INTEGRATIVE HEALTH POLICY CONSORTIUM (IHPC)

Additional Submission to the U.S. Department of Education

Re: Student Loan Accountability Framework (STATS Rulemaking)
Docket ID: ED–2026–OPE–0100

Aligning Student Loan Accountability with Healthcare Workforce and Access Objectives

This submission provides policy analysis and federal data demonstrating the need to align student loan evaluation frameworks with the economic realities of healthcare professional education and workforce development.

Submitted by Integrative Health Policy Consortium

Date: May 18, 2026

INTEGRATIVE HEALTH POLICY CONSORTIUM (IHPC)

Supplemental Comments on the Department of Education Proposed Rule: Student Tuition and Transparency System (STATS)

Preface

Recent federal actions, including the announced transfer of federal student loan management responsibilities to the U.S. Department of the Treasury, have emphasized portfolio-level concerns related to the scale and performance of the Federal student loan system, including approximately $1.7 trillion in outstanding obligations and widely cited estimates of elevated borrower delinquency and default rates.

While these aggregate figures highlight important system-level challenges, they do not reflect program-level performance or the variation in outcomes across specific fields of study and professional pathways.

It is therefore important to distinguish between portfolio-level default measures and cohort-based default rates (CDR). Portfolio-level statistics reflect cumulative system-wide outcomes across multiple cohorts and time periods, including borrowers who did not complete their programs. By contrast, CDR is a program-level metric defined over a fixed post-repayment window and is the statutory standard used for evaluating institutional performance under Federal student aid regulations. These measures are not directly comparable and may reflect different dimensions of borrower experience.

Federal data and established policy frameworks demonstrate that repayment outcomes are strongly influenced by program completion and credential attainment. Across licensed healthcare professions, structured educational pathways, licensure requirements, and stable labor market demand are associated with consistently low cohort default rates and predictable repayment performance over time.

Despite this well-established evidence, current and proposed regulatory frameworks continue to rely heavily on short-term earnings metrics and debt-to-income thresholds measured early in the repayment period. These measures fail to account for:

- Delayed earnings associated with clinical training or practice development
- The prevalence of self-employment and small business ownership in many healthcare professions
- Long-term income growth trajectories

As a result, programs with demonstrated low default risk and strong long-term value may be inaccurately classified as high risk under earnings-based methodologies. This may represent a

fundamental misalignment between actual loan performance outcomes and regulatory evaluation criteria.

Accordingly, federal frameworks governing student loan eligibility and program evaluation should prioritize direct measures of repayment performance and default behavior, rather than relying on early-career earnings metrics that do not accurately predict long-term financial outcomes in healthcare professions. This distinction is essential to ensuring that federal accountability frameworks accurately reflect program-level performance rather than aggregate system conditions.

While IHPC has previously submitted detailed comments addressing the conceptual foundations of the proposed framework, this submission is intended to provide additional analysis and refinement based on the current Notice of Proposed Rulemaking. For clarity, IHPC notes that its central concern, consistent across both submissions, is that earnings-based measures and repayment outcomes capture different dimensions of program performance. As a result, reliance on early-career earnings as a primary accountability metric may not fully reflect long-term borrower outcomes, particularly in professions characterized by structured licensure pathways, practice-based income development, and delayed earnings trajectories.

This supplemental submission expands upon those findings by incorporating additional federal data, workforce analysis, and policy context to further illustrate how earnings-based evaluation measures may diverge from observed repayment outcomes and real-world program performance. It also provides additional analysis of how program-level outcomes may differ from portfolio-level aggregates and examines the implications of using different metrics in the evaluation of educational program performance under Federal accountability frameworks.

EXECUTIVE SUMMARY

Alignment with Proposed Regulatory Framework

The Integrative Health Policy Consortium (IHPC) appreciates the opportunity to comment on the U.S. Department of Education's proposed earnings-based accountability framework for postsecondary educational programs pursuant to statutory changes enacted under the One Big Beautiful Bill Act (OBBB).

The following comments address specific provisions within the Notice of Proposed Rulemaking (Docket ID ED–2026–OPE–0133) concerning earnings-based accountability measures for postsecondary educational programs. IHPC's comments focus in particular on the earnings premium framework and related provisions governing program eligibility and performance under Title IV, including the definition of earnings (§ 668.2(b)) and the measurement of post-completion earnings outcomes (§ 668.403(b)).

IHPC notes that these comments build upon prior submissions under this docket and are intended to provide additional analysis and refinement based on the current Notice of Proposed Rulemaking. These considerations are further supported by federal workforce data, utilization trends, and policy frameworks discussed in this submission.

IHPC supports the Department's objectives of promoting transparency, accountability, and informed decision-making for students. However, IHPC is concerned that the proposed reliance on early-career earnings as a primary measure of program performance may not consistently provide a reliable or comparable indicator of educational value across professions, particularly within healthcare-related fields.

As described in this submission, the proposed framework combines multiple methodological elements, including the definition of earnings, the construction of earnings thresholds, and the use of a fixed early-career measurement window that may produce unintended sensitivities when applied uniformly across diverse programs. These sensitivities may result in evaluation outcomes that reflect not only program performance, but also external economic conditions, reporting structures, and timing effects.

Analyses conducted during the Department's negotiated rulemaking process under the AHEAD framework identified a divergence between earnings-based measures and observed loan repayment outcomes. In certain modeled scenarios, program categories were projected to experience high failure rates under earnings thresholds despite maintaining cohort default rates below national averages. This divergence indicates that earnings-based measures and repayment performance capture different dimensions of program outcomes.

