



American Association of
NURSE ANESTHESIOLOGY

Written Statement for the Record by:

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President American Association of Nurse Anesthesiology**

House Education & Workforce Committee
Subcommittee on Higher Education and Workforce Development
“Runaway College Spending Meets the Working Families Tax Cuts”

2175 Rayburn House Office Building
Washington, DC 20515

February 4, 2026

Introduction

Chairman Owens, Ranking Member Adams, and members of the Subcommittee, thank you for the opportunity to submit this statement for the record. On behalf of the 69,000 members of the American Association of Nurse Anesthesiology (AANA), we write to you today about the costs of higher education and the unintended consequences brought about by the Department of Education's decision to ignore Congressional intent, and classify Certified Registered Nurse Anesthetists (CRNAs) and other advance practice registered nurses (APRNs) as graduate degrees, instead of professional. At a time when the costs of higher education are increasing faster than the rate of inflation, limiting access to these loans will negatively impact the anesthesia and advanced practice nursing workforce, and hurt patients down the line. We remain concerned that this effort to curb costs will only lead to more debt for students. We strongly urge the committee to work with the Administration to remedy this error and ensure the inclusion of post-baccalaureate nursing degrees (MSN, DNP, DNAP, Ph.D.) explicitly in the list of professional degrees.

Background on AANA and CRNAs

The American Association of Nurse Anesthesiology (AANA) is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, with membership that includes more than 69,000 CRNAs and student nurse anesthetists representing over 88 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who provide anesthesia, as well as acute, chronic, and interventional pain management services. In a majority of states, CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. CRNAs are highly trained and skilled anesthesia providers who have full practice authority in the Army, the Navy, and the Air Force, as well as the Indian Health Service. CRNAs are the primary provider of anesthesia on the battlefield, including in forward surgical hospitals.

CRNAs are highly educated, doctorally prepared nurses, who are required to be board certified, and must participate in continuing education and recertification every 4 years in order to practice. CRNAs have a higher educational requirement than any other nursing profession, and their education requires significant and expensive equipment, on par with their physician anesthesiologist colleagues. This high level of education ensures that CRNAs are able to practice independently, without unnecessary and wasteful supervision requirements.¹

CRNAs Meet the Definition of Professional Degree

¹ AANA Code of Ethics for the Certified Registered Nurse Anesthetists, July 18, available at: https://issuu.com/aanapublishing/docs/code_of_ethics_for_the_certified_registered_nurse_?fr=sZGY1YTU2NDAxMjU

The basis of 34 CFR § 668.2(b) states that a professional degree is “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.” CRNAs squarely fit this definition, as they:

- Complete extensive academic requirements to practice their profession;
- Acquire professional skills through three years of doctoral-level education and at least one year in critical care practice beyond the bachelor's degree required to become a Registered Nurse;
- Require professional licensure to practice, with mandatory continuing education and recertification on a four-year cycle.

Additionally, nurse anesthetists are specifically included in the National Center for Education Statistics’ Classification of Instructional Programs Codes in Series 51, along with the other health professions listed as examples in the definition of professional degree at 34 CFR § 668.2(b).

