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Submitted electronically

Office of Postsecondary Education
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202

RE: U.S. Department of Education Proposed Rule titled, "Reimagining and Improving Student Education," RIN number 1840-AD98, Docket ID ED-2025-OPE-0944, 34 CFR Parts 674, 682, and 685 (January 30, 2026)

I. INTRODUCTION

ZERO TO THREE appreciates the opportunity to comment on the proposed Rule, *Reimagining and Improving Student Education*. We urge the U.S. Department of Education (Department) to reconsider its definition of "professional degree" to include degrees that are essential to the early childhood workforce and the services young children need for a strong start in life.

For nearly 50 years, ZERO TO THREE has worked to enhance the well-being of infants and toddlers. We know that all babies learn and grow through their relationships with their families, caregivers, practitioners, and communities, as well as in the context of the environments in which they play, rest, are cared for, and explore. As such, we take a comprehensive, multifaceted approach to child development and well-being in the first three years of life. We work across a range of disciplines and systems to develop solutions that promote healthy early childhood development and prevent more significant, costlier challenges later in life.

The first three years of life are a period of unparalleled brain and physical development, laying the foundation for lifelong learning, health, and success. During this critical window of development, infants, toddlers, and their families rely on care and support from highly trained professionals to ensure young children remain on the best developmental track. Essential, timely services can make all the difference in a child's developmental trajectory, including early intervention, child care and early education, health care, and specialized educational approaches. A highly trained, professional early childhood workforce is essential to identifying developmental delays early, addressing mental health and behavioral challenges, giving parents the tools they need to meet their babies' unique needs, and providing the supports that are needed without delay to ensure children thrive.

Many of these professionals pursue advanced degrees — such as a Master of Social Work (MSW), Master of Education (MEd), or Master of Nursing (MSN) degree — to obtain the specialized knowledge and clinical training necessary to serve young children effectively. By excluding these advanced degrees from the definition of "professional degree," and so capping federal student loans for this group at a lower level, the proposed Rule limits students' ability to pursue the education and training essential to entering these careers. This policy change will only further constrict the pipeline of qualified professionals in fields already facing severe workforce shortages, undermining young children's ability to get access to the timely services they need. Notably, the resulting workforce supply shortages will also drive-up prices

for these essential services at a time when many families with young children are already struggling to afford the basics.[1]

II. WELL-EDUCATED PROFESSIONALS ARE NEEDED TO PROVIDE EFFECTIVE EARLY CHILDHOOD SERVICES

ZERO TO THREE offers our comments in alignment with the following policy pillars that we submitted in response to the U.S. Department of Health and Human Services (HHS) Notice titled, *Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again* (Docket AHRQ-2025-0001).[2] These six pillars guide ZERO TO THREE's response to the proposed Rule and ground our comment in principles that prioritize the health and well-being of infants and toddlers, and we encourage the Department to similarly utilize these pillars in its own analysis of this and other proposed rules.

1. Transparency and Engagement
2. Use the Science of Child Development to Guide Policy
3. Prioritize the Well-Being of Young Children
4. To Support the Child, Strengthen the Family
5. Working with Children Requires Knowledge, Skill, and Training
6. Ease the Burden on Individuals and Families, Not Just Systems

Of particular relevance is pillar 5, "Working with Children Requires Knowledge, Skill, and Training," which describes the importance of a well-trained, qualified workforce to support the unique developmental needs of children in the first three years of life. The quality of early learning and care, health care, developmental supports, and other early childhood expertise matters. High quality child care has demonstrated positive effects on cognitive and language development, early social and emotional development, and later school achievement.[3] Meanwhile, research suggests that even small improvements in staff ratios and training can produce considerable improvements in the observed quality of care for young children.[4] Similarly, services such as mental health interventions for young children who have experienced abuse or neglect, interventions for developmental or reading delays, and interventions for children most at-risk of falling behind require a specialized skill set.[5] Professional

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[1] Stanford Center on Early Childhood. (2025). *Essentials are getting increasingly difficult to access for families with young children*. RAPID Survey Project. https://rapidsurveyproject.com/article/essentials-are-getting-increasingly-difficult-to-access-for-families-with-young-children/

[2] ZERO TO THREE (2025), Public Comment RE: HHS Notice titled "Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again," Docket AHRQ-2025-0001, 90 Fed. Reg. 20478 (May 14, 2025), https://www.regulations.gov/comment/AHRQ-2025-0001-0788.

