



March 2, 2026

The Honorable Linda McMahon
Secretary of Education
Department of Education
400 Maryland Avenue SW
Washington, DC 20202

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

Re: ED-2025-OPE-0944: Reimagining and Improving Student Education

Dear Secretary McMahon and Under Secretary Kent:

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit comments on the Department of Education’s (ED) “Reimagining and Improving Student Education” Notice of Proposed Rulemaking (NPRM or proposed rule). ABHW is concerned that the proposed definition of “professional degree” excludes graduate degrees necessary to provide mental health (MH) and substance use disorder (SUD) care to patients across the United States (U.S.).

If finalized as proposed, this NPRM would exacerbate existing health care provider shortages and directly undermine patients’ access to high-quality, evidence-based care. At a time when demand for behavioral health services continues to rise, this proposal threatens access to behavioral health care services and the broader health care system that depends on integrated, whole-person care.

The Impact on the Behavioral Health Workforce

The National Alliance on Mental Illness (NAMI) estimates that 23.4%, or 61.5 million, U.S. adults experienced mental illness in 2024.¹ Similarly, millions of children and adolescents experience mental health conditions each year. Yet only about half of those in need receive treatment.²

The workforce responsible for meeting this demand includes licensed clinical social workers, marriage and family therapists, MH and addiction counselors, nurses, and

¹ <https://www.nami.org/mental-health-by-the-numbers/>

² <https://www.nimh.nih.gov/health/statistics>

other behavioral health professionals. Entry into these professions requires a post-baccalaureate degree, typically a master's degree, that meets state licensure standards, followed by supervised clinical training and examination requirements. These programs generally take two to three years to complete and involve significant financial investment.

If these degrees are excluded from the definition of “professional degree,” students in these programs may lose access to critical financial support mechanisms. This would:

- Deter qualified students from entering behavioral health professions
- Reduce enrollment in licensure-qualifying programs
- Further constrain the already limited workforce pipeline
- Disproportionately harm rural and underserved communities, where shortages are most acute

Given the magnitude of unmet behavioral health needs, policies that inadvertently restrict entry into these professions would undermine national efforts to expand access to care.

Limiting Federal Student Loans

Capping federal student loan access for behavioral health graduate students at just \$20,500 per year will create a significant financial barrier to entering licensed practice. Many prospective students would be forced to rely on high-interest private loans or reconsider pursuing a behavioral health career altogether. As a result, fewer nurses, licensed clinical social workers, marriage and family therapists, and other behavioral health professionals will not be able to enter the workforce.

The Issue Extends Beyond Behavioral Health

While the behavioral health consequences are significant, the need for clarity in defining “professional degree” extends beyond any single discipline. Many health professions require a post-baccalaureate degree as a prerequisite to obtaining the credential necessary for practice. These programs share common characteristics:

- Accreditation under nationally recognized standards
- Rigorous academic and clinical preparation
- State-regulated licensure requirements
- A credential required for lawful entry into professional practice

The defining feature of a professional degree should be whether it is required to obtain the credential necessary to practice in that field, not the historical classification of the discipline, the title of the degree, or the traditional length of the program.

Congress recognized the diversity of modern health professions in Public Law 119-21, the One Big Beautiful Bill Act (OBBBA), acknowledging that professional preparation

extends across a broad range of health care disciplines. Education policy should align with the realities of today's healthcare workforce.

Why ED Must Adopt a Broad, Credential-Based Definition

- 1. A Narrow Definition Will Worsen Workforce Shortages**
Excluding programs that require post-baccalaureate education and credentialing to practice would restrict students' access to financial support, delay workforce entry, and deepen shortages across health disciplines. The impact would be especially severe in high-need areas.
- 2. Clarity and Consistency Strengthen the Workforce Pipeline**
A clear, objective definition reduces confusion for students and institutions, streamlines administration, and supports predictable workforce development across states and professions.
- 3. Professional Degrees Should Be Defined by Practice Requirements**
The most consistent and objective standard is whether the degree is required for entry into professional practice. Classifying all health professions that require a post-baccalaureate degree for licensure under a unified definition promotes fairness, transparency, and workforce stability.

ABHW Recommendation

To maintain a strong and reliable healthcare workforce, ABHW urges the ED to:

- Conduct a comprehensive workforce analysis on how this proposed rule will impact the behavioral health workforce and, in turn, access to clinical care in our rural and underserved communities;
- Define "professional degree" as any post-baccalaureate degree required to obtain the credential necessary for professional practice in that field;
- Ensure that degree title, discipline, or program length does not limit eligibility if the credential is required for lawful practice;
- Align federal loan policy with the realities of licensure, scopes of practice, and regulatory practices for these professionals;
- Retain income-contingent repayment options to preserve access to education and sustain the mental health and substance use workforce;
- Extend the effective date of the regulation by three years, to July 1, 2029.



A broad, credential-based definition would support behavioral health professionals and other health disciplines alike, preserve workforce stability, and ensure that education policy aligns with the nation's health care needs.

Thank you for the opportunity to provide feedback on this NPRM. We are committed to engaging with ED and other partners to find opportunities to improve behavioral health outcomes for all individuals. If you have questions, please contact Kathryn Cohen, Senior Director of Regulatory Affairs, at cohen@abhw.org.

Sincerely,

A handwritten signature in black ink that reads "Debbie H. Witchey". The signature is written in a cursive, flowing style.

Debbie Witchey, MHA
President and CEO