

MINUTES

WAYS AND MEANS COMMITTEE

NEVADA STATE LEGISLATURE - 59TH SESSION

March 15, 1977

The meeting was called to order by Chairman Mello at 8:30 a.m.

PRESENT: Chairman Mello, Mr. Bremner, Mrs. Brookman, Mr. Glover, Mr. Hickey, Mr. Kosinski, Mr. Rhoads, Mr. Serpa, and Mr. Vergiels. Mr. Bode Howard was excused due to illness.

ALSO PRESENT: Dr. George Smith, Dean of the School of Medical Sciences at the University of Nevada; Dr. Tom Scully, Dr. DeWitt Baldwin, and Dr. Owen Peck, also of the Medical School; Mr. Grant Bastian and Mr. Gene Phelps of the Highway Department; Mrs. Peggy Glover of Buildings and Grounds; Mr. Mike Meizel, Mr. Jack Porter, and Mr. Chick Perkins of the Lost City Museum; Assemblyman John Jeffrey; and Mr. John Dolan, Assembly Fiscal Analyst.

Mr. Mello first directed the Committee's attention to A.B. 421. Dean Smith began by saying that the School of Medical Sciences has a problem which they believe is answered by A.B. 421. The problem is that they are locked in under present law by the 95% ceiling level for physicians and surgeons. This makes recruitment of new faculty and retention of present faculty difficult. The problem affects recruitment of faculty from the other 113 medical schools in the United States because the present ceiling is \$38,000, and University of Nevada salaries are the lowest of any medical school in the United States.

Dr. Smith referred to the table behind Table III of materials which were distributed to Committee members. (These materials are attached to the minutes.) He said ten of Nevada's present faculty come from eastern medical schools, six from southern medical schools, eight from midwestern medical schools, and another ten from western medical schools. He said finding qualified faculty members involves a national survey, a search committee, which recruits people from all over the United States. The search committee comes down to about two or three faculty members and then attempts to get them to Nevada for interviews.

Dr. Smith pointed out that when a faculty member is in fact chosen, negotiations always include moving expenses, even though this is usually not the case with most state agencies. He said that presently, the University of Nevada is restricted to \$500 for moving expenses, no matter where the individual moves from. This is not true of other U.S. medical schools, and fringe benefits in many instances are not comparable. For instance, a faculty member in most of the eastern or midwestern medical schools is entitled to a tuition package which allows their children to go to any other school within their contact, free of tuition. Dr. Smith noted that since the salary restrictions were applied three years ago, none of their clinical faculty has received either a cost-of-living raise or any increase in salary.

Some members of the full-time clinical faculty, said Dr. Smith, come to Nevada for an opportunity to develop a medical school and to become involved in developing innovative programs. Some come to stay longer than others, but it's important that many faculty members are highly mobile. He said the problem with retention of present day faculty is that all their clinical faculty are paid by grants and foundations, and from the VA Hospital. For instance, the Chief of Behavioral Science at the VA Hospital is paid full-time there,

and gives 50% of his time to the Medical School. Last year they had about 230 physicians from throughout the state who gave the Medical School 4,000 teaching contact hours. This was voluntary work for which they are not paid, and this will not work with the development of a four year medical school. Dr. Smith pointed out that several faculty members had had offers from other states which included much higher salaries, salaries even doubling their present ones. He said they are not taking these jobs primarily because they came here to develop a medical school and are committed to that goal.

Dean Smith directed the Committee's attention to Table II and said they have looked at the possibility of raising the Governor's salary, paying him at 95% of the limitation, but in order to recruit faculty on a competitive salary basis, they would have to raise the Governor's salary considerably in order to be able to effectively recruit faculty chairman and full professors. Table III lists the clinical faculty they now have. Column 1 lists salaries paid from 1973 to 1974; Column 2 is actual salaries 1974-75; and Column 3 shows actual salaries 1975-76. Dr. Smith said the only salary there that is state-supported is his salary which is at the peak. The remaining salaries are those people now employed full time at the medical school. Table III, Column 4 indicates where those salaries would be had they not been restricted. Column 5 shows actual 1976-77 salaries; Column 6 shows them without restrictions; and Column 8 shows actual medical school salaries in the sixteen western medical schools in western United States. (These are thirteen public schools and three private schools.)

