



HEALTHIER WORKPLACES | A HEALTHIER WORLD

Main +1 703-849-8888 Fax +1 703-207-7266

August 20, 2025

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

Submitted electronically on behalf of the American Industrial Hygiene Association

Re: Public Comment on Implementation of Changes to Title IV, HEA Programs under the One Big Beautiful Bill Act (OBBA) via Negotiated Rulemaking [Docket ID: ED-2025-OPE-0151-0001]

Dear Secretary McMahon and Members of the Department and Rulemaking Committees,

The American Industrial Hygiene Association (AIHA) is the association for scientists and professionals committed to preserving and ensuring occupational and environmental health and safety (OEHS) in the workplace and community. Founded in 1939, we support our members with our expertise, networks, comprehensive education programs, and other products and services that help them maintain the highest professional and competency standards. More than half of AIHA's nearly 8,500 members are Certified Industrial Hygienists, and many hold other professional designations. AIHA serves as a resource for those employed across the public and private sectors and the communities in which they work.

We respectfully submit comments in response to the Department's invitation for public feedback regarding the implementation of the One Big Beautiful Bill Act (OBBA), H.R. 1.

AIHA appreciates the Department's efforts to support student access, transparency, and accountability through this ambitious legislation. However, we are extremely concerned about the devastating implications the law might have on the occupational health and safety profession, whose practitioners are generally educated within university schools of public health. Failing to recognize public health degrees as "professional degree programs" will reduce the pipeline of occupational and environmental health and safety professionals, which could endanger worker health across all industry sectors.

AIHA offers the following recommendations:

1. Ensure Inclusion of Public Health in the Definition of “Professional Degree Programs”

The OBBB raises annual federal loan limits for professional students and sets new aggregate limits. However, the current federal regulations (34 CFR §668.2) provide a narrow and outdated list of “professional degrees” that omit key health-related fields.¹ Most notably, public health degree programs offered at the graduate level, including the Master of Public Health (MPH), Doctor of Public Health (DrPH), and other graduate degrees equivalent to the MPH or DrPH degree, are widely recognized as professional degree programs but are omitted from the list. The Council on Education for Public Health (CEPH), recognized by the U.S. Department of Education as the accrediting body for academic public health, explicitly distinguishes the MPH and DrPH degrees as professional degrees, thereby distinct from research-oriented academic degrees (MS, PhD) in public health.²

The MPH degree often serves as a graduate-level credential for professionals entering the OEHS workforce. Eligibility to sit for the national licensing certification in public health, known as the Certified in Public Health (CPH) exam, typically requires an MPH or equivalent degree from an accredited program. The CPH exam demonstrates a public health professional’s mastery of core competencies and readiness for protecting the nation’s health. Earning this certification ensures an individual has met rigorous national standards and is committed to staying current in public health practice through continuing education.

Furthermore, the MPH is the primary entry-level credential for public health careers, with many roles considered health professions positions in public service and practice. MPH academic programs are designed to prepare students for direct entry into a specific profession, such as practicing as an industrial/occupational hygienist (AIHA’s core membership base). Thus, a professional degree should also be understood as occupation-specific, emphasizing applied knowledge and practical skills for practice in the field.

Professionals with advanced public health training, particularly those with MPH and DrPH degrees, bring essential expertise in disease prevention, health promotion, and beyond. A January 2025 report by the Government Accountability Office (GAO) emphasizes deep and persistent gaps in the public health workforce across multiple occupations and jurisdictions. These gaps limit our ability to investigate disease, detect hazards, and respond to emergencies, even before and especially during public health crises.³

¹ 34 CFR §668.2 identifies the following professional degree programs: Pharmacy (Pharm.D.), Dentistry (D.D.S. or D.M.D.), Veterinary Medicine (D.V.M.), Chiropractic (D.C. or D.C.M.), Law (L.L.B. or J.D.), Medicine (M.D.), Optometry (O.D.), Osteopathic Medicine (D.O.), Podiatry (D.P.M., D.P., or Pod.D.), and Theology (M.Div., or M.H.L.).

² Council on Education for Public Health (CEPH). Accreditation Criteria for Schools and Programs of Public Health.

