



Boston University School of Social Work
Center for Innovation in Social Work & Health

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The Honorable Chris McCaghren
Acting Assistant Secretary for Postsecondary Education
Deputy Assistant Secretary for Higher Education Programs
Office of Postsecondary Education
U.S. Department of Education
400 Maryland Avenue SW
Washington, DC 20202-1100

RE: Department of Education — Reimagining and Improving Student Education
Docket ID ED-2025-OPE-0944

March 2, 2026

Dear Assistant Secretary McCaghren,

On behalf of the Center for Innovation in Social Work & Health at Boston University School of Social Work, I respectfully submit these comments in response to the Department of Education's (ED) Notice of Proposed Rulemaking for Reimagining and Improving Student Education (Docket ID ED-2025-OPE-0944).

I am a social worker with 25 years of experience in nonprofit, philanthropic, and governmental agencies, as well as four years as a member of the Massachusetts House of Representatives. I bring substantive expertise in program administration, operations management, research, and policymaking to my analysis of the proposed regulations.

My comments advance one central argument: excluding the Master of Social Work (MSW) from recognition as a "professional" degree is a significant and consequential error that departs from the intent of the policies enacted in the One Big Beautiful Bill (OBBB). This oversight, if left uncorrected, will have a discriminatory effect on social work students and ultimately disrupt the mental health workforce and harm the public in ways that were not intended by Congress.

As required by federal law, the ED has proposed these regulations to bring federal education policy in alignment with the OBBB. As requested by the department in the NPRM, these comments respond to specific operative definitions proposed in Docket ID ED-2025-OPE-0944 and are organized accordingly.

I. Proposed Changes to the Direct Student Loan Program and Definition of Professional Degree

The Student Loan Reform Act (SLRA) of 1993 established the William D. Ford Federal Direct Loan Program within the Higher Education Act (HEA; P.L. 89-329, as amended). The goal of the SLRA was to simplify the federal student loan process, reduce borrowing costs for taxpayers and students, protect borrowers from predatory lending, and expand access to

higher education by ensuring a reliable, government-backed source of loan funding that was not dependent on private lenders. The proposed borrowing caps on students and families, as well as other loan restrictions, will make it more difficult for students to access higher education, a departure from the SLRA's intent. Additionally, the proposed definitions of a "professional" degree will have the undesirable effect of discriminating against social work students who will no longer be able to access federal student loan programs while privileging students in other health professions (i.e., medicine and psychology) who will be able to borrow at higher loan limits. These changes will force MSW students into the predatory lending market and won't be able to benefit from the protections that other professional students will continue to experience.

ED's Proposed Definition of "Professional" Degree

The ED added criteria to the operative definition of "professional" degree laid out in the OBBB. The complete definition of professional student or degree is proposed as:

1. A student must be enrolled in a program of study that awards a professional degree, which is conferred upon completion of the program.
2. The degree must signify completion of the academic requirements for beginning practice in a given profession.
3. The degree must confer a level of professional skill beyond that which is normally required for a bachelor's degree.
4. Professional licensure, governed and granted by states, is generally required for independent practice.
5. The degree is generally at the doctoral level.
6. Independent practice requires at least six academic years of postsecondary education, including two years of post-baccalaureate level coursework.
7. The profession must have a four-digit Classification of Instructional Program (CIP) code designated in the same intermediate group as other recognized professional fields.

In its proposed policies, the ED determined that social work is not a professional degree because it fails to meet criteria 2, 3, and 6. This determination misrepresents the realities of social work education and licensure and misapplies the Advanced Standing framework. See below and Table 1 in Attachment 1 for detailed comparisons of social work to the professional degrees included in the NPRM.

In all 50 states, DC, and territories, independent clinical social work practice requires completion of an accredited MSW program, 2-4 years of post-graduate supervised clinical training, over 3,000 supervised clinical hours, and passage of a state licensing exam.^{1,2,3} No state permits a bachelor's-level social worker to independently diagnose or treat mental health conditions, deliver psychotherapy, or bill Medicaid or Medicare for clinical services under an

¹ Association of Social Work Boards. (2025). *Becoming a licensed social worker*. <https://www.aswb.org/students/>

² Association of Social Work Boards. (2024). *Clinical social work supervision: Comparison of requirements*. <https://www.aswb.org/wp-content/uploads/2024/06/Clinical-social-work-supervision-comparison-of-supervision-license-requirements.pdf>

³ Council on Social Work Education. (2026). *Social work at a glance*. <https://www.cswe.org/students/prepare-for-your-education/social-work-at-a-glance/>

independent license.^{4,5,6} A LBSW is limited to specific roles, such as case manager and patient navigator. The ED's justification that "a person may obtain work as a social worker after earning a bachelor's degree" (page 4266) conflates entry-level employment with entry into independent professional social work practice. This is a distinction the ED does not make for any other profession in its definition.

