



NOTRE DAME
OF MARYLAND
UNIVERSITY

Sent via EMAIL

April 3, 2020

James D. Fielder, Jr., Ph.D.
Secretary of Higher Education
Maryland Higher Education Commission
6 N. Liberty Street, 10th Fl.
Baltimore, MD 21201

RE: NDMU Response to TU, UMES, FSU, & UMB Objections – PA Program

Dear Secretary Fielder:

Thank you for the opportunity to respond to the objection/opposition/commentary (“objection”) letters submitted by Frostburg State University (“FSU”), Towson University (“Towson”), the University of Maryland Baltimore (“UMB”), and the University of Maryland Eastern Shore (“UMES”) regarding Notre Dame of Maryland University’s (“NDMU”) submission of a proposal to offer a Master of Science in Physician Assistant (“MSPA”) program.

NDMU received notification of Towson and UMES’ objections from the Maryland Higher Education Commission (“MHEC”) on March 24, 2020, and from FSU and UMB on March 25, 2020.

While respectful of the concerns raised by each institution, NDMU does not believe our proposed MSPA program constitutes “unreasonable program duplication which would cause demonstrable harm to another institution.” pursuant to §11-206.1(e)(3) of the Education Article of the Annotated Code of Maryland and COMAR 13B.02.03.27B(3)(c). As outlined in the following narrative and quantitative information, our program will help fulfill a critical need for additional PAs, offer students an in-state option to attend a faith-based University, and meet the growing healthcare needs of Marylanders.

Lack of Detailed Data or Information to Support Demonstrable Harm

COMAR 13B.02.03.27(B)(5) requires that in order for an objection to be considered “justified” by the Secretary, it must be “accompanied by detailed data and information supporting the reasons for the objection.” Each objection letter made general references to concerns about clinical sites and preceptors. However, the objection letters contained little to no detailed information and no qualitative or quantitative evidence to substantiate a claim of “demonstrable harm.” Rather, they put forth unsubstantiated concerns that, respectfully, cannot be easily proven or disproven and display a protectionist mindset not representative of our typical cooperative higher education framework in Maryland.

Fieldwork Sites

Field work sites and preceptors are a challenge for every college and university that offers programs that require clinical, practicums, internships, or other required experiential learning components. This issue is not unique to the physician assistant field. While the other universities may perceive NDMU entering the market as an additional challenge to identifying field work sites, NDMU sees an opportunity for partnership and collaboration. In order to increase the number of potential field work sites and preceptors, Maryland must produce more physician assistants to in turn serve as potential site supervisors/student mentors. Colleges and universities must also work collectively with hospitals and other healthcare facilities to create and maintain field education programs comparable to those in other healthcare fields.

Throughout our over 40-year history in health care education, NDMU has never paid for clinical sites or preceptors and has no intention of doing so. NDMU is in less of a position than any of the other objecting institutions to pay for preceptors and clinical sites for field work placements. While NDMU is in close proximity to Towson and UMB (and over 135 miles away from UMES and over 150 miles away from FSU), the clear and compelling workforce demand for PAs makes it implausible that NDMU would cause demonstrable harm to any of these objecting institutions. In FY2019, the University of Maryland Baltimore had revenues of \$594M; Towson University had revenues of \$334M; the University of Maryland Eastern Shore had revenues of \$72M; and Frostburg State University had revenues of \$83M.¹ Comparatively, NDMU had revenues of less than \$40M. It is not reasonable to presume that the addition of NDMU's MSPA program would cause "demonstrable harm" to any of these institutions.

NDMU, through its Schools of Nursing and Pharmacy, has extensive relationships and experience in seeking, arranging, and placing its students into a variety of field-work sites. For example, NDMU's School of Pharmacy has partnerships with 46 hospitals and 3 long-term care facilities in the region. Similarly, the School of Nursing has partnerships with 22 hospitals. In addition, our sponsoring religious order, the School Sisters of Notre Dame, have Maria Healthcare facility which will also serve as a clinical site for our students. NDMU has already secured preliminary commitments from several partners to serve as field-work sites.

