

Linda McMahon
Secretary of Education
U.S. Department of Education
400 Maryland Ave SW
Washington, DC 20202

February 13, 2026

Submitted electronically on behalf of the Association of Schools and Programs of Public Health

**Re: Public Comment on Notice of Proposed Rulemaking,
Reimagining and Improving Student Education [Docket ID: ED-2025-
OPE-0944]**

Dear Secretary McMahon and Under Secretary Kent,

The Association of Schools and Programs of Public Health (ASPPH) appreciates the opportunity to provide comments in response to the Department of Education's proposed rulemaking regarding the definition of "professional degree programs" under the One Big Beautiful Bill Act (OBBBA). ASPPH represents 155 accredited schools and programs of public health across the United States and globally. Our members educate the public health workforce that protects communities every day by preventing disease, strengthening preparedness, responding to emergencies, and advancing healthier lives for all.

Behind every statistic about disease prevention or emergency response is a trained professional who chose a career in service. Public health students and graduates are the epidemiologists who track outbreaks, the health educators who build trust in communities, the environmental health specialists who keep water systems safe, and the leaders who coordinate responses when crises strike. They pursue this work not for recognition or high compensation, but because they are committed to protecting the health of their communities.

If the nation is to achieve its goal of making America healthier, it must ensure a sufficient, well-trained, and practice-ready public health workforce. These are the professionals who carry forward that mission in local health departments, federal agencies, hospitals, community organizations, and research institutions. Their work often goes unnoticed when it succeeds, but its absence is immediately felt when systems fail.

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As the Department considers regulations implementing new loan limits under the OBBBA, we write to express serious concerns about the proposed definition of “professional degree programs,” particularly the exclusion of public health degrees. While the proposed change may appear technical, the consequences are anything but. The classification of public health degrees directly affects who can afford to enter the field and whether the nation can sustain the workforce required to improve health outcomes, reduce healthcare costs, and respond to emerging threats.

The Master of Public Health (MPH), Doctor of Public Health (DrPH), and equivalent degrees are longstanding professional credentials that prepare graduates for immediate practice and leadership in public health. Excluding these degrees from recognition as “professional degree programs” would represent a significant departure from established federal and national understanding of public health as a practice-based profession requiring advanced preparation. It would also create immediate barriers to educational access and workforce development at a time when the nation faces persistent workforce shortages. Rising institutional costs driven by expanded applied training requirements, faculty recruitment and retention, student services, technology infrastructure, compliance obligations, and inflationary pressures have increased the cost of delivering high-quality MPH and DrPH degrees, and there is no evidence that accredited schools and programs have discretionary budget capacity to absorb reduced federal loan access for students without undermining educational quality or workforce preparation.

Moreover, this proposal has direct consequences for those who can pursue a public health career. Graduate education already represents a significant financial investment. Access to federal loans serves as a critical safety net for students committed to public service careers that are essential but not highly compensated. If public health degrees are no longer classified as professional degrees, many qualified students, particularly those from communities most in need of representation in the workforce, may conclude that the financial risk is simply too great. Narrowing the pipeline at this moment would undermine the very workforce needed to achieve national health priorities.

For these reasons, ASPPH urges the Department to ensure that the definition of “professional degree programs” remains consistent with current law and longstanding recognition of public health as a core health profession.

ASPPH respectfully urges the Department to:

1. Adhere to the statutory definition: Maintain the current definition of “professional degree programs” incorporated by Congress and avoid adding new restrictive criteria not contemplated in statute.
2. Reject blunt structural proxies: Do not base eligibility on program length, credit hours, or similar time-based measures that do not accurately reflect professional preparation.
3. Prioritize accreditation and competency: Focus on accreditation, curriculum rigor, and demonstrated preparation for professional practice rather than seat time or degree level alone.
4. Avoid fragmenting the health workforce: Ensure the definition does not create arbitrary distinctions within the health professions that could weaken the interprofessional workforce pipeline, especially in underserved areas.