The MSW is directly comparable to — and the functional equivalent of — the professional degrees ED does recognize, including the MD, DO, PsyD, DDS, and JD. Like these degrees, the MSW is the minimum graduate-level credential that signifies completion of the academic requirements necessary to begin post-graduate supervised training and pursue independent licensure. The 349 CSWE-accredited MSW programs require students to complete a minimum of 60 credits of classroom instruction and 900–1,200 practicum hours.⁷ Unlike the JD, which permits graduates to sit for the bar exam immediately upon completion of coursework, the MSW requires extensive supervised field education *before* graduation and additional supervised clinical hours *after* graduation.⁸ See Attachment 2, Table 2. for a comparison of required supervised training for MSW and other professional degrees. Treating the BSW as equivalent to practice readiness is inconsistent with how every other licensed health and professional field in the United States is regulated, and it is a standard ED applies to no other profession in its definition.

The ED further argues that Advanced Standing status allows students with a BSW to complete the MSW in as little as five years of total education, and therefore social work fails to meet the definition of six years of study. This argument fails on several grounds.

First, Advanced Standing is not a widely accessible pathway. Only 542 of the 2,691 four-year Title IV institutions in the United States (just 20%) offer an accredited BSW program, which is the prerequisite for Advanced Standing eligibility.^{9,10} The overwhelming majority of students who pursue an MSW do so without the option of Advanced Standing, making it an exception rather than the rule.

Second, Advanced Standing is optional, not required, and its existence does not redefine the standard credential for the profession. Accelerated or combined pathways exist in medicine, law, and pharmacy without redefining the standard professional credential for those fields. The existence of a combined BA/MD program does not make the MD any less a professional

⁴ Association of Social Work Boards. (2025). *Becoming a licensed social worker*. <https://www.aswb.org/students/>

⁵ Association of Social Work Boards. (2024). *Clinical social work supervision: Comparison of requirements*. <https://www.aswb.org/wp-content/uploads/2024/06/Clinical-social-work-supervision-comparison-of-supervision-license-requirements.pdf>.

⁶ Council on Social Work Education. (2026). *Social work at a glance*. <https://www.cswe.org/students/prepare-for-your-education/social-work-at-a-glance/>

⁷ Association of Social Work Boards. (2025). *Becoming a licensed social worker*. <https://www.aswb.org/students/>

⁸ American Bar Association, Section of Legal Education and Admissions to the Bar. (2025). *Legal education frequently asked questions*. https://www.americanbar.org/groups/legal_education/accreditation/faqs/

⁹ Council on Social Work Education. (2026). *Directory of accredited programs*. <https://cswe.org/accreditation/about/directory/>

¹⁰ National Center for Education Statistics. (2024). *IPEDS Provisional Data Release, 2023–24*. U.S. Department of Education, Institute of Education Sciences. https://nces.ed.gov/whatsnew/press_releases/8_21_2024.asp.

degree, and the existence of Advanced Standing MSW programs should not make the MSW any less either.

Third, the ED's five-year calculation assumes students make deliberate, career-specific decisions at the outset of their undergraduate education. In practice, most college students do not declare a major or commit to a career path until their sophomore or junior year of their undergraduate program, making intentional enrollment in a BSW program for the purpose of Advanced Standing eligibility an unrealistic expectation for the typical student.¹¹ Nearly two-thirds of new MSW graduates (66%) held bachelor's degrees in fields other than social work, confirming that most MSW students do not follow the BSW-to-MSW pipeline at all.¹²

For all these reasons, Advanced Standing should not be used to characterize the MSW as something less than a full graduate-level professional degree.

