



## Lake Erie College of Osteopathic Medicine

Office of the President *John M. Ferretti, D.O.*

June 26, 2015

Jennie C. Hunter-Cevera, Ph.D.  
Acting Secretary of Higher Education  
Maryland Higher Education Commission  
6 N. Liberty Street, 10<sup>th</sup> Floor  
Baltimore, MD 21201  
Sent via email to [acadprop.mhec@maryland.gov](mailto:acadprop.mhec@maryland.gov)

**RE:** Response to Objections of the University of Maryland School of Pharmacy

Dear Dr. Hunter-Cevera, Chairperson Hasan, and Members of the Commission:

Thank you for forwarding to me the letter of objection to you of June 10, 2015 by Dr. Natalie Eddington of the University of Maryland School of Pharmacy (UMSOP) and for providing me with this opportunity to supply the Commission with my comments and reactions. The UMSOP presented three specific numbered objections. This letter will separately respond to each of the three UMSOP objections, in turn.

### UMSOP Objection #1

UMSOP asserts that "LECOM's data is misleading on the need for more pharmacists, particularly in the small state of Maryland." UMSOP also provides data concerning the population of Maryland and the number of employed pharmacists in Maryland in comparison to the combined populations and numbers of employed pharmacists in Pennsylvania and Florida, the two states in which LECOM has "brick and mortar" campuses.

LECOM's application cites two pieces of data concerning the need for more pharmacists – first, data from the U.S. Bureau of Labor Statistics (BLS) showing projected growth in the employment of pharmacists of 14% from 2012 to 2022; and second, Maryland Department of Health and Mental Hygiene (DHMH) "Maryland Occupational Projections" of 1,868 pharmacist openings between 2012 and 2022.

### Bureau of Labor Statistics Data

With regard to the national BLS data, UMSOP's argument, although not clearly articulated, appears to be that it is always inappropriate to use national projections when assessing what educational programs should be made available to Maryland citizens. LECOM disagrees with that argument, and is surprised that UMSOP would offer it, as UMSOP itself so clearly operates in the national marketplace with respect to (a) its recruitment of students and (b) the ultimate placement of its alumni into professional careers. For example, UMSOP's self-description on PharmCAS, the centralized application service for Pharm.D. programs, reveals that UMSOP gives no preference in

admission to Maryland citizens and that it anticipates 60 to 80 “out-of-state” students among its entering class of 160 students (URL: [schoolpages.pharmcas.org/publishedsurvey/478](http://schoolpages.pharmcas.org/publishedsurvey/478)). Similarly, UMSOP’s own “fact sheet” notes that of 5,239 active alumni, only 3,302 are “Maryland in-state,” meaning that approximately 37% of the school’s alumni no longer reside in Maryland (URL: [www.pharmacy.umaryland.edu/media/SOP/attachments/factsheet.pdf](http://www.pharmacy.umaryland.edu/media/SOP/attachments/factsheet.pdf)). Given its own actions in the national sphere, it is surprising that UMSOP would object to the Commission’s consideration of national employment trends and it is even more surprising that it would object to LECOM’s request to make educational opportunities available to a small number of Maryland citizens who wish to remain in the state for training via distance education or who wish to return home to complete the clinical portion of their education.

In lieu of utilizing the BLS data, UMSOP offers the Pharmacy Manpower Project (URL: [pharmacymanpower.com](http://pharmacymanpower.com)), which provides both national and state-by-state indices of the employment market for pharmacists. UMSOP notes, correctly, that in March 2015 the Project’s index for Maryland, 3.17, was smaller than the comparable national statistic of 3.55. While true, it is not clear why UMSOP believes this to be relevant. As described by the Pharmacy Manpower Project, a score of exactly 3.00 indicates a perfect balance between the demand by employers for pharmacists and the supply of pharmacists to fill those positions. Any score below 3 indicates that demand by employers is less than the supply of pharmacists and any score above 3 indicates that the supply of available pharmacists is insufficient to fill the demand by employers. Thus, while it is true that the shortage of pharmacists in Maryland is less severe than in the nation as a whole, UMSOP’s own preferred statistic still reveals that a shortage of pharmacists in Maryland exists. Finally, it should be noted that the April 2015 data are now available and the pharmacist shortage in Maryland has become more acute, with the index number having increased from 3.17 to 3.33 (interestingly, the national shortage, while still worse than Maryland’s has abated somewhat and now stands at 3.50).

