



**Special Called Meeting
October 31, 2023**

BOT – 2.1 School of Nursing Request for 2024/25 Tuition Differential for the New Master of Science in Nursing Degree – Family Nurse Practitioner (FNP) Concentration

Request: The UNCG School of Nursing is requesting differential (school based) tuition for students enrolled in new Family Nurse Practitioner (FNP) concentration of the MSN (Master of Science degree in Nursing) program. The FNP concentration was approved by UNCG in Spring 2023. The requested differential tuition mirrors what is paid by students enrolled in the adult-gerontological primary care nurse practitioner concentration. Thus, this request brings parity for both nurse practitioner tracks. The differential tuition will partially support faculty and staff lines, recurring operational expenses for lab/simulation supplies, contracted services (including standardized patients, etc.), equipment, recruitment of faculty, students, and preceptors, preceptor training and incentives, and graduate assistantships.

The FNP concentration was developed in response to the ongoing nationally recognized primary care nursing workforce shortage to speed entry of FNPs into the workforce in Greensboro and outlying rural areas. This new concentration will benefit from nationally renowned faculty expertise in primary care and rural healthcare. The FNP concentration is designed for individuals who already have a bachelor's degree in nursing and are seeking to become a FNP at the MSN level.

The new FNP concentration has 44 credits delivered over five semesters (~ 21 months), using an online/hybrid delivery mode, and we enrolled 39 students in August 2023. This concentration was established in response to the need for more primary care providers for the state of North Carolina. The addition of these nurses to the primary care workforce will greatly impact the health of the people of North Carolina, especially in rural and underserved areas where there is a great need for primary care providers.

Nurse Practitioner (NP) demographics and need: The US NP workforce has more than 355,000 NPs providing patient care, with 88% certified in an area in primary care and 70.3% of all NPs deliver primary care in their roles (American Academy of Nurse Practitioners, 2022).

More than 36,000 new NPs completed their concentrations in 2020-2021. FNPs are prepared to deliver primary care to various populations and across the lifespan.

Currently, in NC, there are 12,409 NPs of which 4,177 (33.6%) are FNPs. Nationally, more than 70.3% of NPs are FNPs. NP working in primary care are often the only available providers for vulnerable, under-insured, and low-income populations, Medicaid beneficiaries, and historically disadvantaged groups in both rural and urban populations (Auerbach et al., 2018; Barnes et al., 2018; Buerhaus, 2018).

There are only four other North Carolina nursing schools that offer the MSN/FNP concentration (see **Table A**). More graduate concentrations are needed to increase the number of FNPs available to serve the growing population in NC.

Table A: MSN/FNP Programs in North Carolina

University	Degree / Format	Location / Distance from Greensboro	Length
Duke University	MSN - FNP Distance-based	Durham, NC 55 miles	49 credit hours
UNC-Chapel Hill	MSN - FNP Hybrid	Chapel Hill, NC 51 miles	43 credit hours
Winston-Salem State University	MSN - FNP Mostly Face-to-Face	Winston-Salem, NC 28 miles	51 credit hours
UNC Charlotte	MSN – FNP Campus-based	Charlotte, NC 92 miles	46 credits hours
UNC Greensboro (NEW)	MSN – FNP Hybrid	Greensboro, NC	44 credit hours

Demographics of the population to be served by our graduates and health access in North Carolina. The NC population has dramatically increased over the past 6 years, at a rate double the increase of the population of NY during this time, and population growth only surpassed by 3 states (FL, CA, TX).

Citizens of NC residing in rural and Health Professional Shortage Areas (HPSAs) or Medically Underserved Communities (MUCs) are the primary target population to be served by our

graduates. More than 10 million people (about half the population of New York) live in NC, with 4 million in areas designated HPSA or Medically Underserved Areas/Populations (MUA/P). In NC, 80% of the counties qualify as MUCs, with 70% of counties designated as MUA/P and 67% have areas or full counties designated as primary care HPSA (HRSA, 2016). NC has 81 out of 100 counties defined as rural by the Office of Management and Budget (NC Rural Center, 2020), and in 2019 the Office of State Budget and Management estimated that **80 percent** of North Carolinians lived in one of the state's 80 rural out of 100 total counties.