The NCES “First-Professional Degree” Classification Should Not Preclude Recognition

The ED's exclusion of social work from “professional” degree status relies, in part, on an outdated National Center for Education Statistics (NCES) statistical classification. Historically, NCES defined a categorical subset of degrees as “first-professional degrees” that included law, medicine, dentistry, among others. Social work and psychology were not included in this classification, but neither profession sought inclusion, as the designation carried no licensure, funding, or regulatory implications at the time. As the NPRM acknowledges, NCES eliminated the “first-professional degree” category in 2010-11.^{13,14}

The ED justifies its continued reliance on this discontinued use classification on the grounds that it “had been remarkably consistent over time” and that its “comparative lack of legal consequences when the regulation was promulgated serves as some indicia of evidence that the interpretation represents a balanced and fair reading of what a professional degree is” (page 4263). This justification is flawed.

First, even if we accept the old NCES classification on its own terms, it does not support the ED's conclusion. Neither theology nor psychology appeared in the original NCES “first-professional degree” list, yet ED has included both in its definition of professional degree without objection. If the absence of a degree from the original NCES category does not preclude theology or psychology from recognition, it cannot logically preclude social work either. An agency may not selectively rely on an obsolete classification to exclude one profession while disregarding that same classification when it would exclude others. Such

¹¹ U.S. Department of Education, National Center for Education Statistics. (2017). *Data point: Beginning college students who change their majors within 3 years of enrollment*. <https://nces.ed.gov/pubs2018/2018434.pdf>

¹² Council on Social Work Education. (2025). *Annual survey of social work programs*. <https://www.cswe.org/getmedia/4987f514-0b71-48b9-9951-890a4060de29/2023-2024-Annual-Survey-of-Social-Work-Programs.pdf>

¹³ National Center for Education Statistics. (2011). *IPEDS glossary*. U.S. Department of Education. <https://nces.ed.gov/ipeds/glossary>

¹⁴ National Center for Education Statistics. (2009). *Digest of Education Statistics 2008*. U.S. Department of Education.

internal inconsistency is a hallmark of arbitrary and capricious rulemaking. The ED applies the NCES classification selectively and without a principled basis for doing so.¹⁵

Second, social work's absence from the list was a product of timing, not merit. Social work standardized its graduation licensure requirements during the same period the NCES was being established.¹⁶ There was no regulatory reason at the time for social work to seek inclusion in a purely statistical designation. To reach back to a discontinued, mid-20th century classification and repurpose it as a basis for federal loan policy is not a "balanced and fair reading" of what a professional degree is. It is embedding temporal bias into law and penalizes a profession for not being on a statistical list that has no function in licensing or determining what is required of clinical social work practitioners.

II. Impact of Student Loan Restrictions on Social Work Students

Under the OBBB and the ED's proposed definition for "professional" degree, MSW students will face annual borrowing limits of \$20,500. According to analyses conducted by the Center for Innovation in Social Work & Health, the average annual tuition for an MSW is \$19,000-\$23,300. Graduate students, whether in medicine, law, psychology, social work, or some other program, typically take out loans beyond what is needed for tuition to cover living expenses, such as food, housing, and transportation. The additional average annual cost for living expenses for graduate students is approximately \$41,266, based on national cost of living estimates. This means that many MSW students will need to find another way to cover the total cost of graduate school attendance.

Based on CSWE program cost data and federal graduate borrowing patterns, it is conservatively estimated that approximately one-third of MSW students would be directly affected by the proposed borrowing caps.^{17,18} The consequences will not be distributed equally. New social workers are predominately women, comprising 90% of new MSW graduates, and more than 22% are Black and 14% are Latino.^{19,20} Many are also first-generation college graduates. The proposed borrowing caps will make it more difficult for students from these demographic backgrounds to access graduate education.^{21,22}

¹⁵ Ibid.

¹⁶ Council on Social Work Education. (2008). *Educational policy and accreditation standards*. <https://www.cswe.org/about-cswe/cswe-a-brief-history/early-accreditation/>

¹⁷ National Center for Education Statistics. (2023). *Trends in Graduate Student Financing*. U.S. Department of Education.

¹⁸ Council on Social Work Education. (2025). *Annual survey of social work programs*. <https://www.cswe.org/getmedia/4987f514-0b71-48b9-9951-890a4060de29/2023-2024-Annual-Survey-of-Social-Work-Programs.pdf>

¹⁹ Ibid.

