



March 2, 2026

The Honorable Linda McMahon
Secretary of Education
US Department of Education
400 Maryland Ave SW
Washington, DC 20202

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

Dear Secretary McMahon,

The Association of Public Health Laboratories (APHL) appreciates the opportunity to comment on the proposed regulatory amendments to the Federal student loan programs authorized under title IV of the Higher Education Act of 1965 and statutorily changed by the One Big Beautiful Bill Act. The proposed regulatory changes in the Notice of Proposed Rulemaking, Reimagining and Improving Student Education will further weaken the public health workforce by limiting access to federal financial student aid for public health students, discouraging their enrollment.

The public health workforce includes laboratory scientists, epidemiologists, biostatisticians, data analysts, health educators, and nurses. These professionals identify and investigate disease outbreaks and emerging threats, keep our drinking water safe, detect environmental hazards, screen newborns for genetic diseases, assure the food supply is safe, and prepare for and respond to emergencies. A strong public health workforce is a critical component of public health infrastructure, and these professionals are essential to keeping America healthy. **Unfortunately, there is a public health workforce shortage and the proposed regulatory amendments that change the definition of professional degree program will exacerbate this problem.**

Local and state health departments need an additional 80,000 full-time staff to provide basic public health services such as communicable disease control, assessment and surveillance, and chronic disease and injury prevention; this does not include staff needed to respond to major events ([de Beaumont](#)). Public health laboratories are also experiencing a workforce shortage due to retirements and recruitment and retention strains. Almost half of public health laboratory staff (49%) staff anticipate leaving the laboratory in the next four years due to the pay/salary scale ([APHL Workforce Survey](#)). Similar results were found in a January 2025 Government Accountability Office (GAO) report that cited state, tribal, local, and territorial jurisdictions must compete with industries that offer higher pay, better job security, and more flexibility ([GAO](#)). A lack of trained public health professionals, whether because they are not entering public service or because they are leaving it to seek higher salaries, leaves communities vulnerable to infectious disease threats, limits their ability to plan for and respond to emergencies, and decreases their ability to monitor and respond to chronic diseases. This vulnerability leads to worse health outcomes and increased healthcare costs.

APHL offers the following comments and recommendations to ensure the public health workforce is supported by the final rule.

Regarding amending § 685.102 with a new definition for the term professional student: The proposed definition for professional student is based on the definition of professional degree in effect on July 4, 2025 ([34 CFR 668.2](#)) where completion of the degree indicates the graduate has met the academic requirements

for beginning practice, has a level of professional skill beyond what is required for a bachelor's degree, and generally requires a professional license. The definition provides a list of degrees, but states the list is not limited to those degrees. The list also includes three degrees that do not require professional certification. The proposed definition includes these requirements and expands them, stating that the degree is generally at the doctoral level, requires at least six years of postsecondary education, generally requires a professional license to begin practice, and includes a four-digit program Classification of Instruction Program (CIP) code assigned by the institution or determined by the Secretary. The new definition also includes a list of qualifying degrees: Pharmacy (PharmD), Dentistry (DDS or DMD), Veterinary Medicine (DVM), Chiropractic (DC or DCM), Law (LLB or JD), Medicine (MD), Optometry (OD), Osteopathic Medicine (DO), Podiatry (DPM, DP, or PodD), Theology (MDiv, or MHL), and Clinical Psychology (PsyD or PhD). **This changes the illustrative list of examples to a finite list, explicitly excluding Master of Public Health (MPH) and Doctor of Public Health (DrPH) degrees.**

Recommendation: The Department of Education (Department) should *revise the definition to reflect accredited, practice-based professional training pathways and include accredited MPH and DrPH programs in the list of qualifying degrees.* This revision would agree with the previous Department interpretation of professional education to include advanced public health degrees. For example, the Department recognizes the Council on Education for Public Health (CEPH) as an agency that assures quality public health education based on standards and outcomes and produces workforce-ready professionals ([CEPH](#)). CEPH-accredited programs assure students have the skills and training needed for public health practice and completion of MPH and DrPH degrees indicates graduates are experts in infectious and chronic disease prevention ([CEPH](#), [GAO](#)).

