



# Community Health Center, Inc.

A part of the MOSES/WEITZMAN Health System

March 2, 2026

The Honorable Nicholas Kent  
Under Secretary of Education  
U.S. Department of Education  
400 Maryland Ave. SW, 5<sup>th</sup> Floor  
Washington, DC 20202

**ATTN: (ED-2025-OPE-0944)**

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

Dear Under Secretary Kent:

Thank you for the opportunity to respond to **Reimagining and Improving Student Education (ED-2025-OPE-0944)**. My name is Margaret Flinter, and I am proud to say that I have been licensed in the state of Connecticut as a registered nurse for 51 years. For 45 of those years, I have also been licensed as an advanced practice nurse and board certified as a family nurse practitioner (NP). I launched my career in 1974 as a rural public health nurse. With the support of the National Health Service Corps Scholars program, I pursued a master's degree in nursing, became board certified as a family nurse practitioner in 1980 and joined the Community Health Center, Inc., now a statewide community health center network in Connecticut. Based on my many years of experience as a nurse practitioner and federally qualified health center (FQHC) leader, I believe the student loan limits proposed in ED-2025-OPE-0944 will lead to shortages of NPs and other advanced practice providers and thus endanger the health of FQHC patients and the nation's primary care workforce.

Established in 1972, CHCI has grown from a storefront clinic to a statewide health system serving over 108,000 patients in 2024. To sustain this growth while offering the high quality care synonymous with community health centers, I became committed not just to clinical leadership but to training the next generation of primary health care providers. My observations, as well as a plethora of data and research, show that NPs are integral to the primary care team, and any interruption to their educational pipeline could have costly consequences for primary care delivery.

You are likely aware of the current (and growing) shortage of primary care providers, even as health care demands increase. Both in the community health center setting and nationwide, these workforce shortages reduce patient access to the hallmarks of primary care, including chronic disease screening, prevention, and treatment; mental health care and substance use disorder treatment, including tobacco and alcohol use; and prevention and treatment of obesity. While NPs are central to primary care teams across the United States, they play a particularly important role within FQHCs, which cared for over 31 million people in 2024.

According to HRSA's Uniform Data System, NPs comprise 40% of the primary care provider FQHC workforce, and the number of FQHC-based advanced practice providers (primarily NPs and PAs) exceeds the number of



675 Main Street, Middletown, CT 06457 | 860.347.6971 | [www.chc1.com](http://www.chc1.com) | [Facebook/CHCInc](https://www.facebook.com/CHCInc) | [Instagram/chc1ct](https://www.instagram.com/chc1ct)

*Serving underserved and uninsured patients at Connecticut's largest network of community health centers.*

physicians. At my own FQHC, the majority of primary care providers are, in fact, **NPs and advanced practice registered nurses (APRNs)** with board specialties in family practice, pediatrics, adult/gerontology, and psychiatry. CHCI's NPs care for patients at comprehensive primary care sites, school-based clinics, homeless shelters, migrant farms, and mobile health units. They are health care professionals in every sense of the word, as evidenced by their education and their ability to meet extensive credentialing requirements. APRNs/NPs are held fully accountable to professional standards of clinical practice and behavior, as with any profession.

To obtain the educational credentials enabling them to serve as bulwarks of the FQHC (and non-FQHC) health system, these APRNs/NPs need access to tools like student loans. RNs seeking to progress to the level of APRNs have already incurred substantive student loans to achieve their BSN degree/RN licensure. All APRNs/NPs **are required to hold, at minimum, a master's degree** (though many also pursue a Doctor of Nursing Practice degree) from an accredited college or university, pass board certification exams, and meet state licensing requirements. While costs vary, the proposed \$100,000 lifetime student loan cap for degrees not categorized as "professional" is insufficient for many to cover the education and training required to be licensed as an APRN and board certified as a nurse practitioner. Especially amidst a primary care provider shortage, **any action that disrupts the pipeline of education and training for APRNs is a severe blow to the primary care workforce of the United States.**

Initial Department of Education response to concerns about loan caps emphasized that limits would have no bearing on the nationwide nursing shortage, as 80% of the nursing workforce does not have a graduate degree.<sup>1</sup> While this may be true for most (but far from all) RNs, **100% of APRNs and NPs, including those serving as primary care providers in FQHCs, hold a minimum of a master's degree, as required for licensure, certification, and practice.**

I recognize that the proposed change was not intended to cripple the APRN pipeline, yet **I remain concerned about the unintended consequence of the change.** I acknowledge and appreciate the Administration's efforts to maintain the Teaching Health Center program as well as the National Health Service Corps that was so important to me personally almost 50 years ago. I also appreciate the investment made in Title VIII Nursing Workforce Development programs, including the Nurse Corps loan and scholarship program and the ANE-NPR program that supports postgraduate residency and fellowship training for NPs who practice in some of our most challenging and underserved communities.

I hope I have repaid the investment that this country made in educating and training me as a nurse and family nurse practitioner. I try to pay it forward every day, leading our community health center to protect and improve the health of the patients, families, and communities we serve and advance overall population health. I am excited about the Administration's focus on nutrition and healthy lifestyles, preventing and treating obesity, managing chronic diseases like hypertension and diabetes, and improving the overall physical and mental health of our country's children. To bolster these gains, I ask you not to remove nursing from the "professional" category. To do so would subject nurses to a \$100,000 graduate student loan cap (as opposed to the "professionals" cap of \$200,000) and limit the ability of many to obtain graduate degrees in nursing. **Registered nurses seeking to continue their education as APRNs require this graduate degree** for licensure, certification,

---

<sup>1</sup> U.S. Department of Education. (2025.) *Myth vs. Fact.* <https://www.ed.gov/about/news/press-release/myth-vs-fact-definition-of-professional-degrees>

The Honorable Nicholas Kent

Page 3 of 3

March 2, 2026

and the opportunity to provide both primary and specialty care to our patients and communities. In light of the contributions NPs and other advanced practice providers make to community health and primary care in the United States, I urge you to reconsider this proposed action. Thank you for your consideration, and please do not hesitate to contact me for any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Margaret Flinter". The signature is fluid and cursive, with the first name "Margaret" written in a larger, more prominent script than the last name "Flinter".

Margaret Flinter, PhD, APRN, c-FNP

Senior VP and Clinical Director

Community Health Center, Inc. and Moses-Weitzman Health System

635 Main Street

Middletown, CT 06457

margaret@chc1.com