These concerns are further supported by federal data and program experience. Workforce analyses demonstrate that many health professions operate within independent, practice-based economic models in which income is not fully reflected in wage-based earnings data, particularly in early career stages. For example, national practice data indicate that a substantial proportion of providers in certain health professions operate in solo or small group practice settings, where income is derived from business revenue rather than fixed wages. National Health Interview Survey data further demonstrate that utilization of complementary and integrative health approaches increased from approximately 19 percent of U.S. adults in 2002 to nearly 37 percent in 2022, reflecting sustained demand for nonpharmacologic and prevention-oriented care.

Federal healthcare system experience further reinforces these findings. The U.S. Department of Veterans Affairs has implemented integrative care models, including chiropractic, acupuncture, and related services, within its Whole Health System, demonstrating improved patient outcomes and reduced reliance on pharmaceutical interventions, particularly in the management of chronic pain.

These findings are consistent with broader federal policy guidance. The U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, and the National Center for Complementary and Integrative Health have all emphasized the importance of multimodal, patient-centered, and nonpharmacologic approaches to care, particularly in the management of chronic conditions.

Taken together, these considerations indicate that the proposed framework may not fully account for the diversity of professional pathways, income structures, and workforce roles across healthcare fields. Because Federal student aid policy plays a central role in shaping access to educational programs, evaluation criteria that do not adequately reflect these factors may have broader implications for workforce development and healthcare access.

Importantly, IHPC's recommendation is not to replace earnings-based measures, but to supplement them with a performance-based safeguard. Programs that maintain consistently low cohort default rates well below national averages demonstrate strong borrower repayment outcomes and may provide direct evidence of program effectiveness. In such cases, IHPC encourages the Department to consider a supplemental evaluation pathway, functioning as a form of safe harbor, to ensure that programs with demonstrated repayment success are not misclassified due to structural characteristics of earnings measurement.

Consistent with the Department's request for comments, IHPC respectfully offers the following recommendations to improve the accuracy, consistency, and policy alignment of the proposed framework:

- Incorporate complementary outcome measures, including cohort default rates, and consider establishing a supplemental evaluation pathway for programs demonstrating consistently strong repayment
- Consider extended or multi-year earnings measurement approaches to better capture diverse income trajectories
- Refine threshold methodologies to address data limitations related to field-of-study definitions, sample size, and regional variation
- Incorporate mechanisms that account for structural differences across professions and labor market conditions

IHPC remains committed to working collaboratively with the Department to support the development of accountability frameworks that protect students while recognizing the diversity of educational pathways and professional outcomes across the healthcare sector. Thoughtful refinement of the proposed rule will help ensure that accountability measures accurately reflect program performance without creating unintended constraints on workforce development.

Introduction

The Integrative Health Policy Consortium (IHPC) appreciates the opportunity to provide comments on the Department of Education's proposed Student Tuition and Transparency System (STATS). IHPC represents a broad coalition of licensed integrative health professions committed to advancing patient-centered, prevention-focused care.

IHPC supports the Department's goals of improving transparency, strengthening accountability, and enhancing informed decision-making for students and policymakers. These objectives are essential to ensuring the long-term effectiveness and integrity of federal higher education programs.

At the same time, IHPC submits that key elements of the proposed framework require refinement to ensure that evaluation methodologies accurately reflect the diversity of professional pathways, particularly within the health professions.

Overview of the Proposed Rule

The U.S. Department of Education has proposed a regulatory framework establishing earnings-based accountability measures for postsecondary educational programs. The proposed rule implements statutory changes enacted under the One Big Beautiful Bill Act (OBBB), which introduced a new accountability structure linking program eligibility for Federal student loans to graduate earnings outcomes.

Under the proposed approach, program performance is evaluated using an earnings premium measure, which compares the earnings of program completers to specified thresholds derived from national data sources. These earnings outcomes are assessed within a defined period following program completion, generally based on data from the fourth tax year after graduation. Programs that do not meet these thresholds may be subject to consequences, including potential loss of eligibility for participation in Federal student aid programs.

The current proposal reflects an evolution from earlier concepts developed during the Department's negotiated rulemaking process under the AHEAD framework, as well as subsequent notices and stakeholder comment periods. Earlier formulations emphasized value-based comparisons between program cost and earnings outcomes and, in some modeled scenarios, resulted in projected failure rates that raised concerns regarding feasibility and sector-wide impact.

The present framework places greater emphasis on administratively implementable earnings measures while maintaining the core objective of linking educational outcomes to loan repayment capacity. As such, it represents a continuation of the Department's effort to develop accountability metrics that can be applied consistently across a broad range of postsecondary programs.

The proposed rule relies on federal administrative data sources to estimate earnings outcomes, including information obtained through interagency data sharing. In certain cases, proxy measures may be used where program-specific data are limited or unavailable. The Department has also requested comments on key elements of the proposed methodology, including the definition of earnings and the construction of earnings thresholds.

The Department has indicated that the rule is being advanced within a defined statutory timeframe associated with implementation requirements under the OBBB. As a result, the proposed framework reflects both the policy objective of improving program accountability and the practical considerations associated with timely execution.

IHPC understands the Department's intent to establish a clear and consistent accountability standard. The following sections provide additional analysis of how the proposed methodology may operate in practice across health professions and identify areas where further refinement may improve the accuracy and effectiveness of the framework.

Methodological Considerations and Data Limitations

The Integrative Health Policy Consortium (IHPC) offers the following analysis in response to the Department's request for comments on key elements of the proposed earnings accountability framework. As outlined in the Notice of Proposed Rulemaking, the Department has specifically sought input on the definition of earnings, the construction of earnings thresholds, and the underlying data sources used to evaluate program performance.

IHPC's comments in this section are intended to address these issues in a structured manner, with particular attention to the methodological assumptions that may affect the accuracy and consistency of the proposed framework across diverse fields of study. Where appropriate, IHPC also identifies areas in which the Department has acknowledged potential data limitations and offers additional considerations to support further refinement.

The observations that follow are offered in a constructive spirit and are intended to support the development of an accountability system that is both technically sound and appropriately responsive to variation across programs, professions, and labor market conditions.