In addition to rigorous coursework in these degree programs, students participate in experiential learning and culminate their education with practica and capstone experiences. These multi-week to semester-long projects facilitate relationship building between the students and public health system partners, and the applied training creates MPH and DrPH graduates that can successfully perform professional responsibilities ([Association of Schools and Programs of Public Health](#)). Additionally, professional licensure is not a requirement for employment at many jurisdictions; however, MPH and DrPH programs provide the education and core competencies necessary for qualification for Certified in Public Health (CPH) exam and prepare graduates to earn the CPH credential. It is important to note, and a significant benefit for the public health workforce, that credentialing is also not a requirement for three of the degrees listed in the proposed definition for professional degree.

Finally, the Department should **include the CIP code for all health-related professions and not limit it to degrees eligible under a four-digit CIP code.** The National Center for Education Statistics developed the codes to classify programs for tracking and reporting purposes, not for determining federal financial aid eligibility ([Department of Homeland Security CIP](#)).

Regarding amending § 685.203 to establish new Direct Loan annual and aggregate limits: The intent of the new Federal Direct loan caps for graduate and professional borrowers is to reduce borrowing and pressure universities and programs to lower tuition. Although the Department anticipates this will force universities to decrease tuition rates, schools will not be able to absorb the increased costs, causing students to turn to more expensive private loans, choose other degree programs, or not pursue advanced education. The significantly lower loan limits for graduate programs compared to professional degrees may have the unintended consequence of further decreasing the public health workforce.

Recommendation: The Department should **include accredited, practice-based MPH and DrPH programs in the definition of professional degree to ensure those students are eligible for the annual and aggregate federal Direct Loans needed to attain advanced public health education.** Twenty-two percent of the public health workforce has a public health degree, and this workforce is aging and approaching retirement ([PH WINS](#)).

Twenty-six percent is 55 years of age or older and 16% of the public health laboratory workforce plan to retire in two years ([APHL Workforce Survey, PH WINS](#)). Efforts should be made to prepare the next generation of the public health workforce and not create financial roadblocks that discourage this educational attainment that protects Americans from infectious, chronic, and emerging threats.

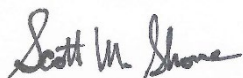
Public health professionals are not highly compensated but they choose public service because of the benefits, work-life balance, and mission of the work ([APHL Workforce Survey, PH WINS](#)). Barriers to educating the next generation of public health professionals such as lower federal loan limits for MPH and DrPH students will discourage them from pursuing the education needed for strong public health infrastructure. MPH and DrPH programs prepare these professionals for entry into the workforce by giving them a practice-based education and core competencies that readies them to work with public health system partners to reduce disease and lower healthcare costs. A strong and resilient nation is based on these professionals who keep Americans safe and healthy, and the Department should support these efforts by formalizing recognition of MPH and DrPH education as professional degrees.

Regarding amending § 685.209 to establish terms for the new Repayment Assistance Plan: APHL appreciates the Department is amending this regulation to include a new income-based repayment plan under which qualifying payments are accepted by the Public Service Loan Forgiveness (PSLF) Program. Public health professionals often have significantly lower salaries than their counterparts in healthcare and private industry, and benefits and loan forgiveness plans are important incentives that draw them to working in the public health system ([APHL Workforce Survey](#)). The PSLF Program is a meaningful benefit, with 8% of public health laboratorians citing it as a contribution to why they stay in public service ([APHL Workforce Survey](#)).

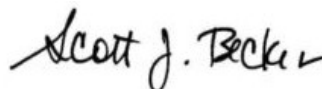
Recommendation: The Department should continue established federal loan repayment processes that use the borrower's federal tax filing status to calculate repayment rates ([Federal Student Aid](#)). This means borrowers who file Married Filing Separately will report only their income for repayment calculation purposes.

There are gaps in the public health workforce and recruitment and retention challenges that will only worsen if the proposed rule is finalized without including MPH and DrPH as professional degrees. Amending the proposed language to include these core-competency and practice-based programs of study that focus on professional preparation will strengthen the public health workforce, improve health outcomes, and reduce healthcare costs through improved patient health. The Department's support will create resilient communities that can withstand health threats and emergencies. APHL urges the Department to include MPH and DrPH degrees as professional degrees to sustain and improve the public health workforce and assure our communities are healthy and safe.

Sincerely,



Scott M. Shone, PhD, HCLD(ABB)
President, APHL
scott.shone@dhhs.nc.gov



Scott J. Becker, MS
Chief Executive Officer, APHL
scott.becker@aphl.org

APHL works to strengthen laboratory systems serving the public's health in the US and globally. Our members are state and local public health, environmental, and agricultural laboratories. These scientists and public health professionals work with federal, non-profit, healthcare, community, and industry partners in the public health system to build a nation that is strong and resilient.