



May 8, 2025

Linda E. McMahon, Secretary
U.S. Department of Education

Via regulations.gov

RE: Docket ID No. ED-2025-OPE-0016

Dear Secretary McMahon:

On behalf of the Acupuncture and Herbal Medicine Coalition, a collaborative alliance of major national acupuncture organizations including the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), the American Society of Acupuncturists (ASA), the Council of Colleges of Acupuncture and Herbal Medicine (CCAHM), and the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM), we appreciate the opportunity to provide feedback on the Department's negotiated rulemaking process addressing Title IV regulations.

Our organizations oversee the accreditation, certification, and professional development of thousands of licensed acupuncturists and herbal medicine practitioners, as well as a majority of the institutions that educate them. Many of these institutions participate in Title IV federal student aid programs and serve students who rely on Public Service Loan Forgiveness (PSLF) and income-driven repayment (IDR) plans, including Pay As You Earn (PAYE) and Income-Contingent Repayment (ICR), to make their education affordable.

We respectfully request the Department to consider the following:

1. Preserve and Strengthen Public Service Loan Forgiveness (PSLF) Eligibility

We recommend that the Department explicitly include licensed acupuncturists and herbal medicine practitioners working in integrative healthcare settings within the refined definitions of qualifying employers for PSLF eligibility. The current ambiguity has prevented many qualified practitioners from accessing loan forgiveness despite providing essential healthcare services in underserved communities, community health centers, and academic institutions. Removing or narrowing definitions of qualifying employment risks cutting off debt relief for vital health professionals who play critical roles in nonprofit community health centers, integrative medical practices, and rural health clinics, directly supporting public health.

2. Maintain Access to Affordable Repayment Income-Driven Repayment Plans

Acupuncture students often pursue advanced degrees (Master's or Doctorate). Graduates may begin their careers carrying meaningful student debt, while providing essential but sometimes modestly compensated healthcare services. We emphasize the importance of robust, fair, and accessible income-driven repayment plans to support practitioner retention and public access to these services.

We encourage modifications to PAYE and ICR programs to better accommodate the unique career trajectory of acupuncture and herbal medicine (AHM) professionals, who often:

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- Face high initial education costs (\$50,000-90,000)
- Experience a gradual income build as they obtain certification and licensure and establish their practices
- Work in mixed employment/self-employment arrangements

3. Include Institutional Accountability for Small, Specialized Schools

Many ACAHM-accredited schools are small, specialized institutions serving under 500 students with historically low cohort default rates. We ask the Department to ensure that any regulatory streamlining or institutional quality rules recognize the unique size, mission, and scope of specialized health institutions. Applying large-scale university metrics without adjustment risks disproportionately burdening small schools, ultimately harming student access and possibly limiting patient access to essential healthcare services.

4. Ensure Educational Program Accessibility

To address the Department's concern about regulations potentially "inhibiting innovation and contributing to rising college costs," we recommend:

- Creating pathways for specialized healthcare programs like AHM to access Title IV funding without unnecessary administrative burdens
- Developing financial aid structures that recognize the unique nature of specialized healthcare education

Conclusion

As acupuncture and herbal medicine gain increased recognition from major healthcare institutions and insurance providers, addressing these financial barriers to education and early career sustainability is essential to meet growing demand. The Bureau of Labor Statistics projects continued growth in this field, but educational debt burdens threaten to limit workforce development.

We welcome the Department's focus on improving program integrity and reducing unnecessary regulatory burden. AHMC stands ready to provide input and serve as a resource to ensure that future regulations reflect the realities and needs of complementary and integrative health education. For further communication, please contact Kristin Richeimer, CAE, Executive Director, CCAHM.

Respectfully submitted,

The AHM Coalition



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