1. Response to Earnings Definition (§ 668.2(b))

In response to the Department's request for comment on the proposed definition of earnings under § 668.2(b), the Integrative Health Policy Consortium (IHPC) appreciates the Department's effort to establish a consistent and administratively feasible approach to measuring graduate earnings. IHPC recognizes the rationale for relying on Federal tax-based data sources to promote comparability across programs and to ensure administrative consistency.

IHPC also responds to the Department's request for input regarding potential limitations or omissions in earnings data and the presence of factors that may affect the accuracy of reported income. As described in the Notice of Proposed Rulemaking, the Department has acknowledged that certain forms of income may not be fully captured or may be subject to reporting variability. These considerations are particularly relevant in fields characterized by self-employment, practice ownership, or non-traditional compensation structures.

In many health professions, including those represented within IHPC, early-career earnings may include components that are not consistently reflected in standard wage-based reporting systems. These may include income derived from small business ownership, reinvestment in practice development, or compensation structures that evolve over time as a practitioner establishes a patient base. While such income is ultimately reflected in tax filings, the timing, categorization, and variability of these earnings may not align neatly with the assumptions underlying a standardized earnings metric applied within a fixed post-completion window.

IHPC further notes that reliance on a single administrative data source, even one as comprehensive as Federal tax data, may not fully capture the diversity of employment arrangements across sectors. While the Department has appropriately prioritized consistency and data integrity, the limitations associated with a single-source approach warrant careful consideration when such data are used as a primary determinant of program eligibility.

For these reasons, IHPC recommends that earnings data be interpreted within the context of known structural and reporting limitations, particularly when applied across diverse professions. IHPC does not recommend replacing the proposed data source; rather, IHPC encourages the Department to incorporate safeguards or complementary measures that account for variability in earnings realization and reporting. Such considerations would improve the accuracy and fairness of the framework while maintaining administrative feasibility.

2. Response to Earnings Threshold Methodology (§ 668.2(b))

With respect to the Department's request for comment on the construction of earnings thresholds under § 668.2(b), IHPC appreciates the proposed use of data from the U.S. Census Bureau American Community Survey (ACS) and the Department's recognition of potential limitations related to sample size, field-of-study definitions, and geographic variation, as outlined in the Notice of Proposed Rulemaking.

IHPC's comments also address the Department's request for feedback on the definition of fields of study and the statistical reliability of threshold calculations derived from ACS data. While the use of ACS data provides national consistency, its application to program-level accountability introduces several methodological challenges that may affect the reliability and comparability of earnings thresholds across diverse programs.

The NPRM acknowledges that, in certain cases, particularly in less populous states or more specialized fields, the ACS may yield limited or insufficient sample sizes for constructing statistically reliable comparisons. Although the proposed approach includes mechanisms to address such limitations, these

adjustments may introduce inconsistency in how programs are evaluated depending on geographic location or data availability.

In addition, the definition of fields of study presents an inherent tradeoff. Broader Classification of Instructional Programs (CIP) groupings may improve statistical stability but may also obscure meaningful differences between programs with distinct training pathways and labor market outcomes. More granular classifications, while conceptually preferable, may result in insufficient sample sizes. This tension highlights a structural limitation in applying uniform earnings benchmarks across heterogeneous programs.

The proposed methodology also relies on state-level earnings comparisons. While this approach reflects an effort to account for geographic variation, it may not fully capture differences in local labor markets, cost structures, or practice environments within states. Variations in payer mix, reimbursement systems, and regional demand for services may influence earnings outcomes independently of program quality, potentially leading to inconsistent evaluation results.

Taken together, these considerations indicate that the earnings threshold methodology may be sensitive to external factors not directly related to program performance. When such thresholds serve as a primary determinant of program eligibility, these sensitivities may introduce instability into the evaluation framework.

IHPC therefore encourages the Department to consider mechanisms that mitigate these limitations, including adjustments for known sources of variation and the use of complementary indicators that provide additional context for interpreting earnings outcomes. Such refinements would improve consistency while preserving the Department's objective of administrative feasibility.

3. Temporal Limitations and Earnings Measurement Window (§ 668.403(b))

IHPC also offers the following observations regarding the Department's proposed approach to measuring earnings outcomes, including the use of median earnings data from the fourth tax year following program completion, as described in § 668.403(b). IHPC appreciates the importance of establishing a consistent reference point for evaluation; however, the selected timeframe may not fully capture the range of earnings trajectories across professions.

In many fields, particularly those involving self-employment, practice development, or gradual entry into independent professional roles, earnings growth does not follow an immediate or linear trajectory. Early-career income may reflect transitional phases such as associate positions, part-time practice, or reinvestment in business development. As a result, earnings measured within a fixed early-career window may underrepresent long-term earning capacity and financial stability.

The use of a single measurement point also introduces sensitivity to timing effects. External factors such as economic conditions, labor market fluctuations, or individual career decisions during the early post-completion period may disproportionately influence measured outcomes. In professions where income growth is progressive, these effects may lead to variability that is not directly attributable to program quality.

IHPC further notes that a uniform measurement window may limit the framework's ability to distinguish between programs with delayed but sustainable earnings trajectories and those with persistently low earnings. In such cases, programs with strong long-term outcomes may be evaluated similarly to those with weaker performance, despite materially different repayment prospects.

For these reasons, IHPC encourages the Department to consider whether the current measurement window fully reflects the diversity of career pathways across programs. Approaches such as extended measurement periods or multi-year averaging may reduce sensitivity to short-term variability and improve the reliability of earnings-based evaluations.

IHPC does not suggest eliminating early-career earnings measures but rather incorporating additional temporal context to ensure that evaluations more accurately reflect long-term outcomes.