Health disparities and social determinants of health (SDH) related to geographic location are significant problems in NC, with Healthy People 2020/2030 reporting most conditions and health being worse than national rates and targets. Rural settings have a unique place-specific set of socio-cultural health determinants and disparities acknowledged by Healthy People 2020/2030, Healthy North Carolina 2020/2030, and Rural Healthy People 2020, which include geographic location as a potential source of health disparities with 70 of NC's 100 counties are designated as rural. Lower socioeconomic status, geography-based health behaviors, issues of the built environment and infrastructure (inadequate housing, transportation), and environmental issues (air quality, natural disasters) all create health disparities/health inequalities for residents.

In North Carolina (NC), primary care is an important area for initial assessment and screening, chronic disease management, treatment follow-up, and care coordination. It is important to note that 10% of Hispanic and African American children lack a usual source of care while only 5% of non-Hispanic whites lack a care source. Also, children from poor families and those uninsured also lacked a usual source of care (Zewde & Berdahl, 2017). Among adults, even with the enactment of the Affordable Care Act and Medicaid expansion, blacks and Hispanics still have higher levels of uninsured than whites, as well as delay in obtaining care due to costs and a lack of a usual source of care than whites (Hayes, Riley, Radley, & McCarthy, 2017). Minorities continue to suffer from barriers to health access and report lower utilization of health services (Artiga, Foutz, Cornachione, & Garfield, 2016; AHRQ, 2017).

Health status, disparities and SDH related to geographic location are major issues in NC, with most conditions and health behaviors (HP 2020 a, b, c, d, e and NCIOM 2019) being worse than the national rates and targets. Food insecurity, food deserts, transportation issues and inability to pay for medications are major concerns. Social determinants are factors influencing these disparities; poverty, lack of health coverage, and low educational attainment are high among minorities in this state (NCSCHS, 2020). This situation presents a particular challenge for the provision of needed care for the state's population and supports the need for a well-trained and sustained clinical workforce with knowledge of social determinants of health and the ability to address health disparities.

Due to the continued inadequate number of physician providers in rural areas, FNPs are poised to help fill this gap. Still the cost to educate nurse practitioners is higher for several reasons: 1) these faculty are in high demand and there tends to be a faculty shortage, 2) licensed and certified nurse practitioners command high salaries in clinical practice, 3) the increased cost of clinical education such as standardized patients, laboratory equipment, and specialized software and programs needed to augment the educational experience, and 4) the increasing demand to

“pay” clinical preceptors. Both UNCCH and WSSU have indicated that they pay some preceptors or clinical sites.

The School of Nursing will take a leadership role in meeting the needs for healthcare delivery in the Piedmont Triad, North Carolina, and beyond through the implementation of this program. Therefore, we request to add a tuition differential of \$2,000 per year/student for those enrolled in the FNP concentration.

A. The anticipated impact of a proposed change on program quality.

Differential tuition will enable us to sustain the quality of our graduate advanced practice FNP nursing programs by providing additional funding to recruit and hire highly qualified faculty who actively engage in practice who will serve as instructors. The differential tuition will partially support faculty and staff lines, recurring operational expenses for lab/simulation supplies, contracted services (including standardized patients, etc.), equipment, recruitment of faculty, students, and preceptors, preceptor training and incentives, and graduate assistantships. Rationale for faculty salary support is based on the *2022-2023 Salaries of Instructional and Administrative Faculty in Baccalaureate and Graduate Programs in Nursing by the American Association of Colleges of Nursing*.

Nationally, average salaries for Professors in public institutions with graduate teaching responsibilities range between \$107,330 (25th percentile) and \$307,882 (maximum) with a mean of \$134,722. Average salaries for Associate Professors range from \$92,963 (25th percentile) to \$253,626 (maximum) with a mean of \$107,273 (AACN, 2022-2023, page 29). In public universities in the southern region, the average salary for a Professor is \$124,879 (range = \$96,411 [25th percentile] to \$335,455 [maximum]). The average salary for an Associate Professor is \$98,946 (range = \$83,209 [25th percentile] to \$199,849 [maximum]), (page 20). Advanced Practice Registered Nurse (APRN) faculty such FNP's faculty command even higher salaries; average salaries for APRN faculty are \$140,138 (Professor) and \$107,917 (Associate Professor), (page 108).

