



March 2, 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-2025-OPE-0944 — Reimagining and Improving Student Education (RISE)

Dear Under Secretary Kent:

On behalf of the Acupuncture and Herbal Medicine Coalition (“AHM Coalition”), we appreciate the opportunity to submit comments regarding the Department’s proposed definition of “professional student” under the Reimagining and Improving Student Education (RISE) Notice of Proposed Rulemaking. 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 the "Make America Healthy Again (MAHA)" agenda, including in underserved communities.

We are concerned that the Department’s proposed interpretation of “professional degree” will exclude AHM programs despite the fact that these programs satisfy the regulatory definition incorporated by Congress.

Statutory Authority and Congressional Incorporation

Congress defined “professional student” by incorporating the definition of “professional degree” in 34 C.F.R. § 668.2 as being in effect at the time of enactment. That definition establishes a three-part test:

1. Completion of the academic requirements for beginning practice in a given profession;
2. A level of professional skill beyond that normally required for a bachelor’s degree; and
3. Professional licensure is generally required.

The definition is functional and non-exhaustive. It does not require that a program be doctoral in nature, nor does it condition eligibility on CIP code classifications.



Acupuncture and Herbal Medicine Satisfies the Three-Part Test

1. First, in order to be eligible for national certification board examinations and to obtain state licensure, graduation from an AHM program is generally required.
2. Second, entry-level AHM degrees are master and doctoral programs that require extensive clinical training in biomedical sciences, diagnosis, herbal pharmacology, and supervised clinical training. These competencies exceed the level of education normally required for a bachelor's degree and are specifically designed to prepare students for independent professional practice.
3. Third, acupuncture is a licensed health profession in 47 U.S. states plus the District of Columbia. Licensure requires graduation from an accredited program and successful completion of certification board examinations.

These structural elements mirror those of many other licensed health professions and satisfy the incorporated regulatory standard.

Federal Agencies Already Recognize AHM as a Professional Healthcare Field

Multiple federal agencies have already determined that AHM is a recognized, independent healthcare profession:

- *Bureau of Labor Statistics.* BLS established a dedicated Standard Occupational Classification code for Acupuncturists (SOC 29-1291) in 2018, placing the profession in the same major group as physicians, dentists, and other independently licensed health practitioners.
- *Centers for Medicare and Medicaid Services.* CMS extended Medicare coverage for acupuncture treatment of chronic low back pain effective January 2020, recognizing acupuncture as a covered medical service furnished by licensed Acupuncturists.
- *Department of Veterans Affairs.* The Department of Veterans Affairs integrates licensed Acupuncturists within its Whole Health model and delivers substantial acupuncture care annually to veterans nationwide, reflecting the profession's integration as a clinical discipline within the federal healthcare system.
- *U.S. Department of Education.* ACAHM is the sole U.S. Department of Education-recognized specialized accrediting agency for AHM programs, ensuring programmatic quality and compliance consistent with other federally recognized health profession accreditors.

Federal agency recognition of the profession has consistently operated alongside—not in place of—state licensure and regulatory authority. Consistency across federal agencies supports recognition here. AHM providers are held to training standards consistent with professional degree designations. It would be anomalous for the Department to treat a profession that Medicare covers, the VA employs, and BLS classifies alongside physicians as something other than a professional field for federal student loan purposes.



Impact on Student Access, Workforce Stability, and Public Health Considerations

Constraining access to professional-degree loan structures would limit the pipeline of qualified, licensed practitioners available to serve patients, particularly in underserved communities where demand for nonpharmacologic pain management and integrative care continues to grow.

Under the proposed framework, programs excluded from the professional degree designation would be subject to lower lifetime federal borrowing caps. Because these caps are cumulative and include prior undergraduate borrowing, many qualified students would face financing constraints when pursuing graduate-level licensure programs. Sector data from ACAHM-accredited institutions reflect over 5,700 students enrolled across accredited programs. ACAHM 2025 total program cost survey data indicate that median aggregate program costs for licensure-leading AHM degrees (master's & doctoral) may range from \$28,350 to \$86,586, depending on degree level and other factors. These programs are multi-year, clinically intensive, structured to meet accreditation and licensure requirements to provide safe and effective patient care. These programs are structured to meet accreditation standards, national certification requirements, and state licensure laws. Reducing educational length or clinical intensity would directly undermine eligibility for licensure and may compromise patient safety.

Where supplemental federal borrowing options are limited or unavailable, accurate classification of licensure-leading healthcare programs becomes even more consequential for student access. Private loans carry higher interest rates, require strong credit or a cosigner, and lack income-driven repayment protections and are not an equivalent substitute for federal loan access.

Access to adequate federal financing allows qualified students from a broad range of economic backgrounds to complete rigorous, clinically intensive professional education and enter practice. Loan limits calibrated to the actual cost of professional education support both student access and the high standards of preparation that protect patients.

Conclusion

We respectfully request that the Department:

1. Apply the incorporated regulatory definition of “professional degree” as written.
2. Confirm that accredited AHM programs qualify under the three-part test.
3. Refrain from imposing additional criteria not contained in the incorporated regulatory definition.

The incorporated definition is functional and profession-neutral. AHM education is graduate-level, clinically intensive, nationally certified, and state-licensed. It satisfies the standard Congress adopted.

We appreciate the Department’s consideration and remain available to provide further documentation as needed. For further communication, please contact Kristin Richeimer, CAE, Executive Director, CCAHM.

Respectfully submitted,

The AHM Coalition



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