



Submitted electronically on behalf of the
Association of University Programs in Health Administration (AUPHA)
Re: Public Comment on Notice of Proposed Rulemaking,
Reimagining and Improving Student Education [Docket ID: ED-2025-OPE-0944]

February 27, 2026

Dear Secretary McMahon and Under Secretary Kent:

The Association of University Programs in Health Administration (AUPHA) appreciates the opportunity to provide comments on the Department of Education’s proposed rule redefining “professional degree programs” under the One Big Beautiful Bill Act (OBBBA). AUPHA represents more than 140 accredited graduate programs in healthcare management, health administration, and health services administration across the United States and internationally. Our members educate the leaders who manage hospitals, health systems, long-term care organizations, community health centers, insurers, and public agencies that collectively serve millions of Americans each day.

Behind every high-functioning hospital, every safe discharge, every coordinated emergency response, and every quality improvement initiative is a trained healthcare executive. Healthcare management students and graduates are the administrators who ensure hospitals remain solvent, the operations leaders who expand access in rural communities, the compliance officers who safeguard patient privacy, and the executives who guide systems through crises such as pandemics, cyberattacks, and workforce shortages. They pursue these careers to ensure that care delivery systems function safely, efficiently, and equitably.

To advance US healthcare quality, access, affordability, and preparedness, the federal government must sustain a sufficient, well-prepared healthcare management workforce. The US healthcare sector accounts for nearly one-fifth of the national economy, employs over 20 million people, and is projected to continue growing faster than most other sectors.

According to the National Center for Education Statistics, health professions and related programs were among the top five fields of study for master’s degrees in 2021-2022. The number of degrees conferred grew 75% between 2011-2012 and 2021-2022, second only to computer and information science degrees. Furthermore, health professions and related

programs were the number one field of study for doctoral degrees in 2021-2022, representing 44% of all doctoral degrees conferred that year (source: <https://nces.ed.gov/programs/coe/indicator/ctb/graduate-degree-fields>).

Healthcare managers and medical and health services managers are among the fastest-growing occupations in the country, with demand driven by demographic shifts, technological transformation, regulatory complexity, and care delivery reform.

Restricting access to graduate education in this field will directly undermine the stability and performance of the nation's healthcare infrastructure.

I. The Proposed Definition of "Professional Degree Programs" is Inconsistent with Statute and Professional Practice

As the Department considers implementation of new loan limits under OBBBA, we write to express serious concern about the proposed narrowing of the definition of "professional degree programs," particularly the effective exclusion of Master of Health Administration (MHA), Doctor of Health Administration (DHA), and equivalent degrees.

The Higher Education Act, as amended, incorporates the definition of "professional degree" in 34 C.F.R. § 668.2 as in effect on July 4, 2025. That regulation defines a professional degree as one that signifies completion of academic requirements for beginning practice in a profession and a level of professional skill beyond that normally required for a bachelor's degree, with licensure generally required but not universally mandated.

The Department's proposed additions, including a general doctoral-level requirement, minimum program duration thresholds, and narrow CIP-code constraints, are not contemplated by statute and are neither necessary nor appropriate proxies for professional preparation.

Healthcare management degrees clearly satisfy the statutory test:

- They signify preparation for beginning professional practice. The MHA and equivalent master's degrees are widely recognized as the standard professional credential for entry into healthcare executive and management roles. The DHA is an advanced applied doctorate preparing senior leaders for executive-level practice.
- They require professional skill beyond the bachelor's level. Accredited programs require advanced coursework in healthcare finance, operations, quality and safety, informatics, health law, organizational leadership, population health, and strategic management.

- They are grounded in recognized professional standards. Accreditation by the Commission on Accreditation of Healthcare Management Education (CAHME), the Council on Education for Public Health (CEPH), the Association to Advance Collegiate Schools of Business (AACSB), and the Network of Schools of Public Policy, Affairs, and Administration (NASPAA) requires healthcare management master’s programs have competency-based curricula, applied residencies or field experiences, and measurable leadership outcomes aligned with national workforce expectations.

Imposing a blanket doctoral requirement would arbitrarily exclude master’s-level professions in which advanced professional competence is appropriately achieved at the graduate (non-doctoral) level. Conversely, doctoral status alone is an imprecise proxy, as many research doctorates are not practice-oriented professional degrees.

Similarly, rigid program-length thresholds improperly equate “seat time” with competence. Healthcare administration programs vary in structure - full-time, part-time, hybrid, executive - but all accredited programs must demonstrate rigorous preparation for high-responsibility leadership roles. Program duration is not a reliable indicator of professional readiness. An overall cap for the degree would be the most appropriate approach, not annual or yearly caps.

Finally, reliance on narrow CIP codes as a gatekeeping mechanism is inappropriate. CIP codes are statistical reporting tools, assigned by institutions, and were not designed to determine eligibility for federal loan classifications. Eligibility should instead reflect accreditation, curriculum rigor, and professional outcomes. If CIP codes are to be used, all of the health professions included under the broad CIP code 51 should be included, versus arbitrarily and capriciously choosing some health professions and not others.

II. MHAs, DHAs, and Equivalent Degrees Meet the Statutory Definition of Professional Degrees

The Master of Health Administration (MHA) and equivalent master’s degrees serve as the primary entry-level professional degree for healthcare management. Employers, including hospitals, integrated delivery systems, federal agencies, and private-sector healthcare organizations, routinely designate the MHA (or equivalent) as the preferred or required credential for leadership-track roles.