B. The projected impact of a proposed change in tuition on access for North Carolina residents.

The differential tuition will not negatively impact access for North Carolina residents. As indicated in Table B, the cost of a FNP education at UNCG is highly competitive with other UNC system schools that offer the FNP concentration at the MSN level. Based upon available data, the UNCG concentration is almost \$40,000 less than UNC CH overall. The UNCG program is both economical and high quality, having one of the foremost leaders, Dean Debra Barksdale, in NP and FNP education. Not only is she an FNP but is also a past president of the National Organization of Nurse Practitioner Faculties and president-elect of the American Academy of Nursing. Further, she led the FNP program at UNC CH for many years.

C. The availability of student financial aid and tuition remission for students with economic need.

UNCG and the SON provide some support to defray the financial burden of graduate education. Students enrolled in UNCG graduate nursing programs are eligible for federal student aid with the ability to borrow the total cost of tuition, including the requested differential tuition by accessing [Federal Direct Graduate PLUS loans](#). The SON has awarded an average of \$189,186 over the last three years in graduate student scholarships. SON has averaged more than \$270,000 over the past three years in stipends and graduate assistantships for students from SON and state funds. Fifty percent of that has been for advanced practice graduate students totaling \$453,000 and averaging \$150,000 per year. The stipends averaged \$97,000 with stipends during academic year and some in summers.

D. The extent to which current and prospective students can afford possible increases in tuition.

Affordability of the UNCG MSN/FNP concentration, even with the tuition differential, is comparable with other state schools (Table B). Employment for UNCG AGPCNP graduates is 100%, 10-months after graduation. We believe that employment for FNP graduates will be just as great because workforce demand for FNPs is greater. Income earning potential for these graduates is significantly higher than nurses with only a BSN degree. Most Family Nurse Practitioner salaries in North Carolina currently range between \$91,300 (25th percentile) to \$141,135 (90th percentile) with an average salary of \$121,750 per year. Pre-covid, the average BSN-prepared nurse's salary in NC was \$68,376, but now Glassdoor estimates the average BSN salary in NC as \$94,201.

Student Input: Current FNP/MSN students have been consulted on this proposal. Data were collected via a short survey in relation to additional tuition to support concentration operations. The survey was sent to the 39 enrolled FNP students with a response rate of 28.2%. Overall, they recognize the benefits that would accrue to the degree program/concentration from increased financial support. The majority supported the use of differential tuition to subsidize quality NP faculty salaries. Most also supported the use of differential tuition to support laboratory equipment and supplies. Some students question why they would want to pay more, but overall, their consensus was that the tuition differential and additional fees are more than offset by the benefits derived from the proposed use of funds and, therefore, they support this proposal.

E. The relationship of projected tuition revenue to institutional and/or program costs.

A tuition differential of \$2,000 per academic year per student per academic year is requested. In 2024/2025, we anticipate 80 enrolled students. That would generate \$160,000 the tuition differential. The tuition differential request is consistent with what is currently charged to students in the Adult Gerontology Nurse Practitioner program.

F. Tuition and fees, net of remissions and waivers, charged by peer institutions or programs, as compared to tuition and fees, net of remissions, at the UNC institution or program (the public subsidy received by students at public institutions or programs in the peer set, including the UNC institution or program in question, will also be identified as part of the comparison).

As demonstrated in the **Table B** below, with the requested tuition differential, annual tuition is below or comparable to NC system schools.

G. A plan for the intended use of additional tuition receipts (e.g., needed improvements to the educational program, funding for competitive salary increases, financial aid, etc.).

The differential tuition will partially support faculty and staff lines, recurring operational expenses for lab/simulation supplies, contracted services (including standardized patients, etc.), equipment, recruitment of faculty, students, and preceptors, preceptor training and incentives, and graduate assistantships. **Table C** displays the anticipated student enrollment and revenues generated for general tuition and the FNP differential with anticipated expenses.