²⁰ U.S. Bureau of Labor Statistics. (2023). *Labor force statistics from the Current Population Survey: Social Workers*. <https://www.bls.gov/cps/cpsaat11.htm>

²¹ National Center for Education Statistics. (2020). *First-Generation Students: College Access, Persistence, and Postbachelor's Outcomes*. U.S. Department of Education.

²² NASPA. (2021). *First-generation graduate and professional students: Financial barriers and persistence*.

The restrictions force new constraints and a difficult set of choices onto students: delay enrolling in an MSW program while saving money; enroll part-time while working full-time, extending the time it takes to graduate and secure licensure; turn to high-cost private loans to fill the gap left by federal loan limits; or forgo MSW study altogether and choose a different career path. Each of these outcomes will reduce the number of licensed social workers entering the workforce each year. The cumulative effects of these consequences will be felt year after year as fewer licensed providers are available to serve communities.

III. Impact of MSW Access on the Social Work Workforce, Mental Healthcare, and the U.S. Economy

Social work is one of the largest health and human services professions in the U.S. With more than 338,348 licensed social workers practicing nationwide, social work is the backbone of the mental health treatment system providing clinical care to millions of adults, adolescents, and children throughout the country.²³ The Bureau of Labor Statistics projects the profession will grow 6% and faster than average over the next decade, driven by increasing demand for mental health services, elderly care, and treatment for substance use disorder.²⁴ However, this projected growth still falls short of the current and anticipated need for behavioral and mental health treatment. The Substance Abuse and Mental Health Services Administration projects a shortfall of up to 31,000 mental health providers -- a gap that licensed clinical social workers are prepared to fill.²⁵

The proposed regulatory changes will accelerate rather than close this gap. Restricting access to MSW financing will reduce the annual number of new licensed social workers, increase caseloads for existing providers, drive burnout and turnover, and degrade working conditions in ways that further deter entry into the profession. This feedback loop – fewer graduates, higher caseloads, greater burnout, further deterrence from the field – is well-recognized by providers in behavioral healthcare settings and will be triggered, not prevented, by these regulations. The consequences will fall hardest on the more than 61.5 million adults and 7.7 youth with mental illness who already lack full access to appropriate care.²⁶

The economic consequences could also be significant. Social workers contribute substantially to the U.S. economy through direct employment, and money spent in the local, regional, and national economy. The Social Work Workforce Study found that median earnings for Masters-level social workers were approximately \$67,000, \$72,000 for Advanced Generalist

²³ NASW & Social Work Census Project (2025), *Social Work Workforce Study Series: Report 2*.
<https://swcensus.org/wp-content/uploads/2025/07/Social-Work-Workforce-Study-Series-Report-2.pdf>

²⁴ U.S. Bureau of Labor Statistics. (2024). *Social workers*. Occupational Outlook Handbook.
<https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>

²⁵ Lehr, B. (2023, March 16). *How SAMHSA is tackling the mental health workforce shortage*. MedCity News.
<https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>

²⁶ National Alliance on Mental Illness. (n.d.). *Mental health by the numbers*.

social workers, and \$77,000 for Clinical social workers in 2024.²⁷ Median earnings among full-time Clinical social workers working year-round were more than \$82,000 in 2024.²⁸ Data analyzed by CISWH found that the social work profession collectively spends \$84.8 billion in the U.S. economy and supports 250,000 jobs in healthcare, education, community services, and the retail sector. Policies, such as the one being proposed, will make it more difficult for social workers to complete an MSW and obtain clinical licensure and will reduce the economic contributions of the social work workforce.

Demand for licensed social workers is rising not only because of population growth, but because of structural shifts in health and social service delivery. Expansion of Medicaid behavioral health benefits, enforcement of mental health parity laws, growth in school-based mental health services, and the integration of behavioral health into primary care have all increased reliance on licensed clinical social workers as front-line providers. Constraining the MSW pipeline at this moment will exacerbate—not mitigate—existing shortages.

