8 April 2026

The Honorable Nicholas Kent
Under Secretary of Education
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Re: Docket ID ED-2026-OPE-0133 – Accountability in Higher Education and Access through Demand (AHEAD) and Workforce Pell

Dear Under Secretary Kent:

On behalf of the Acupuncture and Herbal Medicine Coalition ("AHM Coalition"), we appreciate the opportunity to submit comments on the Notice of Proposed Rulemaking (NPRM) regarding Accountability in Higher Education and Access through Demand (AHEAD) and the implementation of Workforce Pell and related Pell Grant provisions. The AHM Coalition represents national organizations across the education and professional practice of Acupuncture and Herbal Medicine ("AHM"). Collectively, our member institutions represent, educate, accredit, certify and support graduate-level students who become licensed healthcare professionals serving patients in hospitals, oncology clinics, Veterans Health Administration facilities, community clinics, and private practices nationwide.

The graduates of accredited AHM institutions, including nearly 30,000 licensed Acupuncturists nationwide, provide essential healthcare services addressing (among many other health concerns) pain management, mental health, and chronic disease, directly supporting Veterans, the VA and the "Make America Healthy Again (MAHA)" agenda, including in underserved communities

The Coalition represents institutions, programs, accreditors, and professional organizations engaged in the education and training of licensed acupuncturists and herbal medicine practitioners across the United States. We support the Department's goals of expanding access through Pell and strengthening accountability, and we offer the following comments to ensure that the final regulations equitably reflect the realities of acupuncture and herbal medicine (AHM) education.

I. General comments on scope and interaction of AHEAD and Pell provisions

The NPRM implements Workforce Pell while also embedding new accountability expectations, including earnings metrics and expanded program-level reporting. For small, specialized health professions such as AHM, it is critical that short-term Workforce Pell rules, long-standing Pell eligibility, and new accountability metrics operate together in a way that does not unintentionally restrict access for students in licensure-leading programs.

We respectfully urge the Department, in the final rule and preamble, to:

- Clarify that creation of Workforce Pell eligibility for short-term programs does not call into question existing Pell eligibility for longer-term, licensure-leading health professions programs, including

AHM.

- Recognize that accountability metrics and packaging rules may have distinct effects on niche professions with small enrollment and specialized labor markets, and provide targeted flexibilities where appropriate.

II. Comments on Workforce Pell eligibility and program definitions [Subpart/section on Workforce Pell definitions]

The NPRM sets parameters for Workforce Pell eligibility, including hour and weeks-of-instruction thresholds, along with quality and labor-market criteria. While most AHM programs do not fit the short-term Workforce Pell framework, the way these definitions are framed may create confusion or unintended consequences for longer-term professional programs.

We recommend that the Department:

1. Clarify status of licensure-leading AHM programs
    - Explicitly state that AHM programs that continue to meet existing Title IV and accreditation requirements retain their Pell eligibility regardless of whether they qualify as Workforce Pell programs.
    - Make clear that Workforce Pell eligibility is an additional pathway for short-term programs and not a new baseline that other programs must satisfy.
2. Avoid misclassification of professional programs
    - Emphasize that longer, clinically intensive professional programs (e.g., master's and doctoral AHM programs) should not be treated as outliers or presumptively lower value because they fall outside the Workforce Pell hour and duration ranges.
    - Ensure that any new definitions of undergraduate, graduate, and professional programs used in this context explicitly recognize licensure-leading AHM degrees and their accreditation framework.

Suggested preamble language: "The Department does not intend for the Workforce Pell framework to limit, diminish, or otherwise alter the Title IV eligibility of existing licensure-leading health professions programs, including acupuncture and herbal medicine programs, that meet current statutory and regulatory requirements."

III. Comments on accountability and earnings/value metrics [Subpart/sections on accountability framework and low-earning programs]

The NPRM's accountability framework uses earnings and related measures to assess program performance and, in some circumstances, to limit access to Title IV aid. While we support protecting

students from programs that offer poor economic outcomes, these metrics may be unreliable for small, specialized AHM programs with distinctive practice patterns.

Graduates of AHM programs often operate as small business owners or independent contractors, may work part-time, and frequently serve rural or underserved communities, all of which can depress reported wages even where overall economic and social value is high. Additionally, small cohort sizes common in AHM programs can make earnings metrics statistically unstable.

