

March 2, 2026

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

Re: Notice of Proposed Rulemaking, Reimagining and Improving Student Education  
(RISE) (ED-2025-OPE-0944)

Dear Under Secretary Kent:

The American Association of Colleges of Osteopathic Medicine (AACOM) thanks you for the opportunity to comment on the U.S. Department of Education's (ED's) proposed rules regarding federal student loan programs. AACOM represents all 46 colleges of osteopathic medicine (COMs) in the United States. Our member schools educate more than 38,000 future physicians—close to 30 percent of all U.S. medical students—at 73 medical school campuses. AACOM also represents osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics and health systems.

**AACOM appreciates ED's commitment to providing affordable and accessible financial aid and repayment options to all students.** COMs are committed to recruiting and training the next generation of physicians to address the nation's health workforce shortage. Sixty percent of our schools are in Health Professional Shortage Areas (HPSAs), and more than 40 percent of Doctor of Osteopathic Medicine (DO) graduates plan to serve in high-need communities. Osteopathic medical students overwhelmingly avail themselves of federal financial aid programs, and AACOM is committed to ensuring future students have the financial support they need to achieve their goals of becoming physicians. So students maintain continued access to osteopathic medical education, AACOM recommends the following updates and clarifications in the final rule.

*Leave of Absences and Withdrawals*

**AACOM strongly urges ED to clarify and confirm that approved leaves of absence (LOAs) from a medical school do not constitute withdrawal from an academic program and therefore do not disrupt a student's legacy federal loan eligibility.** Where

a medical school has an established LOA policy, any leave approved in accordance with that policy should qualify a student for grandfathered loan status.

Medical school curriculum traditionally involves two years of didactic coursework followed by two years of clinical rotations. Students must complete their didactics before starting their rotations. However, due to small class sizes, block-based curricula, once-per-year course offerings, and streamlined staffing models, students who enter a LOA are often required to return at defined academic intervals. For example, a student who takes a medical leave during a course on molecular and cellular mechanisms cannot reenter mid-sequence because subsequent coursework on hypertension and heart disease builds directly upon this material. As a result, the student will have to wait until the course is offered again, usually the next academic year.

COM leave of absence policies are structured to support timely reintegration, consistent with the sequential design of the medical curriculum, which does not allow reentry at arbitrary points. The goal is to strengthen students' ability to complete their education successfully and transition into the physician workforce. As a result, DO students' LOAs may exceed the maximum time frame set forth in 34 C.F.R. 668.22(d), as student success requires curricular alignment upon return. These structural realities should not be interpreted as program withdrawal, but rather as necessary features of medical education that govern the timing of re-entry.

#### Dual-Degree and Fellowship Programs

**AACOM also requests that any dual-degree or fellowship program with a professional degree be treated as a single professional program of study for the purposes of any financial aid limits and legacy borrowing provisions.**

Many osteopathic medical students pursue dual degrees, such as DO-PhD degree programs, during medical school to grow their skills as physician-scientists and bridge the gap between research and clinical practice. However, as outlined above, the nature of medical school curriculum means that students are often unable to take both courses of study simultaneously. As a result, students often complete their PhD or other advanced degree between the two years of didactics and two years of clinical rotations for their DO degree. These dual-degree programs are intentionally designed as integrated curricula and should not be treated as separate programs that could inadvertently disqualify current students from legacy federal loan eligibility or future students from higher professional program borrowing limits. The final rule should be clear.

Similarly, the final rule should clarify that current second-year medical students who elect to participate in additional training through Osteopathic Neuromusculoskeletal Medicine (ONMM) Fellowships remain eligible for legacy lending provisions. These fellowships are

an extension of osteopathic medical training and do not represent a change of program or withdrawal from their current degree program. Like dual-degree programs, ONMM Fellowships are intentionally integrated into curricula and should not be treated as separate programs for any legacy eligibility or borrowing limits.

### Loan Caps

**To support the growth of the physician workforce and mitigate the expanding physician shortage, AACOM urges ED to exercise its authority under section 428H(d) of the Higher Education Act (HEA) to allow eligible students enrolled in DO programs to borrow up to \$75,000 per year and up to \$300,000 in the aggregate over the entirety of the program.** While the OBBBA set annual and lifetime professional degree caps, the new law did not amend section 428H(d) of the HEA, which grants the Secretary authority to set higher borrowing limits for students “engaged in specialized training requiring exceptionally high costs of education.”

Since 1996, the Department of Education has used its authority to permit higher borrowing limits for designated health professional programs above the standard statutory caps. OBBBA does not change the fundamental reality that osteopathic medical education is a specialized and resource-intensive professional program. Rising costs reflect structural changes in health care delivery and external market pressures, not expanded access to federal financial aid. Rising clinical training expenses have been a driving factor in tuition increases. Many hospitals, clinics and physician preceptors demand higher compensation to accept and train medical students in clinical settings. Osteopathic medical schools, best positioned to train and retain rural physicians due to our distributed training model, also incur additional costs associated with maintaining and supporting geographically dispersed community-based clinical rotations across rural and underserved regions.

With an average annual cost of attendance of \$89,000 and an average graduate indebtedness of \$259,000, this higher limit of \$300,000 would cover most of the cost of medical school for the majority of medical students and significantly benefit those students from rural and underserved areas, who are also most likely to return and serve in these communities.

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Osteopathic medical schools produce nearly one-third of the nation’s medical graduates, the majority of whom will practice primary care in underserved areas. As changes to federal student financial aid policies are implemented, AACOM encourages ED to consider the effects these regulations will have on the nation’s medical schools and their ability to train the next generation of physicians. AACOM is committed to working closely

with ED and welcomes the opportunity to partner in ensuring a seamless transition for our osteopathic medical students and COMs.

Respectfully,

A handwritten signature in black ink that reads "David A. Bergman". The signature is written in a cursive style with a long, sweeping horizontal line extending to the right.

David Bergman, JD

Senior Vice President of Government Relations and Health Affairs