

STEVENSON

U N I V E R S I T Y

April 9, 2021

James D. Fielder, Jr., Ph.D.
Secretary of Higher Education
Maryland Higher Education Commission
6 North Liberty Street
Baltimore, MD 21201

Dear Secretary Fielder:

Thank you for the opportunity to respond to the objection letters submitted by the University of Maryland Eastern Shore (UMES) dated March 23, 2021 and University of Maryland Baltimore (UMB) dated April 1, 2021 regarding Stevenson University's proposal for a new Doctor of Physical Therapy (DPT) program. Each of the letters focuses on the possibility that unreasonable program duplication could cause demonstrable harm to institutions that currently offer the DPT, which is one of the four bases for objecting to a proposed program as set forth in COMAR (13B.02.03.27).

We appreciate the perspectives shared with us by our colleagues, and we believe that our proposed DPT program will serve to benefit both the students and the state of Maryland, as well as contribute to the continuing success of extant programs. With this letter, we respond to the perspectives expressed by UMES and UMB in objecting to our proposal.

We are optimistic that the current collaborative dialogue can ensure the creation of a DPT program at Stevenson that addresses an unmet need in Maryland without adversely impacting UMES and UMB.

Analysis of Whether Stevenson's Program Constitutes Unreasonable Program Duplication

With respect to whether our program represents unreasonable program duplication and the related issue of our program's distinctiveness (or "uniqueness" in UMES' comments), UMES states "Stevenson's proposed program does not offer any unique advantages over the existing programs in the state." To make a related point, UMB provides a detailed analysis of similarities between their program and our proposed program. Highlighting the importance of accreditation requirements to physical therapy programs, they cite similarities in academic programs, timelines for progression to degree, curricula as evidenced by a side-by-side course comparison, and student goals. In UMB's framework, these similarities are viewed as evidence of unreasonable program duplication.

UMES and UMB both correctly note that the accrediting body for physical therapy programs, the Commission on Accreditation in Physical Therapy Education (CAPTE), has specific and rigorous standards that all programs must meet. **However, the assertion that our program will not be distinct from the other programs in the state due to these requirements is incorrect.** CAPTE requires that programs have a mission that is “compatible with the mission of the institution.”¹

In contrast to the public, high-research universities where Maryland’s two extant programs reside, Stevenson is a small, private, student-centered university located in Northwest Baltimore County. **As our institutional mission and geographic location are distinct from those of UMES and UMB, our program will also be distinct and provide distinct opportunities to Maryland’s students.**

Specifically, Stevenson’s program will increase access for students who, for a variety of reasons, might not apply to, or be accepted at, the UMES/UMB programs. For example, annual applicant data reports from the Physical Therapist Centralized Application Service (PTCAS) have repeatedly demonstrated that several hundred Maryland residents apply to, but are not accepted to, DPT programs each year.² As described in more detail later in this response, a significant number of qualified applicants are not enrolled by the extant programs, many of whom are Maryland residents as noted in UMB’s letter. Stevenson’s mission and long history of “meeting students where they are” and preparing them for successful careers provides a distinctive opportunity to serve students who are not accepted by extant providers.

Further, Stevenson’s program can provide access for students for whom the extant programs are simply not feasible due to a variety of personal constraints. For example, UMES is 145 miles away from Stevenson and UMB is an urban primarily non-residential special focus institution. Both are recognized as high research universities. A student, who is not able to re-locate from their home and lives in Carroll County, Frederick County, or any other location in Maryland not within easy commuting distance of Princess Anne, may not apply to UMES because of the distance from their home. Stevenson could provide access for this student. Though more geographically proximate to our location, UMB is a large academic medical center and not all students are comfortable in a large setting or interested in the benefits of a research university. Stevenson could also provide access for these students.

Stevenson’s DPT program is designed to be significantly smaller than either of the two extant programs (25 students per cohort compared to 34-70) and this size and setting may be beneficial for some students depending on their learning styles. In fact, CAPTE’s 2020 national distribution data for accredited and developing programs by Carnegie Classification shows that

¹ *Standards and Required Elements for Accreditation of Physical Therapist Education Programs*. Commission on Accreditation in Physical Therapy Education (CAPTE). (Revised 11/3/2020).

<https://www.capteonline.org/globalassets/capte-docs/capte-pt-standards-required-elements.pdf>

² *2015-2016 Applicant Data Report, 2015-2016 Admissions Cycle for the 2017 Entering Class*. American Physical Therapy Association, Physical Therapist Centralized Application Service (PTCAS). (2016, November).