Structural Implications for Program Evaluation

The methodological considerations outlined in the preceding sections, relating to the definition of earnings, the construction of earnings thresholds, and the timing of earnings measurement, interact in ways that may have broader implications for how program performance is evaluated under the proposed framework. While each component serves a practical purpose within the overall design, their combined effect may introduce structural sensitivities that are not fully addressed when considered in isolation.

As described in the Notice of Proposed Rulemaking, the earnings premium measure is intended to provide a standardized basis for assessing whether programs lead to outcomes that support loan repayment and economic advancement. However, when earnings data are influenced by factors such as reporting variability, field-of-study classification, regional economic conditions, and the timing of income realization, the resulting measure may reflect a combination of program performance and external conditions.

In practice, this may result in differential outcomes across programs that are not solely attributable to differences in educational quality. For example, programs preparing students for professions with more gradual earnings trajectories or higher rates of self-employment may be evaluated under the same framework as programs leading to more immediate salaried employment. Similarly, programs operating in regions with differing labor market conditions or cost structures may be subject to varying levels of risk under uniform earnings thresholds.

These interactions suggest that the proposed framework may be sensitive to structural characteristics of programs and professions that are not directly related to their effectiveness in preparing students for long-term success. When a single metric serves as a primary determinant of program eligibility, such sensitivities may have a disproportionate impact on programs whose outcomes do not align with the underlying assumptions of the model.

IHPC notes that the NPRM acknowledges certain limitations in the underlying data and methodology, including issues related to sample size, field-of-study definitions, and data availability. The presence of

these limitations underscores the importance of considering how individual methodological choices may interact within the broader framework. In particular, when multiple sources of variability are present, their combined effect may increase the likelihood of inconsistent or unintended evaluation outcomes.

In this context, IHPC believes it is important to ensure that the accountability framework distinguishes, to the extent possible, between program performance and external factors that influence measured outcomes. This distinction is especially relevant when evaluation results carry significant consequences, such as the loss of eligibility for participation in Federal student aid programs.

IHPC therefore encourages the Department to consider whether additional safeguards or complementary measures may be appropriate to mitigate the effects of structural variability within the framework. Such measures could help ensure that program evaluations more accurately reflect educational outcomes while maintaining the Department's objectives of transparency and accountability.

These considerations are particularly relevant in the context of broader federal efforts to address system-level student loan performance. While portfolio-level concerns, such as aggregate default and delinquency rates, reflect important policy challenges, the use of program-level earnings measures as a primary accountability tool may address only a portion of the underlying drivers of those concerns. To the extent that such measures are applied uniformly across diverse programs, there is a risk that program evaluation outcomes may not align with the underlying drivers of long-term repayment performance, including program completion and credential attainment. These structural considerations are further illustrated by observable workforce characteristics, utilization trends, and federal program experience across healthcare delivery systems.

Workforce Structure, Utilization Trends, and Federal Policy Alignment

The structural considerations described above, relating to earnings definition, threshold construction, and measurement timing, are further informed by observable workforce characteristics, utilization trends, and federal program experience across healthcare delivery systems.

Many licensed health professions, particularly those operating in prevention-focused, whole health, and community-based care models, are structured around independent, small business, or non-salaried practice environments. These workforce characteristics reflect longstanding care delivery models centered on direct patient access, continuity of care, and practice ownership.

Chiropractic provides a well-documented example of this structure. According to the National Board of Chiropractic Examiners' *Practice Analysis of Chiropractic (2025)*, approximately 49 percent of chiropractors operate in solo practice and 36 percent in group practice settings, with a comparatively

small proportion practicing in institutional or salaried environments. These models frequently involve self-employment, partnership arrangements, or ownership-based income structures, where income is derived from business revenue rather than fixed wages.

While this analysis focuses on chiropractic, similar structural patterns are observed across multiple integrative and non-physician health professions that emphasize community-based delivery and independent practice models. As a result, earnings-based accountability metrics that rely on early-career W-2 wage reporting may not accurately capture the economic activity, productivity, or long-term value of graduates in these fields.

At the same time, analyses supported by the National Center for Complementary and Integrative Health, based on National Health Interview Survey data, demonstrate a sustained increase in the use of complementary and integrative health approaches in the United States over the past two decades. The proportion of U.S. adults utilizing these approaches increased from approximately 19 percent in 2002 to nearly 37 percent in 2022, with a growing share of use directed toward pain management. Utilization of chiropractic care increased from approximately 7.4 percent to 11.0 percent of U.S. adults over the same period.

These trends indicate sustained and increasing demand for nonpharmacologic, prevention-oriented, and whole-person approaches to care (Appendix C-2). When considered alongside workforce structure (Appendix C-1), they underscore that a growing segment of healthcare demand is being met by providers operating in independent, community-based practice models.

The experience of the U.S. Department of Veterans Affairs provides a relevant federal benchmark for the integration of these services. Through its Whole Health System, the Veterans Health Administration has expanded access to complementary and integrative health services, including chiropractic, acupuncture, and massage therapy, as part of a strategy to address chronic pain and reduce reliance on pharmaceutical interventions. Evidence across these disciplines demonstrates consistent patterns of clinical benefit, including reductions in pain severity, improvements in functional outcomes, and decreased reliance on opioid medications. These services are integrated within multidisciplinary care models and supported by formal workforce roles within the VA system (Appendix C-3).

These findings are consistent with established federal policy guidance. The U.S. Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force Report recommends a multimodal, patient-centered approach to pain care that includes nonpharmacologic therapies. The Centers for Disease Control and Prevention Clinical Practice Guideline for Prescribing Opioids for Pain similarly recommends prioritizing nonpharmacologic and non-opioid therapies as appropriate first-line treatments. In addition, the National Center for Complementary and Integrative Health emphasizes whole-person health and the integration of complementary approaches into healthcare delivery systems (Appendix C-4).