IV. The Cost-Benefit for Including the MSW as Professional Degree

It is difficult to justify excluding social work from “professional” degree status given the profession’s documented impact across health, education, and other sectors. In healthcare, research shows that integrating social workers into care teams reduces emergency room visits and reduces hospital readmission rates.²⁹ The Department of Veterans Affairs employs thousands of social workers to connect veterans to mental health care and housing, helping more than 134,000 homeless veterans transition into permanent homes in just the past few years.³⁰ Evidence-based programs, often led by social workers reduce youth rearrest rates and decreased the need for out-of-home placements in foster care or institutions.³¹ And, preliminary data from CISWH found that high schools with social workers had significantly higher graduation rates, even after adjusting for differences in socioeconomic status, race, and other demographic factors. These cross-sector examples highlight how social workers strengthen systems and improve individual and community outcomes.

According to our analysis, classifying the MSW as a professional degree would cost approximately \$988 million over 10 years. This is not a significantly high cost, considering how social work compares to loan costs of other professions, social work’s impact in reducing costs in other sectors such as healthcare, incarceration, and education, and social work’s economic productivity (\$84.8 billion per year).

Often it is assumed that the MSW produces a negative RoI. But using average tuition cost and average social work salaries, we found that the MSW pays for itself within approximately six

²⁷ NASW & Social Work Census Project (2025), *Social Work Workforce Study Series: Report 2*.
<https://swcensus.org/wp-content/uploads/2025/07/Social-Work-Workforce-Study-Series-Report-2.pdf>

²⁸ Ibid.

²⁹ Rush University Medical Center. (n.d.). *What you don’t know about social workers in health care*.

³⁰ U.S. Department of Veterans Affairs. (2023). *Compassion in action: VA social workers*. VA News.

³¹ The Sentencing Project. (2021). *Effective alternatives to youth incarceration*.

<https://www.sentencingproject.org/reports/effective-alternatives-to-youth-incarceration/>

years. This is comparable to psychology and chiropractic medicine and a much faster return than in theology. See Attachment 3, Table 3.

The cost of not classifying the MSW must also be counted. Every licensed clinical social worker who does not enter the workforce because of financing barriers represents a compounding public cost: unmet mental health need absorbed by emergency departments, criminal justice systems, and child welfare agencies, each of which is vastly more expensive than preventive and community-based clinical social work. The return on investment in MSW education is not speculative; it is documented in the form of reduced hospitalizations, lower rates of incarceration for individuals with untreated mental illness, and decreased foster care placements when family-based services are available.

Moreover, the \$988 million estimate reflects the cost of equitable access to financing, not a subsidy to the institutions or to the individuals who will repay their loans. MSW graduates repay their loans at rates consistent with other graduate degree programs despite earning modest starting salaries, in large part because of their commitment to public service and access to PSLF. Restricting their access to professional degree borrowing limits does not reduce government exposure; it shifts that exposure to defaults, income-driven repayment subsidies, and the long-term costs of an understaffed mental health system.

The social work profession also reflects structural wage suppression that the federal government should not deepen through loan policy. Research consistently demonstrates that occupations dominated by women and people of color are systematically undercompensated relative to their educational requirements, licensure demands, and societal contribution. This is a phenomenon known as compensating differential, rooted in the historical devaluation of care work.²⁰⁻²¹ The MSW requires the same or greater investment of time, education, supervised training, and licensure as several professions ED does recognize, yet social workers are paid less because of the populations they serve and the demographics of those who serve them. Embedding this disparity into federal loan policy through classification decisions is not neutral. Rather, it is a policy choice that will perpetuate structural inequity under the cover of budget neutrality.

V. Public Service Loan Forgiveness and the Repayment Transition

The proposed automatic enrollment of borrowers in the Tiered Standard Repayment Plan (RAP) has direct implications for MSW graduates, the large majority of whom work in PSLF-qualifying settings including government agencies, community mental health centers, hospitals, schools, and nonprofit organizations. Because the standard repayment plan does not qualify for PSLF, it is essential that every borrower who intends to pursue public service loan forgiveness understand that enrollment in RAP is required to earn PSLF credit. Because many MSW graduates work in qualifying employment immediately upon graduation, errors in repayment plan enrollment during the first years of repayment are especially costly.

ED must ensure that borrowers receive clear, proactive, and repeated communication about this distinction. It ought not be buried in fine print, but delivered through twice-annual

reminders from loan servicers and through mandatory exit counseling at institutions. Social work programs, in particular, should be required to inform graduating students of the PSLF eligibility requirements and the RAP enrollment requirement as part of exit counseling, given the high proportion of MSW graduates who will enter PSLF-qualifying employment. A borrower who unknowingly enrolls in the standard plan and spends years in public service without earning PSLF credit will suffer financial harm that cannot be undone retroactively.