³ U.S. Government Accountability Office. (2025, January). Public health preparedness: HHS and jurisdictions have taken some steps to address challenging workforce gaps (GAO-25-107002). Report to Congressional Committees. <https://files.gao.gov/reports/GAO-25-107002/index.html>

Failing to recognize MPH and DrPH degrees as “professional degree programs” will not only be inaccurate but will also diminish student aid access and, in turn, limit the number of public health professionals necessary to strengthen our nation’s public health infrastructure and workplaces. This will leave communities across the country much more vulnerable to health threats and emergencies.

Recommendation: We encourage the Department to expand the list of “professional degree programs” to include accredited public health graduate programs already widely recognized as “professional degree programs,” including the MPH and DrPH programs. The Department’s definition of “professional degree programs” would benefit from aligning with the existing definition of public health degrees by CEPH, which explicitly states that “Professional public health degrees are offered at the graduate level and include the MPH and DrPH, as well as any graduate degrees that prepare individuals for public health practice in a manner equivalent to the MPH or DrPH degree.”

2. Provide Clear Implementation Guidance on Loan Limit Changes

Public health students rely heavily on federal student loans to complete their graduate education. Public health institutions report that confusion regarding new annual and aggregate loan limits could result in disruptions to financial planning and degree completion.

Recommendation: We encourage the Department to issue timely and clear guidance to institutions and Financial Aid Administrators (FAAs) regarding whether the new loan limits apply to loans originated or disbursed on or after July 1, 2026. This includes prompt updates to internal software systems and training materials to avoid misinformation or delays.

3. Retain and Restore Adequate Department Staffing to Support Implementation

We are deeply concerned that the Department’s reduction in career staff will hamper effective implementation of O BBB and hinder support to institutions and students.⁴

Recommendation: It might be beneficial for the Department to use the additional \$1 billion in student aid administration funding to retain and expand staff, restore regional support, and bolster help desk services critical for FAFSA access and Title IV compliance.

4. Support Institutions and Borrowers through Transparent Data Access

The O BBB introduces a new accountability metric tied to the median earnings of graduates.⁵ While we support transparency, AIHA is concerned that small cohort

⁴ U.S. Department of Education. (2025, March 11). U.S. Department of Education initiates reduction in force [Press Release]. <https://www.ed.gov/about/news/press-release/us-department-of-education-initiates-reduction-force>

⁵ Congress.gov. (2025). H.R. 1-One Big Beautiful Bill Act. <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.

sizes and public service career pathways common in public health could misrepresent program value.

Recommendation: It would be helpful for the Department to publish the earnings data and methodologies used to determine program eligibility in a public and disaggregated format. Institutions need meaningful opportunities to appeal based on workforce context, especially for programs that lead to public-sector roles with high societal value but modest starting salaries.

5. Clarify Pell Grant Packaging Changes to Avoid Unintended Access Barriers

ASPPH institutions serve many students who combine federal, state, institutional, and private grants. We are concerned that the revised Pell packaging rules may discourage students from accepting institutional aid if it disqualifies them from Pell eligibility.

Recommendation: The Department should consider issuing a formal clarification that the Pell Grant remains a first-dollar program except in narrow cases where non-federal aid fully covers the cost of attendance (COA). A misunderstanding here could reduce college affordability for low-income students pursuing public health careers.

6. Add Public Health and Financial Aid Expertise to Negotiated Rulemaking Committees

The Department's current structure for the RISE and AHEAD committees does not adequately reflect the scope of fields impacted by the OBBB.

Recommendation: AIHA encourages the Department to include representatives from schools and programs of public health on both committees and to establish a separate category for FAAs to ensure those who manage Title IV aid daily can inform rulemaking decisions.

Conclusion: AIHA urges the Department to adopt the above recommendations, particularly the inclusion of public health degrees, which are already recognized as professional degrees, within the definition of "professional degree programs." This will ensure that the implementation of recent changes to Title IV, HEA programs under the OBBB Act adequately supports students, protects program integrity, and strengthens the nation's public health capacity.

The public health workforce is foundational to national security and well-being, as highlighted by recent global and domestic public health emergencies. Ensuring equitable access to public health education is critical to building and sustaining this workforce.

We thank you for the opportunity to provide comments and welcome further dialogue. Please feel free to contact me at lsloan@aiha.org or 703-846-0760 with questions.

Sincerely,



Lawrence Sloan, MBA, CAE, FASAE
Chief Executive Officer
American Industrial Hygiene Association