[3] ZERO TO THREE. (2009). *Quality infant-toddler child care* (PDF). ZERO TO THREE. https://www.zerotothree.org/wp-content/uploads/2022/12/Child-Care.pdf

[4] Gilliam, W. S. (2025). *Four evidence-based reasons why increasing child care ratios would be dangerous and counterproductive* (Policy brief). Buffett Early Childhood Institute at the University of Nebraska–Lincoln. https://buffettinstitute.nebraska.edu/-/media/projects/buffett-nucleus/resources/policy-briefs/child-care-ratios-brief_digital.pdf

[5] Davis Schoch, A., Perry, D. F., Tidus, K. M., & Rabinovitz, L. (2025). *Mental health in infant and early childhood mental health consultation* (Center of Excellence for IECMHC resource). The Center of Excellence for Infant and Early Childhood Mental Health Consultation. https://www.iecmhc.org/wp-content/uploads/2025/02/CoE_Mental-Health-in-IECMHC-Resource_FNL-508.pdf

degrees that offer the necessary training for these services are essential not only to ensuring young children receive services during a critical developmental period, but that these services are delivered appropriately and effectively.

We urge the Department to prioritize the quality of services available to young children in its evaluation of the impacts of the proposed Rule, including ensuring that recipients of such degrees have access to the higher loan limit. We urge the Department to update the Rule and its definition of "professional degree" accordingly.

III. THE PROPOSED RULE WILL EXACERBATE EARLY CHILDHOOD WORKFORCE SHORTAGES

The proposed rule would have a significant, detrimental impact on the early childhood workforce, discouraging everyone from educators to clinicians to early intervention specialists from pursuing a career serving young children. These shortages will then lead to higher costs for families, as well as delayed or unavailable services.

The first three years of life are a time of critical brain development, with more neural connections being made than at any other point in life. When a young child receives the care, support, and timely interventions they need, they will be on the best possible path to success. However, if services are unavailable, delayed, or unaffordable, that can cause profound, life-long challenges, undermining academic achievement and earnings into adulthood, while raising costs for families, schools, states, and the federal government. Moreover, the supports young children need are not always intuitive and require specialized educational and support, whether in helping a mother breastfeed, supporting the building blocks for literacy or mathematics, or addressing behavioral, emotional, or developmental concerns. A professional, well-educated workforce with the capacity to step in quickly and effectively is crucial to ensure young children stay on track.

The early childhood workforce already faces significant workforce shortages. Just some examples include:

- The current child care workforce is unable to meet demand, with nearly a third (28.2%) of children unable to access to legally operated, state-recognized child care providers within a reasonable distance.[6]
- The Bureau of Labor Statistics predicts a deficit of 74,000 social workers each year over the next decade.[7]
- HHS projects a deficit of approximately 267,000 registered nurses in the next two years.[8]

Federal student loans are a vital recruitment tool for early childhood professionals, offering additional borrower protections and allowing students to access the education they need to effectively serve young children. With higher limits, students can more readily pursue more advanced degrees, including in

[6] Buffett Early Childhood Institute, Child Care Aware of America & Bipartisan Policy Center. (2025). *Child care gap: Tracking access to child care in America*. https://childcaregap.org/
[7] U.S. Bureau of Labor Statistics. (2025). *Social workers*. Occupational Outlook Handbook. U.S. Department of Labor. https://www.bls.gov/ooh/community-and-social-service/social-workers.htm
[8] HHS, Health Resources and Services Administration, National Center for Health Workforce Analysis. (n.d.). *Workforce projections*. https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections

lower paid but essential fields. Individuals pursuing degrees specifically excluded from the proposed list of "professional degrees" often take on high student debt in preparation for careers that are needed for young children but receive comparatively low compensation. For example, the average student debt for physical and occupational therapists, both of which require advanced degrees, is $103,000, with an average total debt-to-income ratio of nearly double annual earnings (197%).[9]

Faced with high educational costs, a drastically reduced ability to afford that education, and comparatively low wages in a high-need field, young people will be less likely to pursue the professional degrees and careers that serve young children. With every new generation of students, alongside the loss of older employees, this detrimental impact will only compound over time, likely further reducing access to the services young children need to thrive and raising prices for families.

IV. HIGHER EDUCATION IS CRITICAL FOR AN EFFECTIVE EARLY CHILDHOOD WORKFORCE

Below, we outline just some of the examples of higher education degrees that are so vital for early childhood professionals to provide effective, consistent, timely, and evidence-based interventions for young children. The Department's proposal to exclude such degrees from the definition of "professional degrees"—and to limit this definition 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.), Theology (M.Div., or M.H.L.), and Clinical Psychology (Psy.D. or Ph.D.) degrees and/or to doctoral degrees requiring at least six years of postsecondary education—does not reflect the specialized knowledge, expertise, professional skill, and licensure many early childhood professions require. Meanwhile, every professional discouraged from pursuing an early childhood-related degree is one less professional available to provide needed interventions when they can have the biggest impact.