#### Department of Health and Mental Hygiene (DHMH) “Maryland Occupational Projections”

UMSOP asserts that LECOM’s reference to the DHMH projection of 1,868 pharmacist openings between 2012 and 2022 is misleading and offers two rationales for that assertion. First, UMSOP states that “it is clear that 1,312 of these openings will be replacements and only the balance of 556 will be new pharmacist positions.” Second, UMSOP calculates that 556 new positions over a 10-year period will result in only “5-6 new positions per year statewide.”

It is not clear to LECOM why UMSOP believes the distinction between replacement positions and new positions to be relevant. All of the positions, whether created by the retirement, death, or out-of-state relocation of the prior incumbent, or whether created by expansion and economic development, need to be filled. If a position is vacant because Maryland’s supply of pharmacists is insufficient to meet the demand (as we know it is from Maryland’s Pharmacy Manpower Project index number above 3.0), it does not really matter how the vacancy was created. It only matters that health care services that should be available to Maryland residents will be unavailable.

Even if we restrict analysis to only the number of newly-created positions (i.e. 556 over a 10 year period), UMSOP’s calculation of the resulting number of newly-created positions on an annual basis is clearly erroneous. UMSOP obviously divided 556 by 100 (a full century) to arrive at its estimate of “5-6 new positions per year statewide.” It should actually be calculated as 556 divided

by 10, resulting in 55.6, or 55-56 new positions per year statewide. LECOM, of course, believes the more relevant number is 1,868 divided by 10, or an average of approximately 187 open positions per year during the 10-year period.

#### Census Data and Employed Pharmacist Data

Finally UMSOP notes that the 2014 population of Maryland is “less than 6 million” while the combined populations of Pennsylvania and Florida, the states in which LECOM has “bricks and mortar” campuses, is “over 32 ½ million.” It also notes that Maryland has 5,510 employed pharmacists while Pennsylvania and Florida combine for approximately 32,400 employed pharmacists (“over 20,000” for Florida and “more than 12,400” for Pennsylvania). UMSOP notes that self-employed pharmacists are not included in these data.

It is not clear to LECOM why UMSOP believes these census data and data concerning the numbers of employed pharmacists are relevant and no discussion or argument is presented by UMSOP. LECOM notes only that Maryland is described as a state with somewhat under 6 thousand employed pharmacists and somewhat under 6 million residents, while Pennsylvania and Florida combined are described as having a bit more than 32 thousand employed pharmacists and a bit more than 32 million residents. Thus, the pharmacist-to-citizen ratios among the states appear comparable. Again, however, LECOM does not see how this is relevant to the Commission’s consideration of our application.

#### UMSOP Objection #2

UMSOP asserts that Commission approval of LECOM’s application would place “additional strain on existing resources in the state”, “is unreasonably burdensome”, and “is likely to jeopardize our [UMSOP’s] program accreditation.” To reach these conclusions, UMSOP creates a “straw man” by mischaracterizing the extent of LECOM’s requested activities in Maryland and also belies its own published descriptions of available faculty preceptor resources.

#### LECOM’s Requested Footprint in Maryland

UMSOP attempts to paint LECOM as a behemoth that wishes to enter Maryland and supplant UMSOP’s access (and the access of other Maryland Pharm.D. programs) to limited available sites for introductory and advanced experiential training. UMSOP notes that LECOM’s total Pharm.D. enrollment in Fall 2014 was 969 students and in the next sentence bewails that “having so many more students completing pharmacy practice experiences in Maryland will cause immeasurable harm within our small state.” (It should be noted that UMSOP presents LECOM’s total enrollment of 969, but compares it to the combined number of annual graduates, 269, of the three Maryland schools. We believe this was a deliberate attempt to make LECOM appear bigger than it is. The more accurate comparison would be to compare the 269 Maryland graduates with the approximately 280 LECOM annual graduates, about 140 each from our campuses in Erie, PA, and Bradenton, FL).