VI. Conclusion: Why the MSW Must Be Recognized as a Professional Degree

The exclusion of the Master of Social Work from ED's definition of "professional" degree is not a minor technical oversight. It is an arbitrary, inconsistent, and consequential policy decision that contradicts the statutory criteria ED itself has articulated, misrepresents the licensure requirements governing social work in all 50 states, and will cause demonstrable harm to students, the workforce, and the millions of Americans who depend on licensed social workers for their mental health care.

The MSW meets every substantive criterion for a professional degree. It requires graduate-level education. It is the minimum credential for independent practice in every state. It requires post-graduate supervised clinical training and passage of a licensing exam. Its graduates provide services that are billed to Medicaid and Medicare and delivered under state licensure. No amount of reliance on an outdated statistical classification, an optional accelerated pathway, or the existence of bachelor's-level employment in adjacent roles can change these facts.

Congress enacted the One Big Beautiful Bill to reform student lending. It did not enact it to exclude an entire licensed health profession from the financing frameworks available to comparable professions, or to accelerate a behavioral health workforce crisis that already threatens millions of vulnerable Americans. We urge the Department to correct this error, recognize the MSW and DSW as professional degrees under the OBBB, and ensure that the regulations it promulgates reflect the realities of clinical practice, professional licensure, and the public interest.

Respectfully submitted,



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Attachment 1

Table 1. Comparison of ED’s Definition of “Professional” Student to Clinical Social Work Practice Requirements.

Professional Degree Criteria (pages 4261-62)	Clinical Social Work Requirements	Compare to Other Professional Degrees
A student enrolled in a program of study that awards a professional degree which is conferred to the student upon completion of the program.	There are 349 Master of Social Work (MSW) programs in the U.S. and territories accredited by the Council on Social Work Education. MSW students must complete at least 60 credits of class instruction and 900-1200 practicum placement hours for degree completion.	Social work is comparable to the professional degrees included in ED’s definition.
The degree must signify completion of the academic requirements for beginning practice in a given profession.	<p>In all 50 states and territories, social workers are only legally authorized to practice clinical social work independently if they:</p> <ol style="list-style-type: none"> (1) complete an accredited MSW program (2) pass a state-issued licensing exam. No state or territory allows a Bachelor’s-level social worker to: <ul style="list-style-type: none"> • Open and operate a private practice or work as an independent clinician in a group practice. • Independently conduct biopsychosocial assessments or diagnose mental health and behavioral health disorders. • Independently treat mental health and behavioral health disorders, including depression, anxiety, PTSD, substance use disorder, or serious mental illness using the DSM criteria and evidence-based treatment modalities, such as CBT, DBT, EMDR, etc. 	<p>Social work is comparable to medical and osteopathic medical degrees in that the MSW is the degree signifying completion of academic requirements for beginning independent clinical practice. Just as with a profession practicing medicine must complete the MD or OD, a clinical social worker must complete the MSW. In social work and medicine, additional training hours are also required to sit for the licensing exam.</p> <p>While “a person may obtain work as a social worker after earning a bachelor’s degree” (page 4266), the ED overlooks that an employee with only a BSW is prohibited from providing social work services that require an MSW and advanced licensing. No one would argue that a pre-med undergraduate degree constitutes readiness for independent clinical practice,</p>