<https://www.jmu.edu/pph/prept/files/PTCASApplicantDataRpt%2015-16.pdf>

2016-2017 Applicant Data Report, 2016-2017 Admissions Cycle for the 2018 Entering Class. PTCAS. (2017, December). <https://www.jmu.edu/pph/prept/files/PTCASApplicantDataRpt%2016-17.pdf>

and *PTCAS 2018-2019 Applicant State of Residency* (PDF file received via email from PTCAS, 04-06-2021. See Appendix A)

there are more DPT programs at institutions in Stevenson's current classification (77) than at doctoral universities with high research activity (35) or special focus institutions: medical schools/medical centers (31).³

In the context of this discussion of increased access, we strongly agree with UMES' point that "physical therapy education suffers from a lack of diversity from underrepresented communities" and our program will be focused on addressing this pressing issue. Stevenson's current student body, in which approximately 50 percent of our students identify as students of color and approximately 30 percent identify as African-American, sets important benchmarks for our program. In this context, we are pleased to report that 29 percent of the students who are enrolling in the initial class of our Doctor of Psychology program, our first doctoral program, identify as African-American.

Regarding pedagogical and curricular distinctiveness, our proposal describes how Stevenson's program aligns with our institutional mission of providing career-focused education in a supportive community focused on student success. Moreover, our history of preparing students to work in the health professions and our strong programs in these areas create unique opportunities for **interprofessional education**. For example, in Stevenson's pedagogical tradition, patient-care simulations involve collaborations among graduate and undergraduate nursing, medical laboratory science, and biomedical engineering programs, providing significant opportunities to integrate clinical decision-making and interprofessional communication. Our intention is to continue this tradition throughout the DPT curriculum.

It should also be noted that while CAPTE specifies content areas in which students should receive instruction and provides requirements for the number of hours and general types of clinical experiences, the specific coursework students complete and the structure of individual programs are not dictated by CAPTE. We note that UMB's side-by-side comparison with our program illustrates this point by highlighting the single course approach UMB has taken to its curriculum (particularly in the first year) in contrast to the multi-course approach we have taken. Additionally, and consistent with our focus on experiential learning, our program explicitly integrates more clinical experiences in the first year of the curriculum than traditional programs.

In summary, while there are necessarily similarities between Stevenson's programs and extant programs due to accreditation requirements, this element of program duplication is not unreasonable because Stevenson's program can provide distinctive opportunities for currently underserved students, as well as distinctive pedagogical opportunities, given the differences in institutional mission and location from the extant providers. This will benefit prospective students and help address workforce shortages of licensed physical therapists in Maryland.

Specific Analysis of Workforce Demand for Licensed Physical Therapists

The strong and sustained labor market demand for licensed physical therapists is a central motivation for the creation of our DPT program. COMAR (13B.02.03.09) sets forth the

³ *Aggregate Program Data: 2019 Physical Therapists Education Programs Fact Sheets*. CAPTE. (2020, March 20). <https://www.capteonline.org/globalassets/capte-docs/aggregate-data/2019-2020-aggregate-pt-program-data.pdf>

standards for determining duplication, which include analysis of market demand for the program. Both objections raise concerns about labor market demand for licensed physical therapists, citing projections of a national surplus of physical therapists based on statistical modeling in a recent American Physical Therapy Association (APTA) workforce report.⁴ While we appreciate the APTA’s efforts to project the national labor market for physical therapists, we have significant concerns about applying their model to determine whether there are a sufficient number of licensed physical therapists in Maryland as part of the program review process. **Most importantly, projections from their untested national model cannot be used to draw conclusions about specific regional demand in Maryland.**

Further, we note that the claims made by UMES regarding the Maryland workforce as represented in the APTA workforce report are not accurate. Specifically, UMES claims that “With the exception of three states, Maryland and the District of Columbia combined have more licensed physical therapist (per 100,000 people) than any other state in the country.” With respect to this claim: 1) the report does not present any comparisons involving the combined region of Maryland and the District of Columbia; and 2) the specific facts in the report belie the claim.