Pediatric Primary Care Professionals

Pediatric primary care represents one of the most frequent and universal touchpoints for families with infants and toddlers. Regular check-ins between pediatric providers and children under three, appointments commonly known as well-child visits, are vital to establishing foundational preventive health care and tracking development.[10] Preventive care and, when needed, interventions in pediatrics, reduce long-term costs by early identification of developmental delays or other health needs, connecting families to resources, and preventing more intensive interventions later in childhood.[11]

Professionals with advanced degrees in nursing and social work, such as an MSN, MSW, or doctorates in these fields, are core to pediatric primary care. Pediatric nurses and nurse practitioners deliver preventive care, anticipatory guidance, chronic disease management, and lactation support. Social workers conduct developmental screenings, behavioral health assessments, maternal mental health

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[9] Park, S. (2025). *PT/OT debt crisis? Employer benefits can help*. Paidly. https://meetpaidly.com/blog/pt-ot-student-debt-employer-assistance#rehabilitative-therapists-are-drowning-under-student-loan-debt

[10] National Committee for Quality Assurance. (2026). *Well-child visits in the first 30 months of life (W30)*. In *State of Health Care Quality Report*. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/well-child-visits-in-the-first-30-months-of-life-w30/

[11] Shonkoff, J. P., Garner, A. S., et al. (2012). *The lifelong effects of early childhood adversity and toxic stress*. *Pediatrics, 129*(1), e 232–e 246. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7418662/

support, and care coordination. However, there are ongoing shortages across the pediatric care workforce for both physician and non-physician providers. For example, according to a 2023 Children's Hospital Association survey, 35% of respondents reported a severe or major shortage of registered nurses in pediatric settings.[12] Further exacerbating these shortages by not classifying these as "professional degrees" would result in restricted access to pediatric primary care for young children, causing delayed developmental screenings, fewer preventive interventions, and higher downstream costs to education, health, and social service systems.

Mental Health Care Practitioners

Like physical health, mental health develops rapidly in the first three years of life, laying the foundation for all future learning, relationships, and overall well-being. Infants and toddlers learn to identify, understand, express, and regulate their emotions through responsive interactions with caregivers, a supportive environment, and, when needed, with the assistance of trained professional providers. At least one in seven children experience abuse or neglect every year.[13] More than 10% of young children face mental health challenges, such as post-traumatic stress disorder or anxiety.[14] Early identification and timely interventions for mental health problems are critical to preventing more serious challenges and diagnosable conditions later in childhood and beyond.

Providing infant and early childhood mental health services requires specialized education and training in early development, attachment, and evidence-based care. Social workers with advanced degrees are key to delivering those services. Clinical licensure requires a master's degree and supervised practice, and an advanced degree is typically necessary to bill Medicaid for treatment. By excluding these advanced degrees from the proposed definition of "professional degree," the Department risks limiting access to federal student loan support for future infant and early childhood mental health clinicians. Such a policy change would constrict the pipeline of qualified infant and early childhood mental health professionals, and particularly those serving children enrolled in Medicaid, leaving too many young children without the care they need during this critical developmental window.

Early Childhood Educators

High-quality early care and education programs have the power to positively impact young children's development and learning, and influence health and education incomes well into adulthood.[15] Given the high degree of reliance infants and toddlers have on the adults in their lives, the quality of their educators can have an outsized impact on their learning and development.

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[12] Children's Hospital Association. (2025). *Pediatric workforce shortages persist in 2024*. https://www.childrenshospitals.org/content/public-policy/fact-sheet/pediatric-workforce-shortages-persist-in-2024

[13] Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of Childhood Exposure to Violence, Crime, and Abuse: Results from the National Survey of Children's Exposure to Violence. Journal of the American Medical Association Pediatrics, 169(8), 746–754.

[14] ZERO TO THREE. (n.d.). *What do mental health issues in young children look like?* https://www.zerotothree.org/resource/what-do-mental-health-issues-in-young-children-look-like/

[15] Bustamante, A. S., Dearing, E., Zachrisson, H. D. & Vandell, D. L. (2022). Adult outcomes of sustained high-quality early child care and education: Do they vary by family income? Child Development, 93(2), 502-523. https://doi.org/10.1111/cdev.13696

Providing high-quality infant-toddler education and care is difficult work: educators must mix an understanding of how babies learn with an ability to develop relationships and provide responsive care to children whose language is just emerging, all while calibrating these interactions to individual infants or toddlers, each of whom has their own temperament and timetable for development. While the complexity of this work is largely not reflected in state licensure requirements, several states do require either an advanced degree (e.g. New York) or post-baccalaureate credits (e.g. Virginia) to provide public early education services. ZERO TO THREE urges the Department to include advanced degrees in education in the classification of "professional degrees" to ensure that early childhood educators can access the higher federal student loan limit as a means of encouraging the continued professionalization and increased quality of the early education workforce.

