ryan Pedersen, Acting Director, CMS, DTA
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