Taken together, these data demonstrate that nonpharmacologic, integrative care models are supported by workforce structure, increasing patient demand, federal system implementation, and established policy guidance. Accordingly, the Department's evaluation of program eligibility consequences under §668.403(b) should account not only for earnings metrics, but also for these structural and policy

considerations. Failure to account for these factors may produce unintended effects on workforce capacity within prevention-oriented and nonpharmacologic care sectors.

Implications for Workforce Development and Access

As described in the Notice of Proposed Rulemaking, program eligibility for participation in Federal student aid programs may be affected by performance under the proposed earnings premium measure, including potential loss of Title IV eligibility under § 668.403. In requesting comment on the implementation and effects of the proposed framework, the U.S. Department of Education has recognized the importance of understanding how evaluation criteria may influence program outcomes beyond immediate performance measures, including the potential for unintended effects arising from the design of accountability metrics.

IHPC recognizes that the Department's proposed framework is intended to promote program accountability and protect students from outcomes that do not support loan repayment or economic advancement. At the same time, the structure of the proposed earnings-based methodology may have broader implications for workforce development, particularly in fields characterized by distinct practice models and income trajectories.

Recent federal economic analysis has emphasized the importance of provider supply, competition, and the reduction of unnecessary barriers in improving healthcare access and system performance. Policies that unintentionally constrain entry into licensed healthcare professions may therefore operate at cross purposes with these broader economic and health system objectives.

Because access to Federal student aid plays a central role in supporting enrollment, any framework that influences program eligibility may also affect workforce entry into specific professions. In this context, IHPC is concerned that the application of a uniform earnings-based threshold across diverse fields may have a differential impact on programs that prepare students for professions in which earnings growth is gradual, practice-based, or influenced by factors beyond immediate post-completion employment.

Over time, such effects may influence student decision-making and institutional program offerings, potentially leading to shifts in enrollment patterns.

These dynamics are particularly relevant in healthcare-related fields that emphasize prevention, health promotion, and nonpharmacologic approaches to care. Programs preparing practitioners in these areas may operate within reimbursement and practice environments that differ from those associated with more procedure-based or institutionally employed roles. As a result, measured earnings outcomes in early career stages may not fully reflect the long-term contribution of these professions to healthcare delivery.

IHPC notes that Federal health policy discussions have increasingly emphasized the importance of prevention, chronic disease management, and the efficient use of healthcare resources. A workforce capable of supporting these objectives depends, in part, on maintaining accessible educational pathways into professions that contribute to these areas.

IHPC does not suggest that workforce considerations should override the need for accountability. Rather, IHPC encourages the Department to consider how program evaluation criteria may interact with workforce development objectives, particularly in sectors where training pathways and earnings trajectories differ from more standardized employment models.

Incorporating complementary measures or limited flexibility within the accountability framework may help ensure that programs are evaluated in a manner that reflects both economic outcomes and the diversity of professional pathways. Such an approach may support the Department's goals of protecting students while also preserving access to educational programs that contribute to a balanced and responsive workforce.

Over time, these effects may not only influence program viability but also shape the composition of the healthcare workforce in ways that may not align with broader federal objectives related to prevention, cost containment, and patient access. Because Federal student aid policy functions as a structural driver of educational opportunity, even indirect distortions in evaluation criteria may have lasting implications for workforce availability in key sectors of the healthcare system. These considerations are particularly relevant in the context of ongoing federal efforts to strengthen prevention-oriented care and improve long-term health outcomes.

Recommendations and Potential Refinements

IHPC appreciates the Department's efforts to develop an accountability framework that is both administratively feasible and broadly applicable across postsecondary programs. Consistent with the Department's invitation to provide data-driven recommendations and alternative approaches, IHPC offers the following refinements to improve the accuracy, stability, and policy alignment of the proposed methodology. Supporting federal data and analysis are provided in the accompanying Technical Evidence Annex.

The following recommendations are offered to support the development of a framework that maintains accountability objectives while improving accuracy and consistency in program evaluation.

1. Incorporation of Complementary Outcome Measures and a Repayment-Based Safe Harbor

As demonstrated in prior analyses conducted during negotiated rulemaking under the AHEAD framework, certain program categories were projected to experience high failure rates under earnings-based thresholds despite maintaining cohort default rates below national averages. This divergence indicates that earnings measures and repayment performance capture different dimensions of program outcomes.

IHPC recommends that the Department incorporate additional outcome-based indicators alongside the earnings premium measure to provide a more complete and reliable assessment of program performance. In particular, cohort default rates (CDR) represent a direct, established measure of borrowers' ability to meet repayment obligations.

In addition, IHPC encourages the Department to consider establishing a supplemental evaluation pathway, functioning as a repayment-based safe harbor, for programs demonstrating consistently strong repayment performance. Programs with cohort default rates that remain well below national averages over time may provide clear evidence of borrower success, even in cases where early-career earnings do not meet standardized thresholds.

Such an approach would preserve the integrity of the accountability framework while ensuring that programs are not adversely classified due to structural characteristics of earnings measurement that do not reflect long-term borrower outcomes.

2. Consideration of Extended or Multi-Year Earnings Measurement

IHPC recommends that the Department consider whether the current reliance on earnings data from a single post-completion period fully captures the range of earnings trajectories across professions. As discussed in Section 2.3, some professions are characterized by gradual income development, particularly in cases involving self-employment or practice-based models.

Potential approaches for consideration may include the use of extended measurement periods, multi-year averaging, or alternative timing structures that reduce sensitivity to short-term variability. Such approaches may improve the reliability of earnings measures while maintaining consistency across programs.

3. Addressing Data and Classification Limitations in Threshold Construction

IHPC encourages the Department to continue refining the methodology used to construct earnings thresholds, particularly with respect to field-of-study definitions and data limitations associated with the U.S. Census Bureau American Community Survey. As noted in the NPRM , challenges related to sample size, field aggregation, and geographic variation may affect the comparability of thresholds across programs.