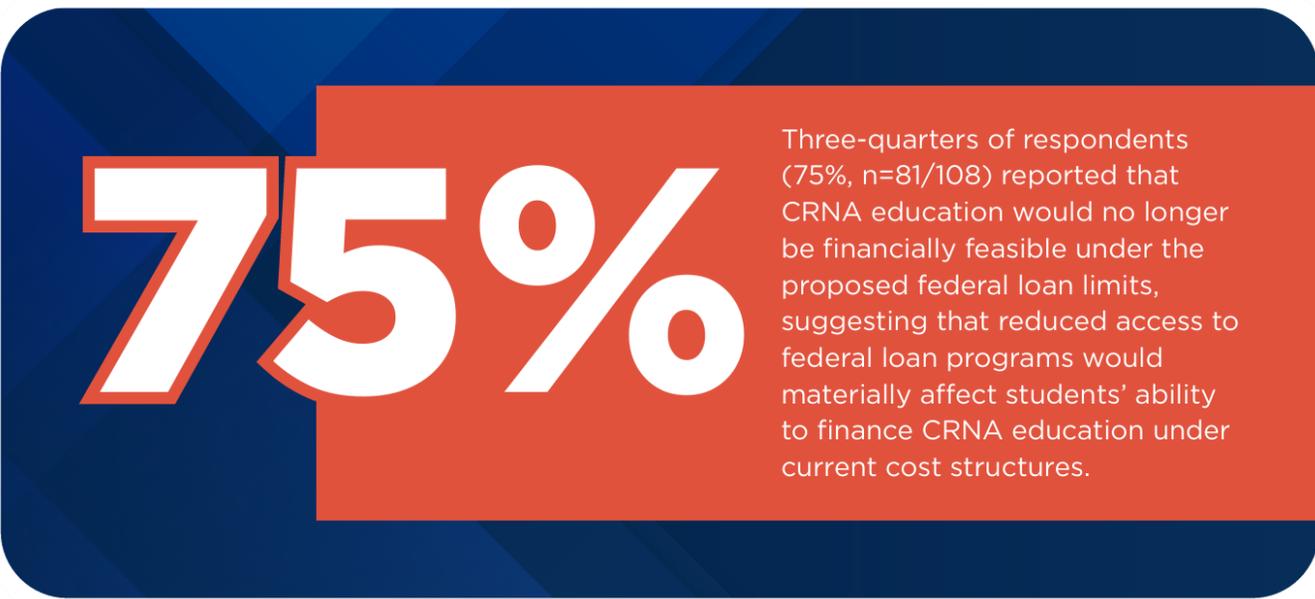
Unfortunately, the Department has chosen to ignore the definition dictated by the legislation by inappropriately conflating practice as an RN with practice as an APRN, despite having different licensure, and by including limitations around supervision that were neither part of statute nor a part of the RISE committees’ extensive negotiations and deliberations. It appears that the Department has created rules out of whole cloth that exceed statute in an effort to specifically keep CRNAs and other APRNs from having access to the same loans of our physician colleagues, in an anti-competitive move that runs counter to much of the work done by the Trump Administration to increase access to APRN care.

Limiting CRNA Access to Critical Loans Will Hurt the Healthcare Workforce

The Department of Education’s refusal to acknowledge that CRNAs and other advanced practice nurses are professionals will not only limit access to critical loans but will negatively impact the nursing workforce, jeopardizing lives and further limiting access to care for rural and underserved communities that are already struggling.

A recent survey of licensed registered nurses (RN) and advanced practice registered nurses (APRN) interested in becoming CRNAs conducted by the AANA sought to measure the impact of the new, lower loan limits. The survey provided deeply concerning results that portend massive disruption to the future workforce. According to the survey, 75% of respondents “reported that CRNA education would no longer be financially feasible under the proposed federal loan limits” and 80% report being very concerned about having to turn to the private loan market to be able to afford their education.²

² American Association of Nurse Anesthesiology. January 2026. Impact of Proposed Federal Loan Limits on the CRNA workforce. <https://www.aana.com/wp-content/uploads/2026/01/Impact-of-Proposed-Federal-Loan-Limits-on-the-CRNA-Workforce-1.pdf>



75%

Three-quarters of respondents (75%, n=81/108) reported that CRNA education would no longer be financially feasible under the proposed federal loan limits, suggesting that reduced access to federal loan programs would materially affect students' ability to finance CRNA education under current cost structures.

CRNA EDUCATION COST STRUCTURES

CRNA Programs Provide a Critical Return on Investments

CRNA programs have shown to be a critical return on investment, with default rates between one and zero percent, and that overwhelmingly produce 100% employment rates within 6 months of graduation. This comes even as a recent Congressional report shows that almost \$22 billion is invested annually in various Graduate Medical Education programs to train physicians, while only \$305 million is provided for all nursing programs combined, covering all RNs and APRNs, including CRNAs, despite the fact that nurses make up a significantly greater number of healthcare providers than physicians do.

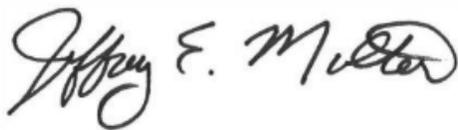
Despite having a vastly lower federal investment in nursing education, CRNAs are the main providers of anesthesia in rural and underserved communities where higher-cost physicians do not practice. They provide facilities with the most cost-effective model of anesthesia delivery, a CRNA working without unnecessary supervision in coordination with the surgical team.

Conclusion

The AANA appreciates the Subcommittee's attention to this important issue. While the costs of higher education are concerning and need to be addressed, we remain concerned that the loan limits proposed by the Department of Education will only exacerbate the current loan crisis. We strongly urge the Subcommittee to work with the Administration to ensure the inclusion of post-baccalaureate nursing degrees (MSN, DNP, DNAP, Ph.D.) explicitly in the list of professional degrees. Should you have any

questions, please reach out to the AANA Senior Director of Congressional Affairs Matthew Thackston at mthackston@aana.com.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey E. Molter". The signature is written in a cursive style with a large, stylized initial "J".

Jeff Molter, MSN, MBA, CRNA
President, American Association of Nurse Anesthesiology