The APTA report highlights that Maryland has 76 licensed physical therapists per 100,000 persons (page 4, Figure titled “Number of licensed physical therapist per 100,000 people by state”; also included in Appendix B). Derived from the data presented in the APTA report, the table below presents a rank ordering of the number of licensed physical therapists per 100,000 people for Maryland, the District of Columbia and the adjacent Mid-Atlantic, Northeastern, and Midwestern states. **Maryland ranks in the bottom third of the listed states for licensed physical therapists per 100,000 persons.**

Rank Order of Licensed Physical Therapists per 100,000 People⁴

Rank	State	Licensed Physical Therapist per 100,000 People
1	Vermont	117
2,3	Maine	113
2,3	Connecticut	113
4	New Hampshire	112
5	Massachusetts	110
6	New Jersey	109
7	Pennsylvania	93
8	Rhode Island	90
9,10	New York	89
9,10	Illinois	89
11	Wisconsin	84
12	Michigan	82
13,14	Delaware	76
13,14	Maryland	76

⁴ APTA Physical Therapy Workforce Analysis. American Physical Therapy Association (APTA). (2020, December.) <https://www.apta.org/contentassets/5997bfa5c8504df789fe4f1c01a717eb/apta-ptworkforcereport2021.pdf>

15	Ohio	74
<i>Illustration only</i>	COMBINED MD/DC	72
16	Indiana	71
17	Virginia	62
18	West Virginia	58
19	District of Columbia	34

In this context, one can evaluate UMES’ specific claim about the combined Maryland and District of Columbia region by calculating the number of licensed physical therapists per 100,000 persons in the combined Maryland and District of Columbia region given the data in the report and published information on the populations of Maryland⁵ (6,045,680) and the District of Columbia⁶ (705,749) in 2019. The number of licensed physical therapists for the combined region of Maryland and the District of Columbia in 2019 was approximately 72. **Thus, the combined region of Maryland and the District of Columbia is ranked in the bottom 20% for licensed physical therapists per 100,000 people for the states listed in the table.**

In addition to the fundamental concern about generalizing from a national projection to a regional market, there are additional problems with applying conclusions from the American Physical Therapy Association model to the Maryland program review process. These include, but are not limited to:

- 1) The model calculates demand for physical therapy services based on the US population *with health insurance* as reported by the US Census. By excluding uninsured Marylanders, this method significantly underestimates demand for physical therapy services in Maryland;
- 2) The model assumes labor market supply equals labor market demand in the base year of 2019. Given this assumption, the model systematically over-estimates labor market surpluses when base year labor market demand exceeds supply as is the case in Maryland (see our original proposal);
- 3) The model is of recent origin and no evidence is presented regarding the validity or reliability of its projections; and
- 4) The model requires data from current licensees and there have been significant challenges in obtaining valid and reliable data from current licensees. Without such data, the model cannot generate valid labor market projections. As stated in the report (pg. 10), “the minimum data set has not progressed as quickly as hoped due to lack of support from state agencies, unwillingness or lack of ability of state licensing boards to ask questions on licensing renewal beyond those required, lack of resources, confidentiality concerns,

⁵ *Annual estimates of the resident population: April 1, 2010 to July 1, 2019: Maryland.* United States Census Bureau. (2019). 2019 PEP Population Estimates:

<https://data.census.gov/cedsci/table?q=maryland&tid=PEPPPOP2019.PEPANNRES&hidePreview=false>

⁶ *Annual estimates of the resident population: April 1, 2010 to July 1, 2019: District of Columbia.* United States Census Bureau. (2019). 2019 PEP Population Estimates:

<https://data.census.gov/cedsci/table?q=district%20of%20columbia&tid=PEPPPOP2019.PEPANNRES&hidePreview=false>

and changes in HRSA staffing.” These significant data limitations exacerbate concerns about the validity and reliability of the model’s projections.

Given these concerns and the fundamental problem of generalizing from the APTA’s national model to the Maryland labor market, it is not appropriate to use conclusions from the APTA model in the program review process.

In the context of evaluating the labor market demand for licensed physical therapists in Maryland, we wish to highlight the specific data for Maryland presented in Tables 2 and 3 (page 7) of our original proposal. We also take this opportunity to provide additional data from the **Maryland Department of Labor** and the **U.S. Bureau of Labor Statistics** as converging evidence for our conclusions given UMB’s stated concern that the data from our original proposal “does not necessarily reflect the official position of the U.S. Department of Labor.”

The data cited in our proposal indicate a 31 percent increase in market demand for physical therapists in the 2018-2028 period, an average of 430 annual openings for physical therapists, and approximately 90 graduates per year from the two extant DPT degree providers. With respect to converging evidence, the occupational projections for the 2018-2028 period from the Maryland Department of Labor and the U.S. Bureau of Labor Statistics indicate similar trends for employment of physical therapists, physical therapy aides, and physical therapy assistants. Per our earlier cautions about generalizing from national to Maryland data, it is important to note that the expected percentage change for physical therapists in Maryland is *significantly larger* than the national change (32.65% vs 18.2%).