LECOM’s School of Pharmacy desires permission to operate in the state of Maryland in order to accommodate two circumstances. First, LECOM offers one of only two online four-year

distance education programs in the nation for pursuing the Doctor of Pharmacy degree as a first professional degree. The distance education pathway offered by LECOM makes the coursework available to any student in any authorized state, primarily using asynchronous technologies available 24/7 in the learner's own home environment. If LECOM achieves authorization to operate in Maryland, the distance education program would become available to Maryland citizens who live in remote locations not readily accessible to the three pharmacy schools in Maryland and also to Maryland citizens who are unable to attend class at the regularly scheduled times due to childcare or eldercare obligations, employment considerations, or other reasons. In the absence of permission to LECOM (and/or to the single other such accredited program) to operate in Maryland, these Maryland citizens would be denied the opportunity to become pharmacists. The distance education program is accredited for a total of twenty-four students in each cohort (i.e. in each year of the four year program). These twenty-four students may come from any state in the nation in which LECOM is authorized to present the program. LECOM anticipates that no more than three to five students per year would be from Maryland.

The second circumstance in which LECOM would operate in Maryland would be to permit a small percentage of our Pharm.D. students to obtain introductory and advanced experiential rotations in Maryland. Unlike the specter of an invasion of almost 1,000 LECOM students raised by UMSOP, we expect this number to be very small. For one thing, LECOM itself has no need, desire, or plan to expand its network of contracted rotation sites into Maryland. All of our students are comfortably accommodated in Florida, Pennsylvania, and other states.

At LECOM's campus in Erie, PA, the Pharm.D. degree may be earned after three years of year round study, rather than after the traditional four academic years of study. LECOM is one of only twelve such accelerated programs in the nation, none of which are in Maryland, and students from around the country are drawn to this program as it permits them to save a year of tuition as well as other opportunity costs. As of the Fall of 2014, there were a total of twenty-eight (28) Maryland residents enrolled across the three years of this program. Students often request to be permitted to return to their home states for experiential rotations and LECOM wishes to accommodate these students when suitable sites and qualified preceptors are available. This provides students with the opportunity to return to their homes, live with their families, and network for future employment in their home state. Providing LECOM with authorization to operate in Maryland would simply provide the small number of Maryland residents, and perhaps others with connections to Maryland (e.g. fiancées) with the opportunity to return.

### Strain on Preceptor Resources

UMSOP raises the specter of LECOM's massive student body descending on Maryland clinical sites. In fact, as detailed above, the LECOM footprint in Maryland would be limited to perhaps as many as five students in each year of the distance education program and perhaps as many as ten students from the "brick and mortar" campus. All or almost all of these students will be Maryland residents attending program pathways (distance education or accelerated) that are not offered by Maryland institutions and that would otherwise be unavailable to Maryland citizens.

The UMSOP's dire claims about the impact of LECOM are belied by its own statistics. UMSOP states it has more than 700 preceptors ([URL:www.pharmacy.umaryland.edu/academics/pharmd/explearning.html](http://www.pharmacy.umaryland.edu/academics/pharmd/explearning.html)). If each preceptor takes only two students at a time (although three are permitted for some types of experiences), that

provides capacity for 1,400 students at one time. UMSOP notes that the combined number of graduates per year of the three Maryland schools is 269. Thus, even if all students in all four years of the program at all three schools are in rotations at the same time (which is nonsensical because students spend time in class before beginning rotations), the total number of students, 1,076, could easily be accommodated with plenty of room for 15 or so LECOM students. Elsewhere, UMSOP itself touts its excess capacity, publishing on its website the evaluation report by the Accreditation Council for Pharmacy Education which shows substantial current and projected (through 2015-2016) excess capacity for experiential rotations. For instance the number of excess capacity for community pharmacy for APPE is listed as 342 for 2012-2013; 354 for 2013-2014; 369 for 2014-2015; and 385 for 2015-2016. Smaller excesses are listed for hospital pharmacies (URL: [www.pharmacy.umaryland.edu/media/SOP/wwwpharmacyumarylandedu/about/info/accreditation/ETRUofMarylandF2012.pdf](http://www.pharmacy.umaryland.edu/media/SOP/wwwpharmacyumarylandedu/about/info/accreditation/ETRUofMarylandF2012.pdf) at Page 77).

In addition, there are many pharmacists in Maryland who are not UMSOP preceptors but who might be willing to supervise a LECOM student, especially a hometown student. UMSOP reported that there are 5,510 employed pharmacists in Maryland (in addition to many more self-employed pharmacists who are not considered). Even if all 700 current preceptors are included in this number (and we know they are not as UMSOP's website notes that it sends students "across the mid-Atlantic region and worldwide"; URL: [www.pharmacy.umaryland.edu/preceptors](http://www.pharmacy.umaryland.edu/preceptors) ), that would leave 4,810 pharmacists, each of whom could supervise 2 students at a time. Surely, there is room for 15 or so LECOM students.