Where feasible, the Department may consider approaches that mitigate these limitations, such as adjustments for known sources of variation or the use of broader evaluation frameworks when underlying data are constrained. These refinements may help improve consistency in program evaluation without increasing administrative burden.

4. Consideration of Structural and Regional Variation

IHPC recommends that the Department consider the extent to which regional economic conditions, labor market structures, and reimbursement environments may influence measured earnings outcomes. While the use of state-level thresholds reflects an effort to account for geographic variation, additional consideration may be warranted to address differences that exist within states or across professional practice models.

Incorporating mechanisms that recognize structural variation may help ensure that program evaluations more accurately reflect underlying performance rather than external economic conditions.

5. Ensuring Alignment with Broader Policy Objectives

IHPC encourages the Department to consider how the design of the accountability framework may interact with broader policy objectives related to workforce development and access to care. As discussed in Section 4, educational pathways play a central role in shaping the composition of the workforce over time.

Refinements that improve the accuracy and flexibility of program evaluation may help ensure that accountability measures support, rather than inadvertently constrain, the development of a workforce capable of meeting evolving national needs.

Conclusion

IHPC appreciates the Department's efforts to develop a consistent and administratively feasible framework for evaluating program performance under Federal student aid programs. The proposed rule represents an important step toward improving transparency and accountability across postsecondary education.

At the same time, the analysis presented in this submission indicates that earnings-based measures, while useful, may not fully capture program performance across professions characterized by nontraditional income structures, delayed earnings trajectories, and strong long-term repayment outcomes. In particular, the observed divergence between earnings-based measures and repayment performance suggests that reliance on a single metric may introduce the risk of misclassification for programs that demonstrate clear evidence of borrower success.

IHPC respectfully encourages the Department to consider targeted refinements that preserve the integrity of the proposed framework while improving its accuracy and policy alignment. In particular, the incorporation of complementary outcome measures, including cohort default rates, and the consideration of a supplemental evaluation pathway, functioning as a repayment-based safe harbor, would help ensure that programs with demonstrated repayment success are not adversely affected by structural characteristics of earnings measurement.

Such refinements would support the Department's objectives of protecting students while maintaining access to educational pathways that contribute to workforce development, prevention-oriented care, and long-term healthcare system sustainability.

IHPC remains committed to working collaboratively with the Department to support the development of accountability frameworks that are both effective and responsive to the diversity of professional pathways across the healthcare sector.

With appreciation for your consideration,

Stephen P. Welsh, DC, FICA
Chair
Integrative Health Policy Consortium

TECHNICAL EVIDENCE ANNEX

Alignment of Student Loan Performance Metrics with Healthcare Workforce Policy Objectives

Purpose and Scope

This annex provides supporting data and analysis relevant to the Integrative Health Policy Consortium's (IHPC) comments on the proposed earnings-based accountability framework issued by the U.S. Department of Education. The purpose of this annex is to illustrate key methodological considerations discussed in the main submission, particularly with respect to the relationship between earnings-based metrics and loan repayment outcomes.

The analysis draws on federal statutory frameworks, agency data, and nationally recognized policy research to evaluate the alignment between current student loan accountability measures and the economic characteristics of licensed healthcare professions.

This evidence is provided to inform consideration of regulatory approaches governing program eligibility, financial risk assessment, and workforce implications.

APPENDIX A

Sensitivity Analysis of Earnings-Based Evaluation Framework (Empirical Observations)

This appendix provides empirical observations, drawn from publicly available federal data, to illustrate how variation in earnings trajectories, geographic conditions, and threshold construction may influence outcomes under an earnings-based accountability framework. These observations are intended to demonstrate how measured outcomes may vary under reasonable real-world conditions, rather than to replicate the Department's internal modeling.

These observations are consistent with data reported by the U.S. Bureau of Labor Statistics and the U.S. Department of Education.

A1. Temporal Variation in Earnings Trajectories

Available data from the U.S. Bureau of Labor Statistics and program-level earnings data reported by the U.S. Department of Education indicate that many health-related professions exhibit upward earnings trajectories over time, particularly in fields characterized by self-employment, practice development, or independent professional activity.

In such professions, early-career earnings often reflect transitional employment arrangements, including associate roles, part-time practice, or staged entry into independent practice. Over time, earnings may increase as practitioners establish patient bases, develop referral networks, and transition into ownership or partnership structures.

Table A-1: Observed Earnings Progression Patterns Over Time

Career Stage	Typical Employment Structure	Observed Earnings Pattern	Implication for Evaluation
Years 1–3	Associate / transitional roles	Lower, variable earnings	May fall below threshold
Years 4–5	Early independent practice	Moderate, increasing earnings	Near threshold boundary
Years 6–10	Established practice	Higher, stabilized earnings	Likely exceeds threshold

Key Takeaway:
Early-career earnings measurement may understate long-term earning capacity in professions with progressive income development.

As shown above, earnings measured at a fixed early-career point, such as the fourth year following completion, may differ materially from earnings observed at later stages of professional development within the same occupation.

Implication:
Observed earnings patterns suggest that the timing of measurement may significantly influence reported outcomes. A fixed early-career measurement point may underrepresent long-term earning capacity in professions with delayed but stable income progression.

A2. Geographic Variation in Earnings Outcomes

Federal labor market data from the U.S. Bureau of Labor Statistics demonstrate substantial variation in earnings within the same occupation across different states and metropolitan areas. These differences are influenced by multiple factors, including cost of living, regional demand for services, payer mix, and local practice environments.

Similarly, data from the U.S. Census Bureau indicate that income distributions vary significantly across geographic regions, even within the same occupational categories.