As a result of NDMU's extensive partnerships in the fields of healthcare and education, NDMU faculty and administrators have experienced great success in securing field work placements for our students in healthcare settings. Additionally, there are a broad range of sites that are available throughout the State for clinical rotations. Examples include outpatient facilities, hospitals, ERs, private physician practice, HMOs (e.g. Kaiser Permanente), federally designated community health centers, ambulatory care facilities, psych/mental health facilities, and clinics. Physicians, DOs and PAs can all serve as preceptors to PA students.

Moreover, students can complete their clinical rotations in day/evening/night-time hours. Many of their field work placements are open 24/7 365 days per year, which opens up the opportunities. Additionally, students can utilize clinical sites outside of the State of Maryland.

¹ <http://mgaleg.maryland.gov/pubs/budgetfiscal/2021fy-budget-docs-operating-HIGHED-Higher-Education-Overview.pdf>

Faculty

Towson cited a shortage of PA faculty and that NDMU's program will "undermine their ability to expand." Thus, increasing enrollment is a goal of Towson University in spite of their claim that there is a faculty shortage. None of the other programs noted a shortage of faculty.

Nevertheless, while there are many reasons a real or perceived shortage of faculty may exist, the only solution is to increase the supply of prepared PAs to meet both the demands of professional practice and PA preparation/education. As long as Maryland continues to under-produce PAs, having a professionally trained pool of faculty and preceptors to educate PA students will remain a challenge. The addition of NDMU's program will be a positive step toward increasing the prospective pool of faculty in Maryland in future years, which will benefit all of the PA programs in the State.

Unreasonable Program Duplication – Fieldwork Sites & Faculty

While NDMU is committed to working collaboratively with other colleges and universities, hospitals and other healthcare facilities to create and maintain field education programs, NDMU does not believe the availability of field-work sites and faculty are appropriate factors to be considered and analyzed in determining if unreasonable duplication exists, as set forth in COMAR 13B.02.03.09(C) –Determination of Duplication (copied below):

- (1) In determining whether a program is unreasonably duplicative, the Secretary shall consider:
 - (a) The degree to be awarded;
 - (b) The area of specialization;
 - (c) The purpose or objectives of the program to be offered;
 - (d) The specific academic content of the program;
 - (e) Evidence of equivalent competencies of the proposed program in comparison to existing programs; and
 - (f) An analysis of the market demand for the program.
- (2) The analysis shall include an examination of factors, including:
 - (a) Role and mission;
 - (b) Accessibility;
 - (c) Alternative means of educational delivery including distance education;
 - (d) Analysis of enrollment characteristics;
 - (e) Residency requirements;
 - (g) Admission requirements; and
 - (h) Educational justification for the dual operation of programs broadly similar to unique or high-demand programs at HBIs.

Moreover, COMAR 13B.02.03.09(A) recognizes that unreasonable program duplication may ordinarily only be a concern in "vocational/technical, occupational, graduate, and professional programs which meet special manpower needs. The issue of how a proposed program meets an institution's local and State area needs shall be addressed." A plain reading of the regulation (and as evidenced in MHEC precedent) puts a **significant emphasis on examining workforce demand information to determine if a program is to be considered reasonably or unreasonably duplicative.**

NDMU supplied detailed market demand data in our program proposal to MHEC, which is not disputed (and in some cases supported) by any of the objecting institutions, indicating the need for additional licensed PAs to meet current and projected workforce demand.

In the factors to be considered in comparing the proposed program to existing programs, to determine if unreasonable program duplication exists, **COMAR 13B.02.03.09 does not include an examination of the availability of field-work sites or faculty as criteria for consideration or analysis.**

The focus of the objecting institutions on the lack of availability of field-work sites and faculty is unsupported with data and has no grounding in COMAR. **Without such consideration, NDMU's program is educationally justified as necessary and reasonable duplication.**

Market Demand

NDMU's MSPA is a timely example of reasonable program duplication to meet a compelling national and state workforce need.