Early Intervention Providers

Young children with or at risk of developmental delays and disabilities rely on specialized professionals for early intervention services to address physical, social, behavioral, mental, and early learning needs. Given the rapid pace of development in the first three years of life, identifying and accessing treatment for a developmental delay or disability is critical during this period to minimize long-term impact and reduce the need for later, and often costlier, services.

Approximately 7% of infants and toddlers nationwide receive early intervention services each year.[16] Yet many young children languish on long waiting lists for early intervention services, sometimes waiting months for an initial evaluation and facing additional delays in accessing services. For example, a 2021-22 survey in New York found that nearly 46% of infants and toddlers deemed eligible for services experienced a delay in receiving them, with a main contributing factor being the lack of available in-person providers.[17] Forty-eight states have identified a lack of qualified service providers as a challenge to adequately serving children with developmental delays or disabilities, contributing to lengthy waiting lists and causing young children to miss out on services at a sensitive point in development.[18]

As a multidisciplinary field, early intervention providers span the health and education sectors. In addition to professionals with MSN, MSW, MEd or related advanced degrees, as discussed in above sections, those providing early intervention services may also possess advanced occupational therapy degrees, such as a Master of Science in Occupational Therapy (MSOT) or Doctor of Physical Therapy (DPT). Occupational and physical therapists are critical to early intervention services for young children experiencing fine and gross motor delays. Advanced degrees are required for licensure in both occupational therapy and physical therapy, and both fields are already experiencing shortfalls in supply

[16] Nowicki, J. M. (2023). *Special education: Additional data could help early intervention programs reach more eligible infants and toddlers* (GAO-24-106019). U.S. Government Accountability Office. https://www.gao.gov/products/gao-24-106019

[17] The Children's Agenda. (2024). *Re-building the early intervention workforce: Early intervention workforce pipeline brief*. The Children's Agenda. https://thechildrensagenda.org/wp-content/uploads/2024/01/Early-Intervention-Workforce-Pipeline-Brief-2-23-2024.pdf

[18] Nowicki, J. M. (2023). *Special education: Additional data could help early intervention programs reach more eligible infants and toddlers* (GAO-24-106019). U.S. Government Accountability Office. https://www.gao.gov/products/gao-24-106019

to meet demand.[19] These degrees are considered entry points to licensure, support the development of an essential and necessary skill set, and should be considered "professional degrees."

By limiting the borrowing power of professionals pursuing these degrees, the Department risks weakening the pipeline for these fields. This change would ultimately result in fewer early interventionists, occupational therapists, and physical therapists, which would in turn result in longer wait times for early intervention services or the inability to access such services altogether. Even a short delay can have a significant, detrimental impact at a time of life when treatment can be most impactful.

V. CONCLUSION

Infants and toddlers make millions of lifelong neural connections every day. Any delay in quality care or treatment from skilled professionals is a day lost, and one less opportunity to make a difference in the life of a child when that intervention can have the biggest impact. Policies that make it harder for practitioners to obtain the advanced training required to serve young children risk compounding already critical workforce shortages and further limiting access to the services children and families need.

ZERO TO THREE urges the Department to revise its definition of "professional degree" to include additional advanced degrees, including MSN, DNP, MSW, DSW, M.Ed., Ed.D., Ed.S., MSOT, OTD, DPT, and other associated degrees that are necessary for the early childhood workforce. Rather than discouraging young professionals from pursuing these lower compensated, yet essential, fields, we urge the Department to instead take steps to ensure that federal student loan policies strengthen the pipeline of dedicated practitioners addressing the physical health, mental health, and learning of infants and toddlers during this critical period of development.

[19] U.S. Bureau of Labor Statistics. (2025). *Occupational therapists*. In *Occupational Outlook Handbook*. U.S. Department of Labor. https://www.bls.gov/ooh/healthcare/occupational-therapists.htm; U.S. Bureau of Labor Statistics. (2025). *Physical therapists*. In *Occupational Outlook Handbook*. U.S. Department of Labor. https://www.bls.gov/ooh/healthcare/physical-therapists.htm