Maryland Employment Statistics, 2018-2028⁷

Occupation Title	Occupation Code	Employment 2018	Employment 2028	Employment Change, 2018-2028	Employment % change, 2018-2028
Physical Therapist	29-1123	5,225	6,931	1,706	32.65%
Physical Therapy Aide	31-2021	2,274	3,221	947	41.6%
Physical Therapy Assistant	31-2022	1,701	2,289	588	34.6%

National Employment Statistics, 2019-2029⁸

Occupation Title	Occupation Code	Employment 2019	Employment 2029	Employment Change, 2019-2029	Employment % change, 2019-2029
Physical Therapist	29-1123	258,200	305,200	47,000	18.2%

⁷ *Maryland Occupational Projections – 2018-2028 – Workforce Information and Projections*. Maryland Department of Labor. (2021, April). <https://www.dlhr.state.md.us/lmi/iandoproj/maryland.shtml>

⁸ *Employment Projections: Occupational Projections Data*. U.S. Bureau of Labor Statistics. (2021). <https://data.bls.gov/projections/occupationProj>

Physical Therapy Aide	31-2021	98,700	130,900	32,200	32.6%
Physical Therapy Assistant	31-2022	50,600	61,300	10,800	21.3%

Both UMES and UMB cite the existence of accredited DPT programs in surrounding states including Delaware, Pennsylvania, Virginia, Washington DC, and West Virginia. We note that our original proposal included employment projections compared to the number of graduates for these same states, with the exception of Virginia and West Virginia and with the addition of New Jersey. Extending the regional survey of average annual job openings and average annual DPT graduates to include the border states of Virginia and West Virginia as referenced in both objections reveals *an even greater gap between the employment projections and the number of DPT graduates* from CAPTE-accredited programs than cited in our original proposal as shown in the table below.

Extended Regional Analysis of DPT Graduates and Employment Projections⁹

ORIGINAL ANALYSIS	
Average Annual Openings for Physical Therapists: DE, DC, NJ, PA	1470
Average number of graduates from accredited DPT Programs: DE, DC, NJ, PA	1132
Difference (Annual Openings – New Graduates)	338
EXTENDED ANALYSIS	
Average Annual Openings for Physical Therapists: DE, DC, NJ, PA, VA, WV	2040
Average number of graduates from accredited DPT Programs: DE, DC, NJ, PA, VA, WV	1594
Difference (Annual Openings – New Graduates)	446

The straightforward, common sense interpretation of all the data presented is that there is a significant need for additional licensed Doctors of Physical Therapy, beyond those being trained by UMES and UMB, in both the Maryland and national labor markets.

Evaluating Additional Issues of Demonstrable Harm

We have provided evidence demonstrating that our program is not unreasonably duplicative of extant programs and that the demand for DPTs outpaces the supply in Maryland. This demonstration mitigates the current objections on the basis of “unreasonable program duplication which would cause demonstrable harm” since our program is not unreasonably duplicative.

⁹ *Long Term Occupational Projections*. Projections Managing Partnership (PMP). (2021).

<https://projectionscentral.com/Projections/LongTerm>

Integrated Postsecondary Education Data System (IPEDS). Institute of Education Sciences, National Center for Education Statistics (NCES). (n.d.) <https://nces.ed.gov/ipeds/datacenter/InstitutionByName.aspx?goToReportId=1>

Nonetheless, both objections assert the possibility of demonstrable harm to the extant programs and, given our goal that extant programs enjoy continuing success, we wish to respond to these specific assertions.

In general, the objections assert that our proposed program will cause harm in specific areas, but do not provide empirical evidence regarding the likelihood of this harm occurring or its magnitude. Here, we consider relevant empirical evidence and arguments in the following areas: faculty shortages; post-graduate employment; provision of clinical services to Maryland residents; enrollment; and clinical placements.

Faculty shortages

In their objection, UMB states “additional physical therapy programs, within the same region, will contribute to difficulties in identifying qualified faculty with post-professional doctoral degrees required to teach in DPT programs.” As evidence of this problem, they cite three recent faculty searches. In these three searches, there were a total of 18 applicants, six of whom were qualified for the positions. It is unclear from the information UMB presents whether the referenced searches were concluded successfully.

There are two reasons why Stevenson’s proposed program will not have a significant impact on UMB’s ability to complete faculty searches.