5. Include MPH and DrPH degrees: Explicitly recognize MPH and DrPH programs as eligible professional degrees consistent with longstanding federal recognition and workforce needs.
6. Designate as a major rule: Classify the final rule as a major rule under the Congressional Review Act (CRA) and allow for full congressional review.

ASPPH's Recommendations to the Department of Education:

I. The Department's Proposed Definition of "Professional Degree Programs" is Inconsistent with the OBBBA and Arbitrary and Capricious

The OBBBA amends the Higher Education Act of 1965 (HEA) to establish new federal student loan limits for graduate and professional students for loans made on or after July 1, 2026, setting higher annual and aggregate loan limits for "students enrolled in a program of study that awards a professional degree, as defined under section 668.2 of title 34, Code of Federal Regulations (as in effect on July 4, 2025), upon completion of the program." 20 U.S.C. § 1087e. Congress therefore expressly incorporated the definition of "professional degree" set forth in Section 668.2, as in effect on July 4, 2025.¹

Section 668.2, as in effect on July 4, 2025, provides that a "professional degree" is one "that signifies completion of academic requirements for beginning practice in a profession and a level of professional skill beyond that normally required for a bachelor's degree," and that "[p]rofessional licensure is also generally required." *Id.* The provision also sets forth a non-exclusive list of professional degrees encompassed by this definition, including programs as varied as "Dentistry (D.D.S. or D.M.D.)," "Veterinary Medicine (D.V.M.)," and "Theology (M.Div., or M.H.L.)." *Id.* Some of these programs require licensure (e.g., Dentistry), while others generally do not (e.g., Theology). The Department recognizes that this list is only an "illustrative list" of degrees that meet the definition of a professional degree in the current regulation. 91 Fed. Reg. 4254, 4265 (Jan. 30, 2026). It is that definition of "professional degree" that Congress required to be used, and it is the definition and not the illustrative list that should govern.

The Department recognizes that the definition in the current regulation is the "operative definition in the OBBB," *id.* at 4262, but the Department then created a new definition of "professional degree" with new, additional requirements. Specifically, the proposed rule adds multiple requirements to the 34 C.F.R. 668.2 definition, adding the requirement that the program "is generally at the doctoral level, and [] requires at least six academic years of postsecondary education coursework for completion, including at least two years of post-baccalaureate level coursework," and that the program include a specific four-digit program CIP code. The proposed rule also converts Section 668.2's list of illustrative examples into a finite list, adding only a single degree, Clinical Psychology (Psy.D. or Ph.D.).

By adding requirements not in the 668.2 test that Congress adopted and creating a definitive test of programs that meet that new test, the Department's proposal is contrary to law. It is also arbitrary and

¹ The amendment allows a "professional student" to borrow up to \$50,000 per academic year in Direct Unsubsidized Loans with an aggregate lifetime cap of \$200,000, while restricting a "graduate student" to borrowing up to \$20,500 per academic year in Direct Unsubsidized Loans with an aggregate lifetime cap of \$100,000. 20 U.S.C. § 1087e(a)(4)(A).

capricious, as it applies a legally flawed interpretation of the governing statute, inconsistently applies the Department's own criteria, and departs from relevant federal classifications and the realities of professional practice.

For instance, the proposed definition's new requirements that degrees must "generally be at the doctoral level," and must "require[] at least six academic years of postsecondary education coursework for completion, including at least two years of post-baccalaureate level coursework," are not contemplated by the statute, and are not reasonable or reasonably explained. A general doctorate requirement is underinclusive because it imposes a credential threshold that is neither necessary for professional practice nor consistent with how many professions are structured. Numerous recognized professions rely on master's-level degrees as the standard entry credential, and conditioning recognition on a doctorate would arbitrarily exclude fields in which advanced professional competence is achieved at the master's level. This requirement is also overinclusive, because doctoral degrees vary widely in purpose; application of the doctorate requirement alone would include, for example, research doctorates that are designed to produce scholars rather than practitioners, making "doctorate" status a poor proxy for professional preparation. The statutory and current regulatory framework instead focuses on whether a program prepares individuals for professional practice, not on whether it culminates in a doctorate, and imposing such a requirement would improperly narrow the definition of a professional degree.