	<ul style="list-style-type: none"> • Independently deliver psychotherapy and counseling to individuals, groups, or families. • Bill Medicaid, Medicare, or private insurers for delivery of treatment. • Provide expert testimony in a court proceeding or complete court-ordered evaluations. • Supervise other BSWs or MSWs. 	<p>just as we shouldn't argue that a BSW constitutes readiness for independent clinical social work practice.</p>
<p>A professional degree must confer a level of professional skill beyond that which is normally required for a bachelor's degree.</p>	<p>To become a fully licensed clinical social worker one must complete:</p> <ul style="list-style-type: none"> • An MSW from an accredited program • 2-4 years of post-graduate supervised clinical training • 3,000+ of supervised clinical hours • Pass a clinical licensing exam • Comply with ongoing continuing education credits required by their licensing state. 	<p>While the ED states in its decision to exclude social work from "professional" degree that "a person may obtain work as a social worker after earning a bachelor's degree" (page 4266), the department overlooks that a BSW is prohibited from providing social work services that require an MSW and advanced licensing.</p>
<p>Professional licensure, governed and granted by states, is also generally required for independent practice.</p>	<p>To sit for the clinical licensing exam in any state, (i.e., to become a fully licensed clinical social worker) one must complete:</p> <ul style="list-style-type: none"> • An MSW from an accredited program • 2-4 years of post-graduate supervised clinical training • 3,000+ of supervised clinical hours • Pass a clinical licensing exam • Comply with ongoing continuing education credits required by their licensing state. 	<p>Social work requires licensure for independent practice and is therefore comparable to the professions included in ED's definition. Notably, MDiv and MHL do not require professional licensure. Of the professional degrees listed, MSW graduates complete 900-1,200 hours of training during the degree program, comparable to students enrolled in PsyD and PhD (1,000-1,500). Law students do not have any training requirements (either during or post-graduation) before pursuing licensure.</p>

<p>The degree is generally at the doctoral level.</p>	<p>The MSW degree is required for independent, professional practice is at the graduate level.</p>	<p>As is the case with theology, the graduate degree is sufficient for independent practice.</p>
<p>Independent practice requires at least six academic years of postsecondary education, including two years of post-baccalaureate level coursework.</p>	<p>A BSW is required for students with Advanced Standing status. However, most students who obtain an MSW do not have a BSW and BSWs are offered at only 20% of universities/colleges. The Advancing Standing status is an optional, but a very limited one.</p>	<p>Accelerated or combined pathways exist in medicine, law, and pharmacy without redefining the standard professional credential for those fields. The existence of a combined BA/MD program does not make the MD any less a professional degree, and the existence of Advanced Standing MSW programs should not make the MSW any less either.</p>

Attachment 2

Table 2. Required Supervised Training During and Upon Completion of Professional Degree.*

Degree	Field Training During Degree Program (# Hours)	Type of Field Training	Post-Degree Supervised Training Required for Licensure (# Hours)
MSW	900-1,200 hours	Practicum/Field Education	3,000-4,000 hours
PsyD	1,000-1,500 hours	Practicum + Predoctoral Internship	1,500-2,000 hours (state-dependent)
MD/DO	6,000-7,000	Clinical Clerkship	9,000-15,000 hours (residency)
DC	1,000-3,000	Clinical Internship	0 - varies by state
DMD/DDS	2,000-3,000	Clinical Training	0
DVM	2,000-2,500	Clinical Rotation	0
JD	0	Clinics/Externships	0
MDiv/MHL	400-900 hours	Field Education/Supervised Ministry	No licensure required

Attachment 3

Table 3. Simple RoI for Professional Degrees and MSW.

Degree	Length to Complete Degree (Full-Time Attendance)	Average Tuition Per Year	Total Cost*	Average Salary	Incremental Earnings**	Simple RoI (Years)
MDiv	3 years	\$27,500	\$147,500	\$52,500	\$12,500	11.8
MHL	2-3 years	\$27,500	\$127,500	\$52,500	\$12,500	10.2
MSW	2 years	\$60,000	\$140,000	\$65,000	\$25,000	5.6
MD	4 years	\$220,000	\$380,000	\$186,500	\$146,500	2.6
DO	4 years	\$220,000	\$420,000	\$240,000	\$200,000	2.1
DDS/DMD	4 years	\$250,000	\$430,000	\$190,000	\$150,000	2.9
DVM	4 years	\$200,000	\$360,000	\$115,000	\$75,000	4.8
DC/DCM	3-4 years	\$110,000	\$250,000	\$85,000	\$45,000	5.6
JD	3 years	\$187,500	\$270,000	\$135,000	\$95,000	2.8
OD	4 years	\$180,000	\$340,000	\$135,000	\$95,000	3.6
DPM/DP/PodD	4 years	\$210,000	\$370,000	\$175,000	\$135,000	2.7
PsyD/PhD	4-6 years	\$160,000	\$360,000	\$102,500	\$62,500	5.8

* **Total Cost** includes opportunity costs (lost wages while completing graduate degree).

** **Incremental Earnings** is calculated by subtracting \$40,000 from Average Salary. \$40,000 is the baseline salary with a bachelor's degree, without a graduate degree.