First, faculty labor markets are not limited to candidates who reside within a small region. While candidates may have regional preferences, there is also substantial mobility across regions and nationally in the faculty labor market. Stevenson plans to hire an average of one faculty member per year over a six-year period. This hiring will have minimal impact on the larger market’s supply and demand for faculty who UMB might hire.

Second, given differences in institutional mission, faculty work responsibilities, salary levels and location, Stevenson does not generally compete with UMB for faculty members. In the 74 years of our institution’s history we are not aware of a single case in which Stevenson has successfully recruited against UMB for a faculty member, and we do not see this circumstance changing in the foreseeable future given the significant differences in the cited variables.

On a positive note, Stevenson’s program will graduate licensed Physical Therapists who hold a doctorate and can become part of the supply of faculty members. This outcome will help alleviate the faculty supply challenge UMB cites.

Post graduate employment opportunities

In their objection, UMB notes that CAPTE requires 90% employment rates (averaged over two years) for DPT graduates to maintain accreditation. Assuming limited job opportunities for future licensed physical therapists, UMB claims, “The addition of a new program will harm existing programs in their ability to meet the CAPTE post graduate employment requirements.” As indicated in our program proposal, Stevenson’s program will enroll approximately 25 students per year. Given standard attrition rates, we will graduate approximately 22 students. In our proposal and earlier in this response, we highlight dramatic workforce demand for licensed physical therapists (i.e., hundreds of additional therapists needed per year). Given this strong

demand, it is not plausible to assume that the addition of 22 graduates per year from Stevenson’s program will dramatically change employment outcomes for the graduates of extant programs.

Provision of clinical services to the citizens of Maryland

The UMB objection states, “One of the UMSOM DPT program goals is to promote the provision of clinical services to the citizens of Maryland upon graduation.” In their objection, UMB argues that the addition of a new program will impact the ability of UMB to recruit students from Maryland and this will impact the provision of clinical services to the citizens of Maryland. We addressed the issue of excess enrollment demand for DPT programs above and will elaborate on this issue below. Further, even in the extremely unlikely scenario UMB describes, introduction of a new program would not reduce the provision of clinical services to the citizens of Maryland because the graduates of the new program will also provide clinical services to the citizens of Maryland.

The most straightforward interpretation of the addition of a DPT program, and the associated overall increase of DPT graduates in Maryland, is that it will increase the provision of clinical services to the citizens of Maryland. This will benefit the state and its citizens.

Enrollment demand

Both objections express concerns a new program will impact their enrollments. For example, UMB asserts that Stevenson’s program will “harm the UMSOM DPT program’s ability to recruit in-state applicants” because the majority of their applicants come from the state of Maryland

This outcome is extremely unlikely for two reasons. First, as cited above in footnote 2, **each year there are a large number of Maryland residents (e.g., 200) who apply, but are not accepted to DPT programs.**

A broad range of data reinforce this evidence of significant enrollment demand. Using the data provided in UMB’s letter for its most recent class (2020-2021), UMB received 543 verified applications from PTCAS, of which 445 (82%) met UMB admissions requirements. Given that UMB enrolled 70 students in this cohort, 375 qualified applicants (84%) were not admitted or chose not to enroll at UMB. Similarly, UMES’ website reports a matriculation rate of 40% in 2017-2018.

National data from CAPTE further reinforce this perspective. Approximately 70% of qualified applicants nationwide are not offered a seat in a DPT program.¹⁰ Similarly, data from PTCAS indicate that in the 11th application cycle there were 9.1 applicants for each available seat in a PTCAS participating program.¹¹

¹⁰ *Aggregate Program Data: 2019 Physical Therapist Education Programs Fact Sheets*. CAPTA. (2020). <https://www.capteonline.org/globalassets/capte-docs/aggregate-data/2019-2020-aggregate-pt-program-data.pdf>

¹¹ *Physical Therapist Centralized Application Service 2018-2019 Applicant Data Report: 2018-2019 Admissions Cycle for the 2019 Entering Class*. APTA. (2020, July). http://www.ptcas.org/uploadedFiles/PTCASorg/About_PTCAS/PTCASApplicantDataRpt.pdf

Second, the students Stevenson enrolls are very unlikely to overlap with the students who would otherwise matriculate in the extant programs. Most obviously, this is because Stevenson's program will only enroll 25 students. Enrolling a limited number of students, by definition, limits the impact on extant programs.