H. Assistantships or grant support for graduate students.

UNCG SON provides some support to defray financial burden for graduate education. SON has averaged more than \$270,000 over the past three years in stipends and graduate assistantships for students from SON and state funds. Fifty percent of that has been for advanced practice graduate students totaling \$453,000 and averaging \$150,000 per year. The stipends averaged \$97,000 with stipends during academic year and some in summers. Similarly, tuition support provided to the SON from the graduate school has been available to all students who apply. Advanced Practice graduate students have received more than half many years, with a \$49,000 average over the past three years. In addition, we have several federal HRSA grants that provide fellowships with stipends to students who wish to work in rural and underserved communities after graduation. Two grants are specific for Adult Gerontological Nurse Practitioners. The newest grant added FNP students who can receive up to the cost of attendance from grant funds. The tuition differential would allow an additional 3 students to be provided \$10,000 assistantships from those revenue pools.

Table B: Annual Tuition and Fees for Comparable North Carolina Schools

	UNCG	UNCCH	UNCC	WSSU
Fall I	10 credits	11 credits	12 credits	11 credits
Tuition	2,687.50	9,176.00	2,233.50	1,936.00
University Fees	1,322.30	994.48	1,701.00	1,366.54
Tuition Differential	1,000.00	809.00	800.04	750.00
Program Fees	0.00	3,177.00	0.00	0.00
Total Fall I	5,009.80	14,156.48	4,734.54	4,052.54
Spring I	10 credits	9 credits	10 credits	13 credits
Tuition	2,687.50	9,176.00	2,233.50	1,936.00
University Fees	1,322.60	994.48	1,701.00	1,366.54
Tuition Differential	1,000.00	809.00	666.70	750.00
Program Fees	0.00	3,086.00	0.00	0.00
Total Spring I	5,010.10	14,065.48	4,601.20	4,052.54
Summer I	5 credits	4 credits	6 credits	6 credits
Tuition	1,493.05	4,078.28	1,985.36	1,290.72
University Fees	665.30	117.36	1,221.25	1,034.30
Tuition Differential	0.00	809.00	533.36	750.00
Program Fees	0.00	241.00	0.00	0.00
Total Summer I	2,158.35	5,245.64	3,739.97	3,075.02
Fall II	9 credits	10 credits	9 credits	10 credits
Tuition	2,687.50	9,176.00	2,233.50	1,936.00
University Fees	1,191.14	994.48	1,701.00	1,366.54
Tuition Differential	1,000.00	809.00	600.03	750.00
Program Fees	0.00	2,936.00	0.00	0.00
Total Fall II	4,878.64	13,915.48	4,534.53	4,052.54
Spring II	10 credits	9 credits	9 credits	11 credits
Tuition	2,687.50	9,176.00	2,233.50	1,936.00
University Fees	1,322.60	994.48	1,701.00	1,366.54
Tuition Differential	1,000.00	809.00	600.03	750.00
Program Fees	0.00	2,936.00	0.00	0.00
Total Spring II	5,010.10	13,915.48	4,534.53	4,052.54
	44 credits	43 credits	46 credits	51 credits
Total Program Cost	22,066.99	61,298.56	22,144.77	19,285.18

Source: University websites

Data above is based on 9+ ch/semester

Data is not publicly available

Table C: Differential Tuition Proposal Revenue and Expenditures

	Academic Year	
	2024/25	2025/26
Revenues:		
Tuition Differential per full-time student	\$2,000	\$2,000
Projected first year enrollment	40	40
Projected second year enrollment	39	40
	79	80
Total Estimated Revenues	\$158,000	\$160,000
Expenditures:		
Faculty and Staff Salaries	\$55,000	\$55,000
Benefits	\$24,750	\$24,750
Graduate Stipends	\$30,000	\$30,000
Supplies and Materials	\$14,000	\$15,000
Contracted Services	\$9,250	\$10,250
Equipment	\$10,000	\$10,000
Recruitment	\$5,000	\$5,000
Databases	\$10,000	\$10,000
Total Estimated Expenditures	\$158,000	\$160,000

I. Analysis of student indebtedness levels within the University.

For Fall 2023, among the 297 enrolled nursing graduate students at UNCG, 136, or 45.79% have debt. Among those with debt, the average debt is \$38,903.46 with a median debt of \$32,114.50. The national average for students with graduate degrees is between \$40,000 and \$54,999. Debt potential for the UNCG FNP program is below the national average. Even with the addition of differential tuition, UNCG is comparable among the NC system FNP programs, and much lower than UNC CH.