It is interesting that UMSOP, while seeking protection from a small number of "inbound" rotations by Maryland citizens attending an out-of-state school, is, in turn, happy to send its students out-of-state for rotations. As noted, on its website, the UMSOP states that it sends pharmacy students "across the mid-Atlantic region and worldwide." A quick look at the list of Clinical Assistant Professors in the 2012-2014 UMSOP Catalog (the latest online now) shows several preceptors at York Hospital which is located in Pennsylvania (URL: [www.pharmacy.umaryland.edu/media/SOP/attachments/2011.pdf](http://www.pharmacy.umaryland.edu/media/SOP/attachments/2011.pdf) ). Despite its touted overabundance of preceptors, UMSOP apparently believes it is acceptable to send its students into Pennsylvania for pharmacy practice rotations while simultaneously seeking to block a Pennsylvania institution from accommodating a small number of Maryland residents who chose to attend school elsewhere with the opportunity to return home.

LECOM students seeking practice experiences will primarily find locations on their own, meaning that if a location is full due to the preceptorship of other pharmacy students, LECOM students will not find an opening. Considering the large number of potential pharmacy preceptors in Maryland, the UMSOP having met its need for preceptors, and the small footprint expected in Maryland from LECOM students, cries of jeopardizing accreditation and being unreasonably burdensome are huge exaggerations and wholly unwarranted.

### UMSOP Objection #3

UMSOP argues that LECOM's application is untimely due to what it characterizes as a "requirement" that applications be submitted five months in advance. It also claims that approval now, with only two months of notice to UMSOP, does not provide UMSOP with sufficient time to "mitigate the extreme impact on availability of experiential preceptors."



The latter claim will be dealt with first – as detailed above, approval of LECOM’s application will not have an extreme impact on the availability of experiential preceptors and so there is no need for mitigation. As demonstrated by UMSOP’s own published data, it has an excess capacity of preceptors more than capable of accommodating its own students as well as multiples of the anticipated number of LECOM students who will seek experiences in Maryland, even if LECOM were to utilize the same preceptors. When the available pool of pharmacists not currently precepting for UMSOP is considered, UMSOP’s claim is even more nonsensical.

With regard to the requirement that applications be submitted five months in advance, LECOM understood the instruction on the “Application for Initial Approval for Out-of-State Degree-Granting Institutions to Operate in Maryland” to merely be advisory of the fact that the review and approval process could take at least five months. We believe the Commission now has all the information that is needed to approve the application and we encourage the Commission to do so expeditiously. If, however, the five month period is a hard and fast requirement, we note that the application was received on May 6, 2015 and we encourage the Commission to make its approval effective on October 6, 2015.

#### Reiterating the Benefit to Maryland Residents

As explained above, at most three to five students per year in the distance education pathway, and maybe fewer, will be Maryland residents. All schools of pharmacy are not fungible. There surely are students in the state of Maryland who are unable to attend a brick-and-mortar school such as the UMSOP but who could obtain their degree using the distance education pathway. Allowing LECOM to offer this unique program in your state gives your residents a new previously unavailable option to complete their degree and then work in your state.

LECOM Erie is a three year program leading to the PharmD degree. Most other programs, including that of the UMSOP, are four year programs. Maryland residents may wish to get their degree in three, versus four, years. This involves less tuition and the ability to earn an income one year sooner. The total cost of tuition of the LECOM Erie PharmD program is less than that of the UMSOP PharmD four year program. This draws some Maryland residents to the LECOM Erie PharmD program. It is in the best interest of the state of Maryland and its Maryland resident LECOM students to allow these students to do practice experiences in Maryland. This way it is more likely that they will return home with their new skills and degree and participate in Maryland’s economy while providing healthcare to Maryland residents.

Considering the benefit to Maryland and its residents and the small footprint that LECOM pharmacy students will make in Maryland, the purported dire predictions posed by the UMSOP should be rejected and the LECOM programs provided permission to operate. Please contact me with any questions.

Sincerely,



John M. Ferretti, D.O., FACOI  
President and Chief Executive Officer