



National Association of County & City Health Officials

The National Connection for Local Public Health

March 1, 2026

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

Re: Docket No. ED-2025-OPE-0944; Public Comments in Response to Reimagining and Improving Student Education, A Proposed Rule by the Education Department

Secretary McMahon,

On behalf of the over 3,300 local health departments across the nation, the National Association of County and City Health Officials (NACCHO) appreciates the opportunity to respond to the request for comments regarding the Department of Education’s proposed changes to professional and graduate degree definitions. Local health departments work every day in their communities to prevent disease, promote wellness, and protect health security. The changes proposed would likely have significant impacts on the pipeline of highly-skilled individuals needed in health departments to protect the nation’s health security. This is particularly true for key positions that require advanced degree training and leadership positions in local health departments.

The local public health workforce is the backbone of the nation’s governmental public health system but has been underfunded for many years. NACCHO’s research indicates that while [all health departments need additional highly qualified staff](#), one of the most acute needs is in small local health departments, which often serve rural communities. As noted in the federal register notice, the proposed regulations would have a significant impact on students and borrowers, impacting the pipeline of public health workers. Local and state health departments are our nation’s first line response to public health emergencies and communities need a supported public health workforce with capacity to prepare for and respond to emergencies including infectious disease outbreaks, environmental hazards, and weather-related events. They cannot do this without well-trained professionals.

The Department’s current proposal creates potential hurdles for the public health workforce by limiting the list of “professional programs” to a narrow, fixed list of mostly clinical



and legal fields. Multiple roles in health departments require advanced degrees, including public health and nursing advanced degrees impacted by this proposed change. The Master's in Public Health (MPH), Doctor of Public Health (DrPH), and related public health credentials have received longstanding recognition as professional practice degrees imperative to community health, emergency preparedness, and prevention. These degrees are often required of candidates for employment. For example, the work of epidemiologists requires a master's degree, as identified by the [Bureau of Labor and Statistics](#). They use their professional degree training to help them prevent, identify, track, and address costly disease in the community.

The exclusion of these degrees as proposed arrives at a moment when public health systems are strained by workforce shortages, [rising chronic disease](#), [extreme weather events](#), and ongoing infectious disease outbreaks, including measles. Moreover, these degrees are required for many leadership roles in health departments, [with 67% of local health department leaders](#) reporting a masters or doctoral degree, mostly in public health, nursing, or medicine. Reducing loan access for future public health practitioners and leaders weakens and places an increased strain on an already overburdened public health workforce and place particular challenges in filling leadership roles.

These fields, and others that were excluded from the “professional” determination, may be forced to seek high-risk private loans to cover expenses above the new federal limit or opt out of seeking a graduate degree altogether. According to the [Urban Institute](#), 29% of public health students pursuing a master's degree borrowed more than the new proposed annual limit (\$20,500) and 20% borrowed more than the proposed aggregate limit. Schools of public health warn that [enrollement declines are likely](#), particularly for practice-focused programs that require full-time study or field training. The public health workforce is already experiencing vacancy rates of [20% to 40%](#) across key roles; the consequences for the public health infrastructure could be severe.

In the proposed rule, the Department notes that a substantial discussion has centered on the need for workers in specific fields, but that Congress did not instruct the Department to take need into account. However, the [Office of Management & Budget's Circular A-4](#) (2003) states that the agency should describe the extent of the discretion available and federal agencies should promulgate regulations that are made necessary by “compelling need, such as material failures of private markets to protect or improve the health and safety of the public... or the well being of the American people.” Additionally, Circular A-4 notes that there are justifications for regulations in addition to correcting market failures and notes that OMB encourages agencies to report results with multiple measures of effectiveness that offer different insights and perspectives. Significant changes to the public health workforce, while difficult to quantify in a

cost-benefit analysis, should be considered by the Department as it would have a significant impact on the health and safety of communities across the nation. The Government Accountability Office (GAO) emphasizes deep and persistent gaps in the public health workforce across multiple occupations and jurisdictions in a [January 2025 report](#) and noted these gaps are exacerbated during a public health emergency, limiting the ability of jurisdictions to conduct key public health functions, such as disease investigation and control, identification of hazards, and readiness to respond to emergencies. Impacts on the workforce pipeline, as could occur from this proposed change, would exacerbate the challenges of having high-skilled public health practitioners available in an emergency.

Notably, the Council on Education for Public Health (CEPH), recognized by the Department of Education as the accrediting body for academic public health, [explicitly distinguishes](#) the MPH and DrPH degrees as professional degrees distinct from research-oriented academic degrees (MS, PhD) in public health. Furthermore, as it relates to requirements for specific professions, according to the U.S. Bureau of Labor Statistics, [epidemiologists](#) typically need at least a master's degree to enter the occupation. This is only one such example of an MPH being necessary for entrance into a specific field, which the Department noted is required to satisfy the definition of “professional.”

The effects of this policy could extend beyond public health higher education. As a result, local health departments may struggle to recruit qualified practitioners, as salaries remain low and training costs continue to rise. Together, this would dampen monitoring of chronic and infectious diseases, emergency preparedness and response, and health promotion efforts. Public health innovation could slow, particularly in areas such as maternal and child health, mental and behavioral health, and rural health. Communities may also see a decrease in the number of public health nurses, epidemiologists, and emergency preparedness specialists, which can weaken their response capacity.

Beyond public health advanced degrees, local health departments would also be impacted by the change to classification of advanced practice nurses. In 2020, the median age of registered nurses was 52 years with more than one-fifth indicating intent to retire from nursing over the next 5 years, according to the 2020 National Council of State Boards of Nursing and National Forum of State Nursing Workforce Centers national survey of the US nursing workforce. The US Bureau of Labor Statistics projects that more than [275,000 additional nurses](#) are needed from 2020 to 2030, with employment projected to grow 9%, faster than all other occupations. Public health nurses play critical roles in maintaining the health and safety of communities. According to NACCHO's Forces of Change Survey, 75% of public health nurses at rural local health departments specialize in emergency preparedness (66% in urban local health departments).

90% of nurses at local health departments provide health promotion and protection services, 83% provide clinical interventions, and 72% work in emergency preparedness and disaster recovery. Advanced degrees in nursing are held by [nearly 1/3 of local health department directors](#), particularly serving in smaller and rural health departments.

Finally, the proposed rule asserts that the Department is hesitant to treat nurse practitioners as distinct and asserts that “other nurses” are supervised by physicians, which is incorrect. Registered nurses practice within a state-defined scope of practice established by law and regulation; they are not supervised by physicians. The rule also asserts that advanced practice registered nurses (APRNs) are not part of distinct profession—nursing is a licensed profession and APRNs are educated, trained, certified, and regulated to deliver essential care in alignment with the Department’s consideration of a required licensure in order to meet the definition of “professional.” Most states have established full practice authority for APRNs, and there are many clinical care settings where APRNs are not supervised. The Department’s logic does not align with the realities of the critical role nurses play in provided health services.

We urge the Department to reconsider the criteria used to determine professional degree programs, accounting for the information presented herein, the impact these changes would have on the health and safety of communities, and in alignment with OMB’s Circular A-4 guidance. MPH, DrPH, and advanced practice nursing should be considered “professional” degrees to ensure the health security of the nation.

Thank you for consideration of these comments. For additional information, please contact Adriane Casalotti, NACCHO’s Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,



Lori Tremmel Freeman, MBA
Chief Executive Officer