We ask the Department to:

- Establish explicit safeguards for programs with small cohort sizes, such as minimum n-sizes, multi-year averaging, and careful treatment of suppressed or volatile data.
- Allow alternative or supplemental evidence for licensed health professions—such as licensure pass rates, accreditation findings, and employer feedback—when earnings metrics are inconclusive.
- Clarify that specialized accreditors' judgments regarding quality and workforce relevance may inform how the Department interprets accountability results in fields like AHM.

Concept for regulatory or preamble language: "For licensed health professions with limited enrollment or specialized labor markets including high self-employment, the Secretary may apply modified or alternative earnings analyses, or rely on supplemental evidence, to avoid misclassifying programs based on unstable or unrepresentative data."

IV. Comments on Pell packaging and coordination with other grant aid [Subpart/section on Pell Grant exclusion and packaging rules]

The NPRM would revise how Pell Grants interact with other grant aid, affecting how institutions package federal, state, private, and institutional grants when total grant aid approaches or exceeds cost of attendance. We are concerned that these changes could adversely affect small, tuition-dependent AHM institutions and their low-income students.

We urge the Department to:

- Issue detailed guidance and examples specifically addressing small, mission-driven institutions and professional schools, including AHM programs, to minimize administrative burden and avoid unintended harm to students.
- Monitor the impact of the new packaging rules on enrollment and completion among low-income students in specialized programs, and signal willingness to revisit the rules if they reduce access.

V. Role of specialized accreditors and alignment of quality standards [Subpart/sections addressing accreditation and approval]

The NPRM envisions a strengthened role for accreditors and state workforce entities in assuring

program quality and alignment with labor-market needs, especially for Workforce Pell programs. In AHM, the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) already maintains comprehensive standards for curriculum, clinical training, faculty, and outcomes.

We request that the final rule and preamble:

- Explicitly recognize specialized accreditors, including ACAHM, as key partners in determining program quality and workforce relevance in regulated health professions.
- Avoid imposing federal criteria that conflict with or duplicate specialized accreditation standards, which could create confusion and unnecessary burden for institutions.
- Encourage coordinated implementation among the Department, states, and specialized accreditors so that Workforce Pell and accountability expectations are applied consistently and appropriately to AHM programs.

Suggested preamble concept: "The Department values the expertise of specialized accreditors and encourages collaboration to ensure that federal expectations align with existing professional standards."

VI. Data, reporting burden, and student information [Subpart/sections on reporting and disclosure]

The proposed rules rely on expanded program-level reporting and public disclosure. For small AHM institutions, added reporting requirements must be carefully calibrated to avoid overwhelming limited administrative capacity and generating misleading statistics for students.

We recommend that the Department:

- Set minimum cohort and cell sizes for any publicly reported or sanction-triggering metrics to prevent misinterpretation of highly variable data.
- Offer streamlined reporting processes tailored to low-volume Title IV institutions, including many AHM programs.
- Encourage contextualized disclosures where data are based on very small samples, so students are not misled by large swings from year to year.

VII. Effective date, transition, and implementation support [Subpart/section on effective dates]

We recognize that the NPRM anticipates an effective date of July 1, 2026, for Workforce Pell and related Pell provisions. Many AHM institutions are concurrently managing accreditation updates, clinical training adjustments, and financial pressures, making transition support especially important.

We request that the Department:

- Provide phased implementation or extended transition periods for provisions that affect packaging, accountability metrics, and reporting, so small AHM institutions can adapt systems and policies

without disrupting students.

- Offer technical assistance, written FAQs, and training that explicitly address scenarios common to small, clinically intensive professional programs, including AHM.

VIII. Conclusion

The Acupuncture and Herbal Medicine Coalition appreciates the Department's commitment to expanding access through Pell Grants and improving accountability for student outcomes. With the targeted clarifications and flexibilities described above, we believe the final rules can achieve these goals while preserving access to high-quality, licensure-leading AHM education for low-income and nontraditional students.

We would welcome the opportunity to provide additional information or participate in future discussions as the Department refines these regulations and develops implementation guidance. For further communication, please contact Kristin Richeimer, CAE, Executive Director, CCAHM.

Respectfully submitted,
The AHM Coalition

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