



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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September 21, 2026

Submitted via Regulations.gov (Federal eRulemaking Portal)

Aaron Washington
Office of Postsecondary Education
U.S. Department of Education
400 Maryland Avenue SW
Washington, D.C. 20202

Re: (Docket ID ED-2025-OPE-1042); Department of Education; Accreditation, Innovation, Modernization: The Secretary's Recognition of Accrediting Agencies: Institutional Eligibility Under the Higher Education Act of 1965, as Amended, Student Assistance General Provisions, 91 FR 53940 (Augst 20, 2026)

Dear Mr. Washington:

The Washington State Department of Health (DOH) is submitting the following comments in response to the U.S. Department of Education (ED)'s proposed rule changes regarding *"Accreditation, Innovation, Modernization: The Secretary's Recognition of Accrediting Agencies: Institutional Eligibility Under the Higher Education Act of 1965, as Amended, Student Assistance General Provisions."*

Introduction and Position

DOH's top priority is to protect and improve the health of people in Washington state. We work closely with health care professionals, associations, advocates, education and workforce partners, and accrediting bodies to build strong health care delivery systems and ensure patients receive

safe, quality, and effective health care. DOH regulates over 560,000 health professionals, across 102 health professions in the state of Washington

DOH shares the common goal with ED in supporting federal efforts to improve educational quality, protect students and taxpayers, and promote a higher education accreditation system that supports innovation, accountability, and legal compliance. However, DOH has concerns that the proposed rule changes will hinder rather than support those shared goals. DOH appreciates the opportunity to share its concerns with ED.

DOH's main concerns relate to the proposed changes for 34 CFR § 602.14 and 34 CFR § 602.15(e). State agencies, as well as other key players in the health and education systems, are operating on slim financial margins. This is also true for many students and those interested in becoming health care professionals. This is impacting states' abilities to strengthen and increase the health care workforce, which are experiencing ever increasing needs, especially in rural areas. DOH is concerned that the proposed changes will exacerbate these critical access and affordability issues.

Disallowing shared resources and creating restrictions on shared physical spaces (34 CFR 602.14(b) and 34 CFR 602.15(e))

Washington, like other states, works closely with recognized accrediting bodies to ensure financial resources are used to their full potential and to limit negative impacts to students and those seeking health profession licensure. One key way we do this is by utilizing shared resources and spaces. This is often critical, particularly on the physical location and IT fronts, which can be incredibly expensive. DOH, in partnership with accrediting bodies, has been able to share resources to purchase equipment, software, and database infrastructures.

A critical example is around secure national databases. For many health care professions, DOH uses automated primary source verification to confirm an applicant has met the educational requirements needed to become licensed in Washington. DOH receives these verifications from co-maintained or jointly-fed secure national databases. This allows DOH to verify educational and other credentials instantly, significantly shortening the amount of time needed to confirm an applicant's qualifications, allowing them to quickly enter the workforce.

These core functionalities would be cost-prohibitive without the ability to share resources. Loss of automated primary source verification would lengthen health profession application processing timelines, creating immediate application backlogs and operational challenges, adding more barriers to licensure and slowing down entry into a critical workforce. Furthermore, if this proposed change becomes final, states and accrediting bodies would need adequate time to

separate shared IT infrastructure, find additional needed funding sources, and acquire additional software, equipment, and staff, if affiliated with a profession-related association.

Preferred actions: Do not include this change in the final rules. If this provision is included, DOH requests: (1) at least a minimum 36-month transition period to allow sufficient time for state agencies and accrediting bodies to fund, develop, and move to new IT and verification systems; (2) explicit clarification that an accreditor's participation in secure, third-party national verification platforms used by state regulatory agencies does not constitute a violation of this rule; and (3) explicit language guaranteeing that education programs undergoing corporate reorganization maintain continuous deemed accreditation status for state licensure eligibility purposes throughout the transition period.

Ensuring the accrediting agency does not share or solicit feedback from an associated or affiliated trade association or affiliated professional association. (34 CFR § 602.15(e)(5))

While DOH does not object to rules that prevent an association from unduly influencing accreditation standards or decisions, professional associations do often serve as an operational bridge among educational programs, state licensing authorities, and new graduates. Creating restrictions on those trade and professional associations could result in delays to accreditation and ultimately licensure of new health professionals.

Preferred action: Do not include this change in the final rule. If this is moved forward in the final rule, explicitly provide an exception for accrediting agencies that are state agencies.

Not acting to restrict access to employment in a profession, occupation, or vocation. (34 CFR § 602.15(e)(7))

A key goal of DOH's regulatory work is to ensure that safe and qualified individuals are able to be licensed and enter the health care workforce in a timely way, while reducing and eliminating barriers to applicants. A core mission of DOH is our commitment to patient safety and ensuring that the health care workforce is adequately trained and qualified to provide safe, quality health care to patients.

In order to ensure this, DOH works closely with accrediting bodies, educators, associations, and other key partners to ensure the standards and education requirements lead to patient safety and a quality workforce. This may involve increasing licensing standards, including increasing the required levels of education and training. The health care field is a highly dynamic and ever-changing system and health care regulators need to be able to effectively respond to changes to ensure patient safety is paramount. State agencies and other accrediting agencies are also often severely limited in the ability to control costs related to education and training, especially if they are not providing the education and training programs themselves.

Furthermore, having to provide extensive reasoning and data for every change would create delays in licensure, leaving students, potential health profession applicants, and state regulators in limbo about accreditation and licensure requirements. This would ultimately exacerbate current health workforce shortages, especially in rural areas, and increase costs to state agencies and ultimately providers, to address the confusion and uncertainty this would create.

Preferred action: Do not include this change in the final rule.

Conclusion

Thank you for the opportunity to provide comments. We encourage ED to accept our recommendations to ensure our shared goals of access and affordability, while also ensuring a safe and qualified workforce.

Sincerely,

A handwritten signature in black ink that reads "Shawna Fox MA". The signature is written in a cursive, flowing style.

Shawna Fox

Assistant Secretary

Health Systems Quality Assurance

Washington State Department of Health