The Bureau of Labor Statistics (BLS) under the U.S. Department of Labor (DOL), projects an increase of PA jobs from 118,500 in 2018 to 155,700 in 2028, an increase of 36,900 jobs (31%) nationally. Combined with 115,000 estimated occupational separations over ten years (11,500 annually), BLS projects 151,900 openings over ten years, or 15,190 annual openings. BLS has ranked Physician Assistant as #7 in its list of *Fastest Growing Occupations*.²

The Physician Assistant Education Association (PAEA) reported in its latest "Annual Report," published in October 2019, that 9,202 students graduated from PA programs across the country. **Comparing this information to BLS data indicates a 5,988 national annual average graduate shortfall.**³

PAEA data also indicates that there are high numbers of applicants for these educational programs and an insufficient number of available slots. Most existing PA educational programs receive a large number of applications annually. However, the qualified applicant to enrolled seat ratio is only 33% across the country.⁴ From 2013 to 2017, applications have increased 26% from 21,730 to 27,370.⁵ **For example, FSU received 451 applications for its initial May cohort and 681 applications for the 2020 cohort for only 25 available slots, and UMES received 606 applications, pending accreditation approval, for only 20 available slots.**⁶

In Maryland, the Maryland Department of Labor (MDOL) projects an increase in PA jobs from 2,820 in 2016 to 3,446 in 2026, an increase of 626 jobs (22%). Combined with 1,653 estimated occupational separations over ten years (165 annually), MDOL projects 2,279 openings over ten years, or 228 annual openings. MDOL estimates that in 2018 there were 3,040 PAs employed in

² https://www.bls.gov/emp/images/growing_occupations.png

³ <https://paeaonline.org/wp-content/uploads/2019/10/program-report-34-20191002.pdf>

⁴ <https://paeaonline.org/wp-content/uploads/2017/12/Applicant-and-Matriculant-Data-from-CASPA.pdf>

⁵ End of Cycle CASPA Reports. <https://paeaonline.org/caspa/program-resources/>

⁶ <http://mgaleg.maryland.gov/pubs/budgetfiscal/2021fy-budget-docs-operating-R30B36-University-System-of-Maryland-Office.pdf>

the state and reported an average salary of approximately \$108,000.⁷ MDOL has labeled PAs as one of its “hot jobs”.⁸

According to the Maryland Higher Education Commission’s (MHEC) Academic Program Inventory and Trends in Degrees by Program Report 2018, Maryland currently has four colleges or universities approved to offer PA programs. In 2018, degree production is at 90 degrees annually (3-YR rolling average of graduates). **Compared to MDOL data, this leads to the conclusion of an average annual shortfall of 138 graduates.**

It must be noted that the immediately preceding analysis may/will be subject to change in future years based on three factors: 1) In 2015, UMES lost accreditation for its PA program and ceased enrolling students but on April 2, 2020 announced it had received reaccreditation and will enroll a class of 20 in August 2020; we assume (and are supportive of) UMES’ success and subsequent capacity to increase in out years; 2) In 2019, FSU enrolled its first class of PA students and will produce graduates in the future; and 3) we assume Towson will increase the capacity of its PA program as indicated in its objection letter. **As indicated in the table below, ARC-PA Standard E1.09 caps maximum entering class sizes.⁹ Considering these factors and assuming increased capacity and full enrollment, 100% retention, and 100% graduation in future years, the analysis still estimates an annual shortfall of 88 graduates in Maryland.** NDMU’s proposed MSPA program will help to fill that annually growing gap.

		ARC- PA LIMIT ¹⁰	ASSUMED FUTURE PROJ
Total 10 Year Openings:	2,279		
Average Annual Openings:	228	228	228
Current State Degree Production (3-Yr Avg):	90	121	140
Towson/CCBC	36	36	40
UMB/AACC+	42	40	40
UMES	12	20	30
Frostburg**	0	25	30
Annual Shortfall:	138	107	88

The Health Resources and Services Administration (HRSA) completed a study in November 2016 related to pending physician shortages and indicated that the answer to the growing physician shortage may be an increase in PAs and nurse practitioners to fill the gap. The projected shortage of primary care physicians across the nation calls for new delivery system changes and full utilization of PAs to meet urgent healthcare needs.¹¹ According to the Maryland Department of Health’s 2016 Primary Care Needs Assessment, the State of Maryland had 32 primary care Health Professional Shortage Areas (HPSA) designations. Baltimore City had 11 of the state’s 32

7 <http://www.dllr.state.md.us/lmi/wages/2401000024/29-1071.htm>

8 <https://mwejobs.maryland.gov/admin/gsipub/htmlarea/uploads/HotJobsBrochure.pdf>

9 <http://www.arc-pa.org/wp-content/uploads/2020/01/AccredManual-5th-edition-11.19.pdf>

10 <http://www.arc-pa.org/accreditation/accredited-programs/>

11 U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025. Rockville, Maryland.

primary care designations, encompassing 42.3 percent of the city's population.¹² NDMU's MSPA program is a pipeline to help address the gap in the State of Maryland and regionally, particularly in the service of underserved populations.