For similar reasons, it is not reasonable or appropriate to "require[] at least six academic years of postsecondary education coursework for completion, including at least two years of post-baccalaureate level coursework." Basing the definition of "professional degree" on program duration is an imprecise approach because it treats time-in-seat as a proxy for professional preparation, rather than focusing on competencies and accreditation standards. Program length also varies widely across disciplines and institutions due to differences in curricular design, enrollment structures (full-time, part-time, accelerated), and prior preparation. Yet these variations do not change whether a degree prepares graduates for specialized, high-responsibility practice.

The Department asserts that these requirements derive from the illustrative list of degrees in the current regulation. But that illustrative list does not modify the definition of a "professional degree" that is set forth in the current regulation and that Congress instructed the Department to continue to use. "The rule of ejusdem generis," after all, "is no more than an aid to construction and comes to play only when there is some uncertainty as to the meaning of a particular clause in the statute." *United States v. Turkette*, 452 U.S. 576, 581 (1981). The Department does not identify any ambiguity in 34 CFR 668.2's definition that the illustrative list could help to resolve, let alone an ambiguity that could support the extra-textual addition of doctoral program, program duration, or minimum credit hour requirements. And even if the illustrative list provided a helpful interpretive tool, it could provide assistance only to the extent that the Department were to identify "a common trait that links all the words in a statutory phrase." *Charleston Area Med. Ctr. v. United States*, 940 F.3d 1362, 1368 (Fed. Cir. 2019) (emphasis added). As the Department admits, however, three degrees in the illustrative list are not doctoral degrees. The Department's definition thus is internally contradictory.

It is also not reasonable or reasonably explained why the Department's proposed definition confines the

eligible degrees to those with a single CIP four-digit code, even if it were open to the Department to add this new requirement to the text of 34 CFR 668.2. While the Classification of Instructional Programs (CIP) is a useful data-reporting taxonomy, it is an inappropriate and unreliable mechanism for defining or expanding the regulatory meaning of “professional degree” under 34 CFR 668.2. NCES developed CIP Codes solely for classification and reporting purposes, not for determining statutory or regulatory eligibility for federal benefits. NCES itself characterizes CIP as a descriptive taxonomy that groups programs by “content and objectives,” not by professional licensure requirements, accreditation standards, or legal status. In addition, colleges and programs themselves assign their own CIP codes to particular programs of study—not NCES, the Department of Education, or any other standardized body. *See How Schools Use CIP Codes*, Study in the States, Dep’t of Homeland Sec. (June 4, 2025). Institutional discretion could result in eligibility for higher loan limits, turning on particular coding choices rather than program substance. Ultimately, using CIP groupings to determine eligibility for higher loan limits would turn a statistical reporting tool into a substantive regulatory gatekeeper, a function for which CIP was not designed. To the extent that the Department does use CIP codes to identify eligible degrees, it should adopt CIP Code 51 and related codes for health-related programs; doing so would ensure clarity, fairness, and consistency across all health professions as the Department structures eligibility criteria.

For each of these new requirements that the Department proposes to add to the statutory definition, the Department fails to acknowledge that it is straying from the definition of professional degree codified in the statute, and the Department fails to consider the reliance interests of fields that are being excluded on the basis of these new requirements.

II. The Department Should Clarify that Public Health Degrees Fall Within the Statutorily Required “Professional Degree” Test, Consistent with Longstanding National and Federal Recognition

The Department’s proposal to exclude MPH and DrPH degrees is contrary to law and arbitrary and capricious. These degrees are appropriately categorized as professional degrees under the proper, statutorily required test.