Moreover, given the students Stevenson traditionally serves, many of our students are place-bound and/or less likely to be accepted to extant programs. We anticipate that many of our enrolled students will be students who either did not previously apply for admission at extant programs or were not accepted at such programs. (In the context of these comments, we note that 10 of the 14 students who are enrolling in the initial class of our Doctor of Psychology degree reside in the immediate vicinity of our campus and the remaining 4 students reside within a 1-hour distance from the campus.)

In summary, given the clear evidence of excess enrollment demand, Stevenson's program will enhance access to the Doctor of Physical Therapy degree for Maryland's residents and will have minimal impact on enrollment levels at extant programs.

Clinical Placements

Both objections raise the understandable question of whether an additional program will impact their clinical placements. Having offered clinical programs in nursing and medical laboratory science at the undergraduate and graduate levels for over thirty years, we recognize the significant challenges associated with securing clinical placements. These include, but are not limited to: the creation of multiple partnerships with external entities; scheduling the large number of hours required by specific professional training programs; and scheduling/logistics challenges associated with matching students' schedules and the needs of facilities and mentors.

Here, we wish to share three reflections on this issue and then describe our ongoing plan for pursuing clinical placements so that extant programs are not harmed.

First, and most importantly, the CAPTE accreditation process, which is required to offer the DPT degree, includes extensive protections for the clinical placements of extant programs. In order to begin the pre-accreditation process and establish a Candidacy Review Cycle, CAPTE requires an extensive needs assessment.

“The required written components of the needs assessment include:

- Local (less than state) data that includes, but not limited to, current vacancies and proposed vacancies 2 and 5 years out
- Regional (could be more than state) data that includes, but not limited to, current vacancies and proposed vacancies 2 and 5 years out
- National data on current workforce needs and proposed need 2 and 5 years out
- Survey and analysis of local, regional and national health care organizations and hospital systems
- Data of current graduate numbers from local and regional existing and developing programs

- Demographics of local and regional area that impact PT practice
- Foreseeable and possible challenges to starting and sustaining the program, as well as strategies to address these challenges.”¹²

If this needs assessment demonstrates that there is not sufficient capacity in the surrounding professional community for a new program’s clinical placements, CAPTE will not allow the new program to proceed to the next phase of the accreditation process. **Thus, it is extremely unlikely that a new program with a cohort size of 25 would be able to harm the clinical placements of extant programs given the CAPTE accreditation process.**

Second, the objections present no evidence on the severity of current clinical placement shortages and their impact on students’ clinical placements. Understanding the percentage of students in the extant programs whose graduation has been delayed or prevented entirely because of shortages in clinical placements would be extremely helpful in understanding the scope of the current challenge.

Third, and on a positive note, the addition of our graduates to the DPT workforce can help mitigate shortages in available clinical placements. Our DPT graduates and their clinical sites can serve as mentors for students from all programs.

In the context of the referenced accreditation process, we are extremely mindful of the need to work carefully to ensure there are no negative effects on the clinical placement of extant programs. To this end, we have already begun to identify placement sites with which either there is no current affiliation with UMES or UMB or where there are current affiliations, but the organization has the ability to support additional student clinical hours.

In pursuing these efforts, we are focusing on a broad range of clinical sites, including long-term care facilities, rehabilitation facilities, school systems, and private offices. We are also identifying providers who have extended clinical hours and focusing on providers who are not in geographic proximity to either UMES or UMB.

As a demonstration of the safeguards we are building into the process of obtaining clinical placements, the table below presents illustrative information regarding some of our initial efforts to build partnerships.

Provider	Affiliation with UMB	Affiliation with UMES	Ability to support additional clinical hours^a
Impact Sports Physical Therapy	Yes	Yes	Yes
Kennedy Krieger Institute	Yes	Yes	Yes
MedStar Washington Rehabilitation Hospital	Yes	Yes	No

¹² *Conducting and Writing a Needs Assessment*. CAPTE. (2017, July). <https://www.capteonline.org/globalassets/capte-docs/faculty-and-program-resources/program-development/dpw-2016-conducting-and-writing-a-needs-assessment.pdf>

NovaCare/Smart Medical (over 55 clinics in MD/DC)	Yes	Yes	Yes
Sinai Hospital, Baltimore	Yes	Yes	No
True Sports Physical Therapy	Yes	No	Yes

^a “Yes” indicates the organization has responded that they can support additional student placements for Stevenson without reducing placements for UMES/UMB.

The responses received to date from potential partners suggest that there are significant opportunities to support additional clinical placements. Representative letters of support from two clinical providers are presented in Appendix C. We believe acquiring this support from a number of partners in the short turnaround time afforded by the program review process is a very positive indicator of future partnerships and placements.

