



May 20, 2026

Submitted via Federal Register Public Comment Portal

Re: Docket ID ED-2026-OPE-0100

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

Re: Comments of the Acupuncture and Herbal Medicine Coalition on the Notice of Proposed Rulemaking, Accountability in Higher Education and Access Through Demand-Driven Workforce Pell (AHEAD): Student Tuition and Transparency System (STATS) and Earnings Accountability, 91 FR 21088 (April 20, 2026)

Dear Secretary McMahon:

On behalf of the Acupuncture and Herbal Medicine Coalition (the “AHM Coalition” or “Coalition”), we respectfully submit these comments on the above-referenced Notice of Proposed Rulemaking (NPRM). The AHM Coalition is a collaborative alliance of the leading national organizations representing the education, accreditation, certification, clinical practice, professional development and business interests of licensed acupuncturists and herbal medicine practitioners across the United States. Our organizations collectively represent the full arc of this profession, from the institutions that educate its future practitioners to the board that certifies them, the accreditor that ensures educational quality, and the practitioners and vendors who deliver and support patient care every day.

The Coalition’s member organizations include:

- The Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), the U.S. Department of Education–recognized specialized accreditor for acupuncture and herbal medicine programs;
- The Council of Colleges of Acupuncture and Herbal Medicine (CCAHM), the national membership association representing ACAHM-accredited graduate and doctoral programs in acupuncture and herbal medicine;



- The National Certification Board for Acupuncture and Herbal Medicine (NCBAHM, formerly the National Certification Commission for Acupuncture and Oriental Medicine, NCCAOM), the national credentialing body whose examinations are required for licensure in 46 states and the District of Columbia; and
- The American Society of Acupuncturists (ASA), the national professional membership association representing licensed acupuncturists in clinical practice.
- The Acupuncture and Herbal Vendors Coalition (AHVC), the national coalition representing acupuncture and herbal medicine suppliers and industry partners committed to the stability and growth of the profession and its supporting business community.

Together, our organizations set national standards and oversee the accreditation, certification, and professional development of thousands of licensed acupuncturists and herbal medicine practitioners, and of the institutions that educate them. Many of these institutions participate in Title IV federal student aid programs, and the students they serve rely on federal loans to complete clinically intensive, multi-year graduate and doctoral programs that lead to state licensure and independent healthcare practice.

We have engaged actively in the federal rulemaking process throughout the current cycle. The AHM Coalition submitted comments on the Department's May 2025 NPRM on Title IV program integrity and affordability, and CCAHM submitted a separate detailed comment on the Reimagining and Improving Student Education (RISE) NPRM in March 2026, and on the AHEAD Pell Provisions NPRM in April 2026. We write now because the proposed AHEAD earnings accountability framework presents a serious and immediate risk to the students, institutions, and communities the AHM profession serves because the proposed measurement methodology systematically misrepresents how this profession works. Both CCAHM and ACAHM have submitted separate public comment letters in response to this proposed rule.

We support the Department's goals of improving transparency and accountability in postsecondary education and ensuring that federal student aid delivers real economic value for students and taxpayers. We write because the proposed Student Tuition and Transparency System (STATS) and earnings premium measure, as currently designed, will not achieve those goals for acupuncture and herbal medicine programs. It will instead produce a structurally biased result that misidentifies high-quality, licensure-leading healthcare programs as low-earning outcome programs, with potentially



irreversible consequences for students, practitioners, and the patients who depend on this profession.

I. Acupuncture and Herbal Medicine: A Licensed, Independent, Growing Healthcare Profession

Acupuncture and herbal medicine is a fully regulated, independent healthcare profession recognized by federal agencies across the government. Licensed acupuncturists are regulated in 47 states and the District of Columbia. They hold independent licenses, practice without the supervision of any other profession, and are required to pass national certification examinations administered by NCCAOM before they may lawfully practice in 46 states and the District of Columbia.

