



March 2, 2026

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

Submitted electronically on behalf of the American Public Health Association Re: Public Comment on Notice of Proposed Rulemaking, Reimagining and Improving Student Education [Docket ID: ED-2025- OPE-0944]

Dear Secretary McMahon:

On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I respectfully submit these comments in response to the U.S. Department of Education's request for input on the implementation of the One Big Beautiful Bill.

APHA welcomes the opportunity to submit comments to ensure the department implements the law in ways that strengthen student access, transparency, and accountability. We also emphasize that decisions made in this process will have lasting effects on the public health workforce. A critical issue that must be addressed is the exclusion of professional public health degrees, the Master in Public Health and the Doctor in Public Health, from the list of federally recognized professional programs under 34 CFR §668.2. The exclusion threatens to weaken the pipeline of trained public health professionals needed to sustain a versatile workforce vital to the nation's health. It continues to erode clearly defined public health career pathways and undermine the nation's ability to sustain a resilient public health workforce.

The OBBB raises annual and lifetime borrowing limits for students in federally recognized professional degree programs. Public health students are excluded from these provisions, and as a result, those pursuing advanced training in public health are denied the more favorable loan opportunities extended to other professional programs. Professional public health degrees, specifically the MPH and DrPH, are designed for practice and leadership in the field. They are distinct from research-focused academic degrees such as the Master of Science and the Doctor of Philosophy in Public Health. By affirming their place as professional degrees, the Department of Education will ensure that public health professional degrees are aligned with other health professions already receiving such recognition.

This exclusion overlooks the fact that professional public health degrees are accredited by the Council on Education for Public Health, which is formally recognized by the U.S. Department of Education as the accrediting body for academic public health. CEPH sets rigorous academic and practice-based standards comparable to other professional programs. CEPH accreditation attests that schools and programs equip MPH and DrPH graduates with foundational public health knowledge. Furthermore, the Certified in Public Health credential provides a nationally recognized demonstration of professional competency. The CPH credential demonstrates mastery of core competencies, ensures readiness to protect the nation's health, and requires continuing education for public health professionals to remain current on advancements in the field.

APHA, together with other accredited institutions, helps ensure access to high-quality opportunities for earning continuing education credits for CPH credentials. The CPH continuing education programs parallel continuing medical education requirements in other professional fields, reinforcing that public health is a recognized professional field that demands ongoing learning to keep pace with evolving science, practice, and policy.

These distinctions underscore that public health is an applied, occupation-specific profession, where degrees prepare graduates for direct entry into a workforce essential to the protection of the nation's health. Moreover, keeping our population healthy is linked to building a strong economy. Threats such as epidemics, natural disasters, and bioterrorism not only endanger health but also disrupt governance, the economy, and national security. This underscores that investing in a strong professional public health workforce, specifically MPH and DrPH graduates, is essential to protecting our nation's resilience. A well-supported public health workforce not only prevents disease and promotes wellness but also ensures communities remain productive and resilient. A January 2025 Government Accountability Office report emphasized persistent gaps in the public health workforce across occupations and jurisdictions. These gaps limit the nation's ability to conduct routine surveillance and disease investigation, detect all hazards, and respond effectively during public health crises. The gaps will only worsen if public health education does not receive support comparable to other professional degree programs.

As holders of professional degrees in public health, MPH and DrPH graduates bring expertise that spans emergency preparedness and response, disease prevention, health promotion, and the evaluation of population health systems. The public health workforce strives to educate the public on prevention strategies, promote wellness across communities, and strengthen the nation's defenses against bioterrorism and other health-related threats to national security.

APHA supports the recommendations by the Association of Schools and Programs of Public Health:

- 1. Expand the List of Professional Degree Programs**
APHA encourages the Department to expand the list of professional degree programs under 34 CFR §668.2 to explicitly include accredited professional public health degrees, the MPH and DrPH. CEPH, recognized by the U.S. Department of Education, defines these as professional practice degrees designed to prepare individuals for the public health workforce.
- 2. Provide Clear Implementation Guidance on Loan Limit Changes**
Public health students rely heavily on federal loans to complete their education. Uncertainty in implementation could disrupt financial planning and delay degree completion. APHA urges the Department to issue timely and clear guidance to institutions and financial aid administrators on whether new loan limits apply to loans originated or disbursed on or after July 1, 2026. Guidance should also include technical assistance and resources tailored to professional public health programs.
- 3. Retain and Restore Adequate Department of Education Staffing to Support Implementation**
The public health workforce is strained by gaps in capacity and expertise. A reduction in Department of Education staffing will only worsen these challenges. APHA recommends that the Department prioritize using the additional student aid administration funding to retain and expand staff, restore regional support, and strengthen help desk services, particularly those serving students pursuing professional degrees.
- 4. Support Institutions and Borrowers through Transparent Data Access**
APHA values accountability but cautions that new metrics tied to graduate earnings risk misrepresenting programs that lead to high value but lower salary public service roles. APHA urges the Department to publish the methodologies behind these calculations in a transparent and disaggregated format, and to create a robust appeals process. Without these protections, programs producing graduates essential to the public's health could be penalized despite their critical societal contributions.
- 5. Clarify Pell Grant Packaging Changes to Protect Access**
Many students in public health rely on a mix of Pell, state, institutional, and private grants. APHA is concerned that Pell packaging changes may unintentionally discourage students from accepting institutional aid. We urge the Department to clarify that Pell remains a first-dollar program except in narrow circumstances where nonfederal aid fully covers the cost of attendance.

6. Add Public Health Expertise to Negotiated Rulemaking Committees

The Department's current RISE and AHEAD structures underrepresent the fields impacted by OBBB. APHA recommends including representatives from schools and programs of public health on both committees and creating a separate category for Financial Aid Administrators who manage Title IV aid. This ensures that public health and financial aid expertise informs federal rulemaking decisions that affect the future of the workforce.

APHA also recommends the following:

- **National Security Lens:** Public health professionals are frontline responders in emergencies, including bioterrorism and pandemics. Federal definitions and financing structures must reflect this national security role.
- **Workforce Sustainability:** The Government Accountability Office has documented persistent workforce shortages across jurisdictions. Without recognizing and supporting MPH and DrPH students, federal policy will deepen the gaps further undermining disease prevention, preparedness, and economic stability.

Conclusion

Recognizing the MPH and DrPH as professional degrees is essential to building and maintaining a robust public health workforce vital to protecting the nation's health. Aligning the Department's implementation of OBBB with established accreditation and credentialing standards empowers students to pursue these professional public health degrees by granting access to the same federal loan and grant opportunities as their counterparts in other professions. By addressing this issue in rulemaking, the Department of Education can strengthen the pipeline of public health professionals, promote a healthier nation, and reinforce national security and the economy.

APHA appreciates the opportunity to share our comments on this important proposal. We look forward to working with the Department as the implementation process moves forward.

Please feel free to contact me with any questions regarding our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Georges C. Benjamin". The signature is fluid and cursive, with the first name being the most prominent.

Georges C. Benjamin, MD
Chief Executive Officer