Table A-2: Regional Variation in Earnings Within the Same Profession

Region Type	Market Characteristics	Earnings Profile	Evaluation Impact
Lower-cost	Lower reimbursement, lower cost of living, limited provider supply	Lower earnings	Higher risk of non-compliance under uniform thresholds; potential disincentive for workforce entry into underserved areas
Mid-range	Balanced market conditions	Moderate earnings	Outcomes near threshold
Higher-cost	Higher reimbursement / urban demand	Higher earnings	More likely to meet threshold

Key Takeaway:
Geographic variation may influence program outcomes independently of program quality.

Implication:
These effects may be particularly relevant in lower-cost or rural regions, where earnings levels are influenced by local reimbursement structures and cost conditions, and where access to healthcare providers is often more limited.

A3. Sensitivity to Earnings Threshold Construction

The proposed framework relies on threshold comparisons derived from aggregated data sources. Federal datasets indicate that earnings within many occupations are distributed across relatively narrow ranges around median values, particularly in early-career stages.

In such cases, program-level median earnings may fall near threshold boundaries, meaning that relatively small differences in earnings, or modest adjustments in threshold construction, may influence whether a program is classified as meeting or not meeting the standard.

The Department has acknowledged that threshold construction may be affected by factors such as sample size limitations, field-of-study aggregation, and data availability.

Implication:
Observed earnings distributions suggest that program classifications may be sensitive to threshold design choices, affecting consistency across programs.

A4. Combined Effects of Temporal, Geographic, and Structural Variation

When considered together, observed variations in earnings trajectories, geographic conditions, and threshold construction may interact in ways that influence program evaluation outcomes.

A program operating in a lower-earning region, evaluated at an early-career stage, and compared against thresholds derived from aggregated data may produce an outcome that differs from a similar program evaluated under different conditions.

Implication:
These interacting factors suggest that outcomes under an earnings-based framework may reflect a combination of program performance and external conditions, reducing the precision of the measure as an indicator of program effectiveness.

A5. Relationship to Observed Repayment Outcomes

As discussed in this appendix, program-level data from the U.S. Department of Education demonstrate that certain health-related programs maintain consistently low cohort default rates, indicating strong borrower repayment performance.

This pattern persists despite variation in early-career earnings across programs and professions.

Implication:
The divergence between observed repayment outcomes and earnings-based measures supports the conclusion that earnings alone may not fully capture program viability or borrower success. Incorporating complementary outcome measures may help mitigate sensitivity effects and improve overall accuracy.

APPENDIX B

Structural Considerations in Earnings-Based Program Evaluation

This appendix provides supporting analysis related to the structural characteristics and limitations of earnings-based evaluation measures, as discussed in the main submission. The sections that follow examine the relationship between earnings measures and observed loan repayment outcomes, as well as key factors that may influence the interpretation of earnings data across programs and professions.

Specifically, this appendix addresses four interrelated considerations: (1) the distinction between earnings-based measures and repayment performance, (2) the effects of timing in earnings measurement, (3) limitations associated with data sources and threshold construction, and (4) the broader structural implications of earnings-based accountability metrics.

Taken together, these factors illustrate how earnings-based measures, while informative, may not fully capture program performance when applied uniformly across diverse educational pathways.

B1. Earnings Measurement and Structural Limitations

Analysis of Department of Education data indicates that earnings-based measures may not consistently align with borrower repayment performance. Cohort default rates (CDR), which directly measure borrowers' ability to meet repayment obligations, provide an important complementary perspective.

According to data published by the U.S. Department of Education Federal Student Aid Data Center, three-year cohort default rates for many healthcare-related programs remain substantially below national averages, which have historically exceeded 20 percent across all Title IV programs.

Available program-level data from the U.S. Department of Education indicate that chiropractic programs demonstrate cohort default rates averaging approximately 5 to 6 percent, substantially below overall sector averages, which exceed 20 percent across many categories of postsecondary programs.

Comparisons across health-related program categories indicate that both non-hospital-based and hospital-based programs can demonstrate strong repayment outcomes relative to national averages, though under differing structural conditions.

This pattern indicates that borrower repayment outcomes may remain strong even in cases where early-career earnings do not meet standardized threshold expectations, reinforcing the importance of incorporating complementary outcome measures.

B2. Temporal Considerations in Earnings Measurement

The proposed framework relies on earnings data measured within a defined early-career period, generally based on the fourth tax year following program completion. While this approach provides a

consistent reference point, it may not fully capture earnings trajectories in professions characterized by gradual income development. This approach assumes that earnings observed at a single early-career point are representative of long-term economic outcomes.

This pattern is consistent with occupational earnings data reported by the U.S. Bureau of Labor Statistics, which demonstrate that income growth in professional and self-employed occupations often occurs over extended periods rather than immediately following entry into the workforce.

In many health professions, early-career earnings may reflect transitional phases such as associate positions, part-time practice, or reinvestment in business development. In such cases, income growth may occur over an extended period as practitioners establish independent practices or build patient bases.

This pattern differs from employment models in which graduates enter salaried positions with more immediate and stable income levels. As a result, the use of a fixed early-career measurement point may systematically underrepresent long-term earning capacity in professions with delayed but stable income trajectories.

Multi-year averaging or extended measurement windows may provide a more accurate representation of earnings outcomes across diverse professional pathways.

B3. Data Source and Threshold Construction Limitations

The proposed methodology relies on earnings data derived from Federal tax records to measure graduate outcomes, while comparison thresholds are constructed using data derived in part from the U.S. Census Bureau American Community Survey (ACS). While ACS data provides broad national coverage, their application to program-level accountability introduces several limitations.

As acknowledged in the NPRM these are consistent with known characteristics of survey-based datasets.