The Federal government via HRSA and the State of Maryland have recognized the shortage of PAs and as a result have established the State Loan Repayment Program and the Maryland Loan Repayment Program for Physicians, respectively. The program requires PAs to serve a two-year obligation in a HPSA or medically underserved area. As a complement to this requirement, much of Baltimore City, to which NDMU is an "anchor institution," is designated as a HPSA.

Program Uniqueness

UMES indicated in their letter that "per ARC-PA (accreditation requirements) all program curricula must adhere to the same standards. Therefore, NDMU's proposed program does not offer any unique advantages over the existing programs in the state."

While it is true that curricula requirements are the same due to accreditation requirements, our uniqueness stems from the fact that NDMU students are being educated in a mission and faith-based tradition. Students come from a wide spectrum of faiths and cultures. In addition to having the ability to engage in Catholic or other faith-based practices and acquiring a broad faith-based lens as they study curricular concepts, some students may want to work in a faith-based hospital or provide health care services to faith-based communities whereby a degree from a faith-based institution may be preferable. Currently, in the State, students do not have the diversity of choice of attending a PA program offered by a faith-based institution, and these students would need to go out of state for such an option.

Other Considerations

FSU referenced the number of PA programs available in other nearby states. While aware of this information prior to its proposal, NDMU took particular note of neighboring Pennsylvania having 22 accredited institutions, with an additional 7 in the application stage. These include a diverse array of public, independent, and faith-based institutions. With an estimated population of 12.8M residents, compared to 6.0M residents in Maryland, according to the U.S. Census, that means that there is currently one (1) PA program for every 582k residents in Pennsylvania, compared with one (1) PA program for every 1.5M Maryland residents. Given Maryland's robust and renowned healthcare industry and current inability to meet demand for a PA program, it appears adding NDMU's proposed MSPA program would only serve to provide increased and needed access for Maryland residents to vital and in-need healthcare education, particularly in Baltimore and other rural and underserved areas.

Furthermore, when Maryland joined the State Authorization Reciprocity Agreement (SARA) in 2015, MHEC removed certain existing regulatory burdens for out-of-state institutions. Most pertinent to this case, placing students in practicum sites in Maryland no longer triggered "physical presence" requiring an out-of-state certificate of approval from MHEC as long as no more than ten students in a single program were placed simultaneously at one site in the State in a supervised internship, practicum, or field experience. (See COMAR 13B.02.01.03.B(12)).

¹² Maryland Department of Health and Mental Hygiene, 2016 Primary Care Needs Assessment. March 31, 2016.

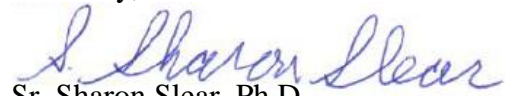
In this increasingly competitive environment with an array of in-state and out-of-state institutions serving Maryland residents, **it does not seem to be in the State's best interest to make it easier for out-of-state institutions to offer field placements in the State, while at the same time restricting the capacity of in-state institutions to develop new programs to meet critical areas of workforce demand**, particularly on the basis of insufficient field placements. If Maryland's in-state institutions are denied the opportunity to offer new programs such as the MSPA, out-of-state institutions will further step in to meet this demand.

Conclusion

In summary, Notre Dame of Maryland University maintains that launching a new Physician Assistant Program will have a positive impact on the State and the region by graduating physician assistants to care for the residents of Maryland and beyond. There is no evidence that NDMU's proposed MSPA program would cause any demonstrable harm to these universities. On the contrary, state-level and national market demand data suggest the need for additional prepared PAs in the field. NDMU is proud of our contributions to the education of Maryland's healthcare workforce, and we look forward to building on our partnerships with colleagues across the higher education and healthcare sectors. We respectfully request the Commission's recommendation to move forward with our proposed MSPA program.

If you have any questions about our MSPA program proposal or this response, please feel free to follow up with me at (410) 532-5321 or via email at sslear@ndm.edu. We appreciate your consideration of this matter.

Sincerely,



Sr. Sharon Slear, Ph.D.

Provost & Vice President of Academic Affairs

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