Federal recognition of the profession is broad and consistent. The Bureau of Labor Statistics established a dedicated Standard Occupational Classification code for acupuncturists (SOC 29-1291) in the 2018 SOC system, placing the profession in major group 29-0000 alongside physicians, dentists, and other independently licensed health practitioners. The Centers for Medicare and Medicaid Services (CMS) extended Medicare coverage for acupuncture for chronic low back pain effective January 21, 2020, recognizing acupuncture as a covered medical service. The CMS decision explicitly requires that non-physician practitioners providing acupuncture to Medicare beneficiaries must have: "A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM). (Note: ACAOM is now known as ACAHM - Accreditation Commission for Acupuncture and Herbal Medicine).

The Department of Veterans Affairs integrates licensed acupuncturists within its Whole Health model and delivers acupuncture care to veterans nationwide. The U.S. Department of Education recognizes ACAHM as the specialized accreditor for AHM programs.

Independent licensure is a patient protection mechanism. It means that every licensed acupuncturist has met a standardized set of knowledge and competency requirements validated by the NCCAOM and the accredited educational pipeline that the proposed rule threatens.

Acupuncture and herbal medicine programs are graduate and doctoral programs requiring mastery of traditional diagnostic theory, point location, needling technique, Chinese herbal pharmacology, biomedical pathophysiology, and clinical patient management. ACAHM-accredited schools are majority non-profit institutions. ACAHM



accreditation standards require programs to provide a minimum of 1,905 hours of integrated instruction for master's programs and 2,775 hours for doctoral programs. Completion of an ACAHM-accredited program is the mandatory educational prerequisite for national certification and state licensure. No bachelor's degree program provides these competencies. These are, by any measure, professional healthcare programs. These training requirements are necessary to maintain patient safety standards and quality of treatment.

Demand for Acupuncturists is also growing. Data from the National Health Interview Survey (NHIS), analyzed by researchers from the National Center for Complementary and Integrative Health (NCCIH/NIH), demonstrate that acupuncture use among U.S. adults more than doubled between 2002 and 2022, increasing from 1.0% to 2.2% of adults.. More than 122 million adults in the United States use complementary healthcare services, with pain management as a primary reason. The Veterans Health Administration, the Department of Defense, and major hospital systems across the country have integrated acupuncture into standard care for chronic pain, cancer support, mental health, and opioid risk reduction. The profession is directly aligned with national health priorities, specifically chronic disease prevention, non-pharmacologic pain management, and cost-effective integrative care. Federal higher education policy should be strengthening the pipeline of practitioners who deliver these services rather than threatening it. Mina to add NCCIH

II. Why the Proposed Earnings Accountability Framework Cannot Accurately Measure This Profession

The AHM Coalition does not oppose accountability. We oppose a measurement framework that cannot accurately measure what it claims to measure for certain professions, including AHM. The proposed earnings premium measure contains structural features that will produce a predictably and systematically incorrect result for acupuncture and herbal medicine (AHM) graduates because the methodology was not designed with independent-practice, licensure-based, self-employed healthcare professions in mind.

The IRS Earnings Data Does Not Capture What AHM Graduates Actually Earn

The proposed rule uses IRS Adjusted Gross Income data to measure graduate earnings. For the majority of licensed acupuncturists, who are self-employed independent practitioners, IRS net income reflects income after legitimate business deductions for clinical supplies, commercial leases, professional training and continuing education, and insurance. It does not reflect gross economic earnings. Research



comparing Current Population Survey data, which captures gross earnings, to IRS administrative data shows that self-employed individuals report approximately double the income through gross measures compared to IRS 1040 net income figures. The Bureau of Labor Statistics acknowledges this limitation directly: its Occupational Employment and Wage Statistics series for SOC 29-1291 explicitly excludes self-employed acupuncturists from all wage calculations.

The problem is further confirmed by the Department's own data infrastructure. Of the 16 graduate AHM programs listed in College Scorecard, 12 have earnings data suppressed due to privacy thresholds — meaning the Department's existing federal data systems cannot produce reliable earnings estimates for the majority of AHM programs. The Department is proposing to make high-stakes eligibility determinations for programs its own data systems cannot reliably measure.