MPH and DrPH degrees universally signify completion of academic requirements and beginning practice in a profession. The MPH is widely recognized as the foundational professional degree for entry into public health practice, equipping graduates with the core competencies required for employment in governmental, nonprofit, clinical, and private-sector public health settings. Similarly, the DrPH is an advanced professional doctorate intended to prepare graduates for leadership, management, and applied policy roles within public health systems, rather than for purely academic or research careers. Unlike research doctorates, which emphasize the creation of new scholarly knowledge, the MPH and DrPH curricula emphasize applied training, professional competencies, and practice-based experiences that enable graduates to assume professional responsibilities immediately upon completion of the degree.

Public health professionals are the quiet infrastructure of our nation, and you notice their absence only when the system fails.

MPH and DrPH degrees also clearly signify a level of professional skill beyond that normally required for a bachelor's degree. These degrees require advanced graduate-level training that builds specialized analytical, technical, and leadership competencies essential to professional public health practice, far exceeding the generalist preparation associated with undergraduate education.

The Department notes these degrees do not lead to licensure, but the general licensure requirement is not mandatory, and three of the ten degrees on the list do not require licensure. This non-mandatory licensure criterion is reflected in the public health field, where eligibility to take the national licensing certification in public health, known as the Certified in Public Health (CPH) exam, typically requires an MPH or equivalent degree from an accredited program. The CPH exam demonstrates a public health professional's mastery of core competencies and readiness for protecting the nation's health. Earning this certification ensures an individual has met rigorous national standards and is committed to staying current in public health practice through continuing education. That MPH and DrPH students do not universally take the exam should not be an obstacle to their inclusion in the definition of "professional degrees," which lists three of ten examples with no licensure requirement at all.

The resultant exclusion of public-health graduate-level degree programs creates an arbitrary distinction between professional degrees that are similar in all relevant respects. The Department's proposed interpretation would exclude from the category of "professional degree" public health graduate-level degree programs that are widely recognized as professional degrees, including the Master of Public Health (MPH), Doctor of Public Health (DrPH), and other graduate degrees equivalent to the MPH or DrPH degree. The Council on Education for Public Health (CEPH), recognized by the Department of Education as the accrediting body for academic public health, explicitly distinguishes the MPH and DrPH degrees as professional degrees distinct from research-oriented academic degrees (MS, PhD) in public health.²

The Department's proposed exclusion of MPH and DrPH programs would also interpret the OBBBA in a way that creates inconsistency with other federal statutes. For example, under Title VII of the Public Health Service Act, administered by the Health Resources and Services Administration (HRSA) under the Department of Health and Human Services (HHS), Congress explicitly includes "accredited schools and programs of public health" within the category of "schools of public health," alongside disciplines the Department of Education recognizes as "professional," such as medicine, dentistry, osteopathy, optometry, pharmacy, veterinary, and podiatry.³ This is yet another indication that public health is widely recognized as a "professional" discipline and is fundamental to strengthening our nation's health professions workforce.

The Department addresses the exclusion of the Public Health degrees in a perfunctory manner, only stating that a public health degree "is not required for entrance into a specific profession and does not lead to licensure." But public health degrees are foundational for entry into several professional roles

² Council on Education for Public Health (CEPH). Accreditation Criteria for Schools and Programs of Public Health at 54, <https://media.ceph.org/documents/2024.Criteria.pdf> (Mar. 2024).

³ 42 U.S.C. § 295p.

that are essential to an effective health system, such as by epidemiologists, public health officers, and biostatisticians. Practice in the field requires rigorous advanced education grounded in defined competencies and standards and is increasingly central to interprofessional health teams. Public health professionals also work across multiple settings including governmental public health, clinical delivery systems, community organizations, research, and industry.