It is also worth noting in this context that virtually all partner sites award clinical placements to out-of-state students. NC-SARA notwithstanding, it seems unreasonable to permit out-of-state programs to compete in Maryland, but not to allow a small, new in-state program to meet a student and workforce need in Maryland.

In summary, while the securing of clinical placements is always challenging, we believe that the relatively small size of Stevenson’s program, the multi-year lead time we have for establishing these clinical relationships, our substantial experience in clinical partnerships, and the accreditation constraints articulated here will allow us to create partnerships that will advance our program without producing harmful effects on extant programs. This expansion of professional opportunities for licensed physical therapists will, ultimately, benefit the state and citizens of Maryland.

Concluding Remarks

The foregoing arguments and evidence demonstrate that our proposed program is not unreasonably duplicative, that there is substantial excess workforce demand for licensed physical therapists, and that it is extremely unlikely that our program will produce demonstrable harm to extant programs in the areas of faculty shortages, post-graduate employment, clinical services, enrollment and clinical placements. Moreover, our proposed program will increase access for Maryland students, clinical services for Maryland residents, and, over time, the supply of faculty and clinical placements.

Finally, the COVID pandemic has impacted every facet of human existence in ways that will take many years to discern. Layered in are the chronic illnesses and disorders that require physical therapy, which are increasing in both scope and scale. We have found no evidence in the health care data that suggests these needs will decrease, and common experience would suggest the need for front line primary care providers, including Doctors of Physical Therapy, will continue to increase.

We appreciate the opportunity to share these perspectives, and we look forward to continuing a dialogue so Stevenson University can continue to serve the state of Maryland and support the success of extant programs. Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Elliot H". The signature is written in a cursive, slightly stylized font.

Elliot Hirshman
President

Appendix A: PTCAS 2018-2019 Applicant Residency Data

State/Territory of Residence	Applicants	% of Applicants	Accepted Applicants	% of Accepted Applicants
Alabama	276	1.55%	170	1.59%
Alaska	28	0.16%	16	0.15%
Arizona	350	1.96%	187	1.75%
Arkansas	134	0.75%	91	0.85%
California	1981	11.11%	1145	10.73%
Colorado	276	1.55%	173	1.62%
Connecticut	144	0.81%	86	0.81%
Delaware	47	0.26%	28	0.26%
District of Columbia	14	0.08%	8	0.07%
Florida	1046	5.87%	587	5.50%
Georgia	553	3.10%	329	3.08%
Guam	6	0.03%	3	0.03%
Hawaii	65	0.36%	38	0.36%
Idaho	96	0.54%	66	0.62%
Illinois	770	4.32%	448	4.20%
Indiana	301	1.69%	200	1.87%
International	135	0.76%	70	0.66%
Iowa	222	1.24%	136	1.27%
Kansas	231	1.30%	163	1.53%
Kentucky	237	1.33%	150	1.41%
Louisiana	286	1.60%	174	1.63%
Maine	46	0.26%	26	0.24%
Maryland	344	1.93%	189	1.77%
Massachusetts	345	1.93%	226	2.12%
Michigan	624	3.50%	397	3.72%
Minnesota	357	2.00%	219	2.05%
Mississippi	165	0.93%	80	0.75%
Missouri	236	1.32%	151	1.42%
Montana	69	0.39%	53	0.50%
Nebraska	142	0.80%	99	0.93%
Nevada	123	0.69%	69	0.65%
New Hampshire	68	0.38%	51	0.48%
New Jersey	815	4.57%	480	4.50%
New Mexico	93	0.52%	53	0.50%
New York	1013	5.68%	602	5.64%
North Carolina	527	2.96%	307	2.88%
North Dakota	58	0.33%	49	0.46%
Ohio	599	3.36%	461	4.32%
Oklahoma	156	0.87%	83	0.78%
Oregon	195	1.09%	123	1.15%

Other/Unknown	14	0.08%	10	0.09%
Palau	1	0.01%	0	0.00%
Pennsylvania	672	3.77%	448	4.20%
Puerto Rico	8	0.04%	0	0.00%

Physical Therapist Centralized Application Service (PTCAS)