These include:

- Limited sample sizes for certain fields of study or geographic regions
- Variability in statistical reliability when observations fall below threshold levels
- Challenges in aligning Classification of Instructional Programs (CIP) categories with actual labor market outcomes
- Differences in local labor market conditions that may not be fully captured by state-level comparisons

These factors may affect the stability and comparability of earnings thresholds, particularly when applied across diverse programs and professions. As acknowledged in the Notice of Proposed Rulemaking, these limitations may affect the statistical reliability and comparability of thresholds across certain fields of study and geographic regions.

B4. Structural Implications of Earnings-Based Metrics

Earnings-based accountability frameworks may function not only as measurement tools, but also as implicit policy signals that influence institutional behavior, program design, and student decision-making.

These dynamics are consistent with established findings in higher education policy research that accountability metrics influence institutional behavior and program design.

As noted in the main submission, reliance on early-career earnings as a primary metric may incentivize alignment with higher-revenue, institutionally based employment models. At the same time, professions characterized by lower initial earnings but strong long-term outcomes, particularly those focused on prevention, nonpharmacologic care, or community-based practice, may be disadvantaged under uniform earnings thresholds.

Because Federal student aid policy plays a central role in shaping access to educational programs, such effects may extend beyond program evaluation and influence the composition of the future workforce. These considerations underscore the importance of ensuring that accountability measures accurately reflect program outcomes without introducing unintended distortions in educational pathways or workforce development.

APPENDIX C

Workforce, Demand, and Policy Context

This appendix provides supporting federal data and policy context related to workforce structure, utilization trends, and the integration of nonpharmacologic care models within federal health systems. The materials presented below are intended to illustrate how observed workforce characteristics, patient demand, and federal program experience align with the considerations discussed in the main submission.

C1. Workforce Structure and Practice Economics

National practice data indicate that many healthcare professions, including chiropractic, are characterized by a high prevalence of independent and small business practice models. According to the National Board of Chiropractic Examiners' *Practice Analysis of Chiropractic (2025)*, approximately 49 percent of chiropractors operate in solo practice and 36 percent in group practice settings, with a comparatively small proportion practicing in institutional or multidisciplinary environments.

Table C-1: Practice Structure Distribution

Practice Type	Share of Providers
Solo Practice :	49%
Group Practice :	36%
Institutional / Multidisciplinary :	12%

These practice models differ from salaried employment structures in several important respects. Income is frequently derived from practice revenue, owner distributions, and reinvestment in operations, rather than fixed wages. In early career stages, earnings may be influenced by business formation, patient acquisition, and variable revenue cycles.

As a result, earnings measures based primarily on W-2 wage reporting may not fully capture total economic activity, practice viability, or long-term earning potential.

C2. National Utilization Trends and Demand Growth

Federal survey data demonstrate sustained growth in the use of complementary and integrative health approaches in the United States. Analyses based on National Health Interview Survey (NHIS) data, as reported by the National Center for Complementary and Integrative Health, indicate that the proportion of U.S. adults utilizing these approaches increased from approximately 19 percent in 2002 to nearly 37 percent in 2022.

Table C-2: Growth in Utilization of Complementary Health Approaches

Year	% of U.S. Adults Using Complementary Approaches	Chiropractic Utilization
2002	19%	7.4%
2012	33%	9–10%
2022	37%	11.0%

This growth has been driven in large part by demand for services addressing chronic pain and musculoskeletal conditions. Chiropractic care represents one of the most widely utilized provider-based services within this category.

These trends indicate that demand for nonpharmacologic, prevention-oriented care is both substantial and increasing, and that a growing segment of healthcare delivery occurs within community-based and independent practice settings.

C3. Federal System Implementation – Veterans Health Administration

The experience of the U.S. Department of Veterans Affairs provides a relevant federal benchmark for the integration of these services. Through its Whole Health System, the Veterans Health Administration has expanded access to complementary and integrative health services—including chiropractic, acupuncture, and massage therapy—as part of a broader strategy to address chronic pain and reduce reliance on pharmaceutical interventions.

Program evaluations and clinical studies conducted within the VA system demonstrate consistent patterns of benefit across these disciplines, including reductions in pain severity, improvements in functional outcomes, and decreased reliance on opioid medications. These services are delivered within multidisciplinary care models and are supported by formal workforce roles across VA facilities.

These findings demonstrate that integrative care models are not theoretical constructs, but are operational within a large federal healthcare system and aligned with national pain management priorities.

C4. Federal Policy and Clinical Guidance

Federal policy guidance consistently supports the use of nonpharmacologic, multimodal approaches to care. The U.S. Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force Report (2019) recommends a patient-centered approach that integrates nonpharmacologic therapies as part of comprehensive pain management strategies.

Similarly, the Centers for Disease Control and Prevention Clinical Practice Guideline for Prescribing Opioids for Pain (2022) emphasizes the use of nonpharmacologic and non-opioid therapies as appropriate first-line treatments. The National Center for Complementary and Integrative Health further highlights the importance of whole-person health and the integration of complementary approaches within healthcare systems.

Taken together, these policy frameworks reflect a consistent federal emphasis on prevention-oriented, nonpharmacologic care models.

Conclusion

The data and policy context presented in this appendix demonstrate that healthcare delivery models characterized by independent practice, nonpharmacologic care, and progressive income development are both well-established and supported by federal policy. These characteristics provide important context for interpreting earnings-based measures within program evaluation frameworks.

Empirical observations drawn from federal data sources demonstrate that earnings outcomes vary across time, geography, and structural conditions within professions. These variations are observable characteristics of real-world labor markets and professional pathways.

When applied within an earnings-based accountability framework, these variations may influence program evaluation outcomes in ways that are not solely attributable to program performance. This sensitivity is particularly relevant when earnings measures serve as a primary determinant of program eligibility.

These findings support the recommendations outlined in the main submission, including the use of complementary outcome measures, consideration of extended earnings evaluation periods, and refinement of threshold methodologies to account for structural variation.

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