In addition to the strong statutory basis to include public health degrees in the Department's definition of a "professional degree," doing so would promote a significant public interest. Excluding public health degrees from the "professional degree" definition would worsen workforce shortages by increasing student burden. The Department brushed this concern aside, asserting that it need not "consider the need for workers in a given field." 91 Fed. Reg. at 4264. But if the Department holds any discretion to adopt a definition of a professional degree under OBBBA—it does not, given that, as explained above, Congress supplied the definition for the Department to use—then certainly the effect of the rulemaking on the public health professional workforce would be an "important aspect of the problem" for the agency to consider when it exercises that discretion. *Ohio v. EPA*, 603 U.S. 279, 293 (2024).

A January 2025 report by the Government Accountability Office (GAO) emphasizes deep and persistent gaps in the public health workforce across multiple occupations and jurisdictions. These gaps limit our ability to investigate diseases, detect hazards, and respond to emergencies, even before and especially during public health crises.⁴ Professionals with advanced public health training, particularly those with MPH and DrPH degrees, bring essential expertise in disease prevention, health promotion, and beyond.

However, according to ASPPH's most recent data collection, pursuing a public health degree often requires substantial financial investment, and federal loan caps can significantly limit students' ability to borrow sufficient funds to cover the full cost of attendance.⁵

Failing to recognize MPH and DrPH degrees as "professional degree programs" would not only be inaccurate and out of line with current professional practice but would also diminish student aid access and, in turn, limit the number of public health professionals necessary to strengthen our nation's public health infrastructure, leaving communities across the country more vulnerable to health threats and emergencies.

In practical terms, as **Dr. Hilary Godwin**, Dean of the University of Washington School of Public Health and Chair of the ASPPH Board, emphasized in a **recent briefing**, access to federal loans serves as a critical safety net for public health students pursuing careers in public service. Without that support, many qualified students, particularly those from communities most in need of representation in the public health workforce, may determine that the financial risk of pursuing an MPH is simply too great.

⁴ U.S. Government Accountability Office. (2025, January). Public health preparedness: HHS and jurisdictions have taken some steps to address challenging workforce gaps (GAO-25-107002). Report to Congressional Committees. <https://files.gao.gov/reports/GAO-25-107002/index.html>.

⁵ Association of Schools and Programs of Public Health (ASPPH Center for Public Health Workforce Development, Washington, DC). Data Collection Report. Distributed internally January 15, 2026. This report included data from 52 member organizations.

A robust, educated public health workforce is vital to the safety and well-being of all.

III. The Rule Should be Designated a “Major Rule” Under the Congressional Review Act

The Department fails to indicate that the proposed rule will be a “major rule” for purposes of the Congressional Review Act (CRA), 5 U.S.C. § 804(2). The CRA defines a “major rule” as any rule that OMB finds has resulted in or is likely to result in an annual effect on the economy of \$100 million or more; a major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; or significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic and export markets. 5 U.S.C. § 804(2). The Department’s proposed rule would implement sweeping changes to federal student loan programs, including new loan limits for graduate, professional, and parent borrowers that will certainly result in broad and profound economic effects on students, families, educational institutions, and federal outlays. As the Department recognizes, the rule will potentially affect billions in loan volume and constitute a significant regulatory action for purposes of E.O. 12866 OMB review. 91 FR 4292. Designating this rule as a CRA major rule will also ensure transparent reporting to Congress and enable appropriate legislative review consistent with CRA requirements before the rule takes effect.