The Measurement Window Is Too Early in the Career Arc of This Profession

The proposed rule measures graduate earnings in the fourth tax year following program completion. For AHM graduates, this snapshot is structurally too early. After completing their programs, graduates must pass NCBAHM national certification examinations, required for licensure in 46 states and the District of Columbia, and satisfy individual state licensure requirements before they may practice independently. Only then may they begin building a patient base. In a profession where approximately 70% of practitioners are self-employed¹ and income grows with practice maturity, a fourth-year earnings snapshot captures a practitioner who is in the startup phase of their career, not a reliable indicator of long-run professional viability.

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM, now NCBAHM) 2024 Job Analysis, conducted with more than 5,000 licensed practitioners, documents the income distribution that this measurement window would capture: 22% of practitioners earned \$25,000 or less in 2023, 17% earned between \$25,001 and \$50,000, and 18% earned between \$50,001 and \$75,000. These figures reflect the practice-building phase of a career, not its mature arc. Earlier NCCAOM Job Analysis studies collected practitioner income data and contributed to recognition of acupuncturists as an independent occupational category by the U.S. Bureau of Labor Statistics. More recent workforce analyses demonstrate national wage data showing substantial growth in earning potential for experienced practitioners with the top 10% earning approximately \$140,660+ annually. The Department's own implementation timeline makes this even more acute: the first earnings calculations will

¹ <https://www.asacu.org/wp-content/uploads/ASA-Workforce-Report-02-Sept-Final.pdf>
www.AHMCOALITION.org



use 2025 IRS data for graduates who completed programs in 2021, many of whom were establishing practices during or immediately following the COVID-19 pandemic, when in-person healthcare services faced severe and documented disruptions entirely outside any graduate's or institution's control. Using pandemic-era earnings as the baseline for a high-stakes program eligibility determination is not a sound policy choice, and the Department has not acknowledged this in the NPRM.

The Earnings Benchmark Does Not Reflect the Labor Market AHM Graduates Actually Enter

For graduate programs, the proposed rule compares graduates' earnings to American Community Survey data for working adults aged 25-34 with a bachelor's degree in the same field. For acupuncture and herbal medicine, College Scorecard lists only one undergraduate AHM program, with earnings data suppressed. In practice, the Department will compare AHM graduates to bachelor's degree holders in adjacent health sciences fields whose graduates primarily enter biotech, health systems, and pharmaceutical careers, fields with substantially different labor market conditions than independent acupuncture practice. Many people entering AHM graduate programs are career changers who already hold a biology, health sciences, or psychology degree. Their post-graduation earnings trajectory is not comparable to someone who entered their bachelor's field directly from undergraduate study.

The Framework Fails to Account for Part-Time and Flexible Work

The proposed earnings metric makes no distinction between full-time and part-time employment. Nationally, 63% of licensed acupuncturists work part-time, according to the NCCAOM 2024 Job Analysis, a figure that has increased seven percentage points since 2017. Applying a full-time annual earnings threshold to a profession structured around part-time, flexible, and graduated-hours practice will produce a systematically lower result that has no relationship to program quality.

Small Cohort Sizes Produce Unreliable Results for High-Stakes Determinations

AHM programs are small by nature. Urban Institute research on program-level earnings accountability finds that earnings distributions have high variance and that small sample sizes produce wide variability in median estimates across consecutive measurement years. The Department's proposed minimum of 30 completers is insufficient for a binary pass/fail determination that triggers loss of Direct Loan eligibility. A minimum of 100 completers, aggregated across cohort years as needed, is necessary to produce the statistical reliability appropriate for a consequential federal eligibility decision. The



National Center for Education Statistics routinely suppresses or flags estimates based on small cell sizes for precisely this reason.

III. The Real-World Consequences of Implementation As Proposed

The combined effect of these methodological flaws is not a modest underestimation of outcomes. It is a systematic and predictable misclassification of programs that by any meaningful measure are producing qualified, licensed, employed healthcare professionals who are successfully repaying their federal loans. For FY 2022 (Oct 1, 2021 - Sep 30, 2022), the most recent reporting cycle, the mean Cohort Default Rate (CDR) across currently active institutions with ACAHM accredited programs was 0.01% (1/6838). For only those holding institutional accreditation from ACAHM, the mean CDR was 0.00% (0/1338). Therefore, AHM graduates demonstrate strong loan repayment performance as institutions offering these programs consistently report cohort default rates comparable to or lower than those of many large public universities.

