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MANA Supports National Nursing Lawsuit; Warns Federal Student Loan Rule Will Devastate Michigan's Anesthesia Workforce

Department of Education's exclusion of advanced nursing degrees from 'professional' status threatens Michigan's five CRNA training programs and the communities they serve

MICHIGAN — The Michigan Association of Nurse Anesthetists (MANA) voices strong support for a national lawsuit filed by the American Association of Nurse Anesthesiology (AANA), the American Nurses Association, and nine other nursing organizations challenging the U.S. Department of Education's decision to exclude advanced nursing degrees from the definition of "professional degree" programs under the federal student loan borrowing rule taking effect July 1, 2026.

The rule creates a two-tier system in which students pursuing law, medicine, dentistry, and other fields can borrow up to \$50,000 per year and \$200,000 in aggregate under higher "professional" loan limits. Students pursuing doctoral-level nurse anesthesia programs, however, are classified as standard graduate students, limiting their borrowing to \$20,500 annually and \$100,000 over a lifetime. The gap leaves prospective CRNAs with few options to cover program costs beyond private loans or out-of-pocket payment.

For MANA, the stakes are concrete and high. Michigan is home to five accredited nurse anesthesia programs — at Michigan State University, Oakland University, the University of Detroit Mercy, the University of Michigan-Flint, and Wayne State University — that together train more than 420 students and graduate more than 125 CRNAs annually. Approximately 97 percent of those graduates remain in Michigan to practice, making these programs the primary source of anesthesia providers for rural hospitals, critical access facilities, and underserved communities statewide.

“This rule sends a dangerous message: that nurse anesthesia, a doctoral-level profession requiring years of critical care experience before a single day of graduate training, is somehow less deserving of federal investment than other healthcare fields, said Gena Welch, DrAP, CRNA, President, Michigan Association of Nurse Anesthetists, and Director, University of Michigan-Flint Nurse Anesthesia Program. “That is wrong on the merits, and the result for Michigan patients will be higher costs and lower access to anesthesia care in their communities.”

Welch brings a perspective that is both clinical and institutional. As president of MANA and director of one of Michigan's five nurse anesthesia programs, she sees the pipeline pressure from both ends: the students weighing whether they can afford a doctoral program under the new limits, and the rural hospitals that depend on a steady supply of Michigan-trained CRNAs to keep their operating rooms open.

The timing compounds the concern. Michigan's CRNA programs have spent the past decade expanding enrollment to close the state's anesthesia workforce gap. The programs are graduating more providers than at any prior point, and nearly all graduates remain in Michigan. A rule that makes doctoral nursing education significantly harder to finance threatens to reverse that progress precisely when Michigan's rural communities can least afford it.

The Department's rule adds four requirements not found in the underlying statute, that a "professional" degree be generally at the doctoral level, require at least six years of postsecondary coursework, require licensure to begin practice, and share a classification code with the 11 enumerated fields. Nurse anesthesia programs meet several of these criteria but are nonetheless excluded. MANA argues that exclusion is legally indefensible and practically harmful.

"I run a program that takes registered nurses with years of ICU experience and trains them to be the sole anesthesia provider at hospitals across Michigan," said Welch. "That is a professional degree by any reasonable definition. The Department of Education's refusal to recognize it as such is not just arbitrary, it puts patient access to care at risk in every rural county in this state."

The five nurse anesthesia programs collectively represent the backbone of Michigan's anesthesia workforce pipeline, and their directors have emphasized that any reduction in the pool of qualified applicants willing and able to finance doctoral nursing education will be felt in emergency rooms, delivery suites, and operating rooms across the state, particularly in communities without alternative providers.

MANA is calling on Michigan's congressional delegation to support legislative action to correct the exclusion, and on Michigan legislators to use the issue as a lens through which to understand the full stakes of workforce investment decisions.

The Michigan Association of Nurse Anesthetists (MANA) represents more than 2,700 Certified Registered Nurse Anesthetists dedicated to advancing safe, efficient, and patient-centered anesthesia care for communities across Michigan. Michigan is a full practice authority state for CRNAs, who serve as the primary anesthesia providers in many rural and critical access facilities throughout the state.

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