The Doctor of Health Administration (DHA) is a practice-focused professional doctorate designed for senior executives, emphasizing applied research, strategic transformation, health system leadership, and organizational performance improvement.

These degrees:

- Prepare graduates for defined professional roles within a regulated, high-stakes industry.
- Emphasize applied practice, often requiring residencies, administrative fellowships, or capstone consulting projects within health systems.
- Align with nationally recognized competency frameworks developed in partnership with industry stakeholders such as the American College of Healthcare Executives (ACHE) and other professional bodies.
- Support eligibility for professional certifications (e.g., Fellow of the American College of Healthcare Executives (FACHE)), which require advanced education and executive experience. Earning FACHE specifically requires preparation beyond the bachelor's degree - either a master's or doctoral degree.

Although healthcare management does not involve a universal state licensure regime, neither do several degrees included on the Department's illustrative list. The statutory language does not require licensure in every case. The absence of universal licensure does not negate professional status, particularly in fields where professional certification, accreditation, and employer standards serve as the governing quality mechanisms. Parts of the health industry in the US, such as skilled nursing facilities, do require licensure for healthcare managers and executives but the requirements vary from state to state. Licensure for the healthcare management field is not an appropriate or adequate proxy for designation as a professional versus graduate degree.

Excluding MHA, DHA, and equivalent programs would create arbitrary distinctions within the health professions and weaken the interprofessional healthcare workforce pipeline. Effective healthcare delivery depends not only on clinicians but also on highly trained administrators who ensure compliance, risk management, financial stewardship, workforce stability, cybersecurity readiness, and quality improvement.

III. Workforce and Economic Implications

Healthcare management professionals are essential to controlling costs, improving outcomes, and ensuring access, each of which is a core national priority. Workforce projections consistently identify medical and health services managers among the fastest-growing occupations in the U.S., with projected growth significantly above the national average over the coming decade. The Bureau of Labor Statistics predicts 23% growth for Medical and Health Services Managers in the 2024-2034 job outlook, classifying this as "much faster than average" (Source: <https://www.bls.gov/ooh/management/medical-and-health-services-managers.htm#tab-6>).

Graduate education in healthcare management represents a substantial financial investment. Many students pursue these degrees mid-career, often carrying undergraduate debt while balancing family and professional responsibilities. Federal student loan access is therefore a critical enabler of workforce development.

If MHA programs, DHA programs, and their equivalents are excluded from the professional degree category and subject to lower aggregate loan caps:

- National goals to improve efficiency and reduce wasteful spending may be undermined.
- Organizational performance, compliance, and patient safety initiatives may be adversely affected.
- Health systems facing management and executive shortages may struggle to recruit trained leaders.
- Qualified candidates, particularly those from rural, underserved, and underrepresented communities, may opt out.

According to data from the Commission on Accreditation of Healthcare Management Education (CAHME), MHA and equivalent programs have an impressive retention rate of 93%. At a time when hospitals and health systems face unprecedented financial pressures, workforce shortages, cybersecurity threats, and demographic change, narrowing access to graduate preparation for healthcare leadership is counterproductive.

Furthermore, advanced degrees in healthcare management provide a significant return on investment. AUPHA conducts an Annual Survey of master's programs each year, including questions related to job placement and salaries. For the 2024-2025 academic year, there was a very high response rate of 74%. Graduates from the 2024-2025 academic year, had an average salary of \$83,315.20 in jobs 3 months post-graduation, while those who entered administrative fellowship earned \$69,996.44 on average.

The Commission on Accreditation of Healthcare Management Education (CAHME) collects similar year-to-year data. For 2024-2025, they report a median salary of 2,464 graduates with jobs of \$89,784 and a median salary of 591 graduates with administrative fellowships of \$69,617.

This means that within 3 months of graduation, on average, healthcare management graduates earn more than the national average salary, as evidenced by the latest (2024) Social Security Administration National Average Wage Index of \$69,846.57 (source: <https://www.ssa.gov/oact/cola/AWI.html#Series>).

As noted above, limiting federal loans for advanced degrees in healthcare management would narrow access, thus reducing the number of graduates entering the workforce with these strong economic outcomes.

IV. Congressional Review Act Considerations

Given the significant economic impact of the proposed rule, including its effect on billions of dollars in federal student lending and its influence on multiple professional sectors, the final rule should be designated a “major rule” under the Congressional Review Act. Transparent reporting and full congressional review are appropriate given the magnitude of the proposed changes.

V. Recommendations


AUPHA respectfully urges the Department to:

1. Adhere to the statutory definition incorporated into the Higher Education Act and avoid adding restrictive criteria not contemplated by Congress.
2. Explicitly include MHA and DHA degrees, and their equivalents, as eligible professional degree programs consistent with longstanding professional recognition and workforce need.
3. Avoid fragmenting the health workforce, ensuring definitions do not create arbitrary distinctions among interdependent health professions.
4. Reject blunt structural proxies such as minimum program length or generalized doctoral requirements.
5. Prioritize accreditation and demonstrated professional preparation, including CAHME, AACSB, CEPH, and NASPAA accreditation and competency-based outcomes.
6. Designate the rule as a major rule under the CRA and allow for full congressional review.

Healthcare administrators are the operational backbone of the American healthcare system. Without well-prepared leaders, even the most advanced clinical workforce cannot function effectively.

We appreciate the Department’s consideration and stand ready to provide additional information or technical assistance as the rule-making process proceeds.

Respectfully submitted,



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