IV. Recommendations

1. **Recommendation 1**: ASPPH urges the Department to employ a definition for “professional degree programs” that is consistent with the current definition incorporated into the statute, rather than adding restrictive conditions that Congress did not contemplate.
The Department should remove restrictions that are not found in the current regulatory test that Congress adopted via statute, and that result in undue limitations within the definition of a professional degree.
2. **Recommendation 2**: To the extent that the Department may alter the definition of professional degrees in the current regulation, or in applying the current definition, the Department should reject eligibility frameworks that rely on program duration, credit hours, or other blunt proxies. An approach that relies on program length, credit hours, or other structural distinctions will inevitably produce unjustified, arbitrary exclusions that do not reflect the rigor, accreditation standards, or professional practice expectations of a given field. Minimum duration or credit-hour rules can create unnecessary obstacles for capable students, including working professionals, career changers, or those with prior relevant education.
3. **Recommendation 3**: To the extent that the Department may alter the definition of professional degrees in the current regulation, or in applying the current definition, the Department should rely on factors that reflect professional preparation, including accreditation, curriculum, and established field-specific standards.
The true measure of whether a program is “professional” should be whether it is accredited, is practice-aligned, and prepares graduates for professional roles and credentials within the health system. Accreditation and implementation of recognized standards focus on outcomes, not merely time spent in seats. It would be more appropriate to focus on degrees that are occupation-specific, emphasizing applied knowledge and practical skills for practice in the field.

As such, this kind of standard would align with professional and workforce expectations, because employers and licensing bodies increasingly care about competence, skills, and readiness, not how many weeks a program lasts. Standards-based accreditation allows qualified individuals to progress based on demonstrated mastery rather than artificial timelines. Ultimately, accreditation and educational standards prioritize quality, accountability, and competence, while program duration and credit hours primarily measure time and volume. A standards-based approach is better suited to modern education and professional practice.

4. **Recommendation 4**: To the extent that the Department may alter the definition of professional degrees in the current regulation, or in applying the current definition, the Department should avoid arbitrary distinctions within the health field that would fragment eligibility, create uncertainty for students and institutions, and ultimately deepen workforce shortages, particularly in rural and underserved communities where access to health professionals is already strained.

The Department should protect the interprofessional health workforce pipeline that communities across the country rely on. As health education stakeholders have noted in recent comment letters to the Department of Education, definitions of “professional degrees” should reflect the reality that health professions are interconnected, with education and practice in one field directly influencing capacity, quality, and outcomes across the broader health system, and that the broader health workforce must be supported to meet national needs.

5. **Recommendation 5**: In applying an appropriate regulatory definition of professional degrees, the Department should include MPH and DrPH as eligible professional degrees. Excluding MPH and DrPH degrees would increase financial barriers and discourage enrollment, further straining the public health workforce pipeline at a time when the nation’s demand for trained public health professionals remains urgent. The Department should take into account the impact of reclassifying public health degrees on students’ ability to enter the public health workforce.

The MPH degree serves as the primary entry-level credential for professionals entering the public health workforce. Furthermore, the MPH is the primary credential required for public health careers, with many roles considered health professions positions in public service and practice. MPH academic programs are designed to prepare students for direct entry into a specific profession. Applying a duration-or credit-hour threshold would arbitrarily exclude some MPH and DrPH programs, which are intentionally designed to be flexible and competency-based while meeting rigorous accreditation and practice requirements. Many MPH programs incorporate substantial applied training through practica, fieldwork, and capstones, and are structured to accommodate working professionals through part-time or accelerated formats. Similarly, DrPH programs emphasize advanced leadership and applied practice, and may be tailored to professionals with prior graduate preparation.

Including MPH and DrPH as eligible professional degrees would be consistent with the application of the current Section 668.2 standard and the longstanding understanding of these programs as professional degree programs. Moreover, the Department would benefit from aligning its definition of “professional degree programs” with the existing broad recognition of public health programs as offering “professional degrees,” including that of CEPH and the Public Health Service Act.

6. **Recommendation 6:** The Department should designate the final rule as a major rule under the CRA, given its significant economic effect, and it should not invoke any exceptions to the CRA's waiting period for the effective date of major rules.

Thank you for your consideration and for your ongoing work to ensure federal student aid policy supports a strong, sustainable public health and health workforce. ASPPH welcomes the opportunity to provide additional information or technical assistance as the Department of Education develops and finalizes its proposed rule.

Sincerely,

A handwritten signature in black ink, appearing to read 'Laura Magaña', with a large, stylized initial 'L' and 'M'.

Laura Magaña
President & CEO
Association of Schools and Programs of Public Health (ASPPH)