If the proposed earnings accountability framework is implemented as written, programs will lose Direct Loan eligibility not because they produce poor outcomes but because the measurement tool cannot see the outcomes they actually produce. For single-program institutions, which represent a significant portion of the AHM sector, loss of Direct Loan eligibility may lead to institutional closure. Students mid-enrollment lose their programs. Communities lose their practitioners and patients who currently receive evidence-based care from nationally certified, state-licensed practitioners will face reduced access to that care. This is a public health consequence that no federal accountability framework should be designed to produce. The healthcare workforce loses a source of trained, licensed professionals at precisely the moment national demand for non-pharmacologic care is growing.

The Coalition also raises serious concern about the proposed implementation timeline. The AHEAD comment period closed May 20, 2026. Publishing a final rule with meaningful review of the substantive comments received within eleven days of that deadline, the window required to meet the Department's own stated standard under the APA, is not achievable for a rulemaking of this complexity. Additionally, the Higher Education Act requires that final regulations affecting Title IV programs published on or after November 1 of any year cannot take effect until July 1 of the second following year. The Coalition urges the Department to commit to an effective date no earlier than July 1, 2027 and to provide a minimum two-year phase-in period during which earnings premium results are published for informational purposes but do not trigger loss of federal loan eligibility.



IV. What the AHM Coalition Is Asking the Department to Do

The AHM Coalition is not asking the Department to exempt this profession from accountability. We are asking the Department to design an accountability framework that actually measures what it claims to measure for all the professions it covers — including those that are self-employed, licensure-based, and practice-building in nature. Concretely, we request that the Department:

- Adopt an effective date no earlier than July 1, 2027, with a minimum two-year phase-in during which results are published for transparency but do not trigger loss of federal loan eligibility or institutional status changes;
- Adjust the earnings definition for self-employed graduates to address the structural difference between IRS net income and gross economic earnings, or adopt multi-year averaging to reduce the distortion of startup-year income;
- Adopt a longer earnings measurement window, at minimum the seventh tax year after program completion, that reflects stable, mature practice income rather than early-career startup earnings;
- Adjust earnings to reflect full-time equivalent status;
- Require a minimum cohort threshold of 100 completers before triggering any eligibility determination, with sub-threshold results published for informational purposes only;
- Ensure that the ACS benchmark comparator population is validated and appropriate for AHM-related CIP codes before any determination is made;
- Incorporate repayment-based metrics, including cohort default rate, as complementary accountability measures alongside the earnings premium;
- Establish a meaningful, evidence-based appeals pathway that allows institutions to address systematic measurement limitations with supplemental data; and
- Supplement retrospective earnings data with forward-looking labor market demand projections from BLS and HRSA for programs in licensed health professions with documented and growing demand.

V. Conclusion

The Acupuncture and Herbal Medicine Coalition appreciates the Department's commitment to improving transparency and accountability in postsecondary education. We are committed to that goal as well. We believe students and taxpayers deserve to



know that federal aid programs deliver genuine value, and that the profession we represent does that.

Acupuncture and herbal medicine programs prepare graduates for an independent, licensed, federally recognized healthcare profession that is growing in demand, integrated into VA and Medicare care delivery, and aligned with the nation's chronic disease prevention priorities. These programs serve nontraditional students, fill healthcare gaps in underserved communities, and produce practitioners who successfully repay their federal loans. An accountability framework that cannot see any of that, because its measurement tools are calibrated for a different kind of profession entirely, does not protect students or taxpayers.

The targeted corrections the Coalition has identified in these comments would materially improve the validity and fairness of the framework while preserving its consumer-protection aims. We urge the Department to engage directly with the AHM Coalition and its member organizations before finalizing the rule, and we remain available to provide additional data, research, and professional expertise to support the Department's work. Please contact Kristin Richeimer, CAE, Executive Director of CCAHM at contact@ahmcoalition.org for further information.

Respectfully submitted,

The Acupuncture and Herbal Medicine Coalition

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