PTCAS 2018-2019 Applicant State of Residency

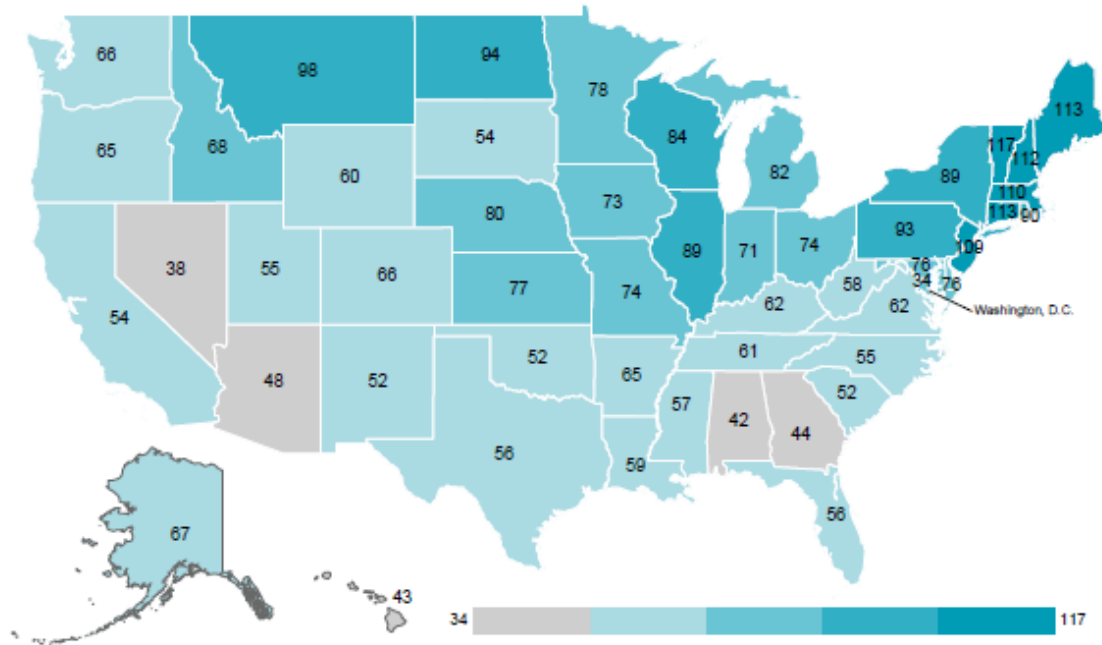
Data requested from PTCAS. PDF data file received via email from PTCAS, 04-06-2021.

Maryland emphasis ours.

Appendix B: APTA Physical Therapy Workforce Analysis

Appendix B – (December 2020)

Number of Licensed Physical Therapists per 100,000 People by State



APTA Physical Therapy Workforce Analysis, (p. 4). APTA. (2020, December).

<https://www.apta.org/contentassets/5997bfa5c8504df789fe4f1c01a717eb/apta-ptworkforcereport2021.pdf>



Meredith C. Durmowicz, PhD
Interim Dean, Berman School of Nursing and Health Professions
Stevenson University
11200 Ted Herget Way
Owings Mills, MD 21117

Dear Dr. Durmowicz:

I am writing in response to your recent inquiry relating to Stevenson University's proposal for a new Doctor of Physical Therapy program.

NovaCare Rehabilitation is pleased to support Stevenson University in developing this program by participating in the Needs Assessment that is required by the Commission on Accreditation in Physical Therapy Education (CAPTE).

As you know, we currently have affiliation agreements with University of Maryland Baltimore and University of Maryland Eastern Shore as well as other out-of-state programs which support clinical placements for DPT students. As Stevenson's program is further developed, we are willing to establish an agreement which would support the clinical education of Stevenson students in the context of our existing agreements.

We look forward to working with you as Stevenson moves forward in its program development.

Sincerely,

Teresa Galligan, PT
Market Coordinator of Clinical Education
NovaCare Rehabilitation

Meredith C. Durmowicz, PhD
Interim Dean, Berman School of Nursing and Health Professions
Stevenson University
11200 Ted Herget Way
Owings Mills, MD 21117

Dear Dr. Durmowicz:

I am writing in response to your recent inquiry relating to Stevenson University's proposal for a new Doctor of Physical Therapy program.

True Sports Physical Therapy is pleased to support Stevenson University in developing this program by participating in the Needs Assessment that is required by the Commission on Accreditation in Physical Therapy Education (CAPTE).

As you know, we currently have affiliation agreements with University of Maryland Baltimore as well as other out-of-state programs which support clinical placements for DPT students. As Stevenson's program is further developed, we are willing to establish an agreement which would support the clinical education of Stevenson students in the context of our existing agreements.

We look forward to working with you as Stevenson moves forward in its program development.

Sincerely,



Sean Bur, PT, DPT, CSCS
True Sports Physical Therapy