When Chairman Mello asked if the Committee had questions, Mr. Vergiels asked why the Committee was taking up A.B. 421 before deciding if they were going to fund the medical school. Mr. Mello answered that he thought without this kind of action, he didn't believe it would do any good to fund the medical school for four years. Mr. Vergiels commented that it seemed to him they were putting the cart before the horse, and Mr. Mello said he didn't agree. He said if they pass the four year medical school and don't pass A.B. 421, they were putting a second class medical school in the State of Nevada.

Committee members then asked for clarification of certain portions of the attached materials, and there was some discussion about the size of the medical school in comparison to others throughout the country. Dr. Scully pointed out that right now Nevada has the smallest and the only two-year accredited school. He said the four year school would be among the smallest in the country and would cost less in terms of total expense. However, the student-faculty ratio would be the same as the national average; otherwise, they would have an inferior school. When Mr. Rhoads asked whether an increase in size would amount to considerably more money, faculty, equipment and so forth in the future, Dr. Scully said it is possible to have about 10 to 15% increase in student body without increasing the number of faculty. After 15%, it is necessary to increase the number of faculty members.

Mr. Kosinski asked for figures on cost per student to build a medical school, and Mr. Hickey asked for some sort of organizational chart to indicate where the students will be, the distribution of professors, and educational programs in general. Dr. Scully said all this information would be compiled and delivered to the Committee members by Friday.

#### S.B. 177 The Desert Developmental Center

Jim Kosinski said this bill applies to the initial funding for the Desert Developmental Center which is scheduled to open sometime in the month of May. So this will be for the remaining period of the biennium. The bill will not authorize the requested reorganization

under retardation services within the division. That will be handled within the Committee's budgetary process. Mr. Kosinski said this bill provides a total of \$157,000 for operating and salaries, \$40,000 for the purchase of new equipment that was not included within the capital construction costs, and any remaining will revert to the general fund. Mr. Kosinski then made a motion DO PASS on S.B. 177. The motion was seconded by Mr. Bremner and was approved.

HIGHWAY DEPARTMENT (Page 712)

Mr. Grant Bastian and Mr. Gene Phelps presented a detailed explanation of the attached Budget Summary and related Highway Department activities.

LOST CITY MUSEUM (Page 262)

The Committee discussed with Peggy Glover, Jack Porter, Chick Perkins and John Jeffrey the consolidation of Lost City Museum with the State Museum, rather than leaving it in Buildings and Grounds' budget. Mr. Mello asked Mrs. Glover if she would object to this, and she indicated she felt it belonged with the State Museum. Asked if he had any objections, Mr. Perkins said he didn't as long as Lost City Museum remained a separate entity. Mr. Mello pointed out that in talking with Mr. Jeffrey, he had been told that Mr. Perkins feared that if they put Lost City under the State Museum Budget, possibly some of the artifacts there would be taken and placed in Carson City. Mr. Mello then pointed out that the transfer only involved taking the budget and placing it under the State Museum. It wouldn't mean changing any names, and they wouldn't be moving any artifacts.

WICHE SUBCOMMITTEE (Mr. Bremner and Mr. Kosinski)

Mr. Bremner informed the Committee that he and Mr. Kosinski had heard testimony on funding problems that the WICHE program is having, particularly because of increased demand from Nevada students and because of increased costs on the part of WICHE. The subcommittee came up with a proposed loan fund bill that would answer part of the problem as far as providing these funds to students and making funds available at a low interest rate and making repayment to the state possible. The bill, A.B. 452 was introduced March 14th, he said, and isn't exactly in the form they had requested it or wanted it, therefore, it will have to have some changes.

Mr. Bremner said the bill establishes a WICHE loan fund which will be administered by the Chancellor's office at the University of Nevada. The loans will bear 5% interest starting at the date that the student leaves school or completes the program for which the loan was made. Loans will be paid within five years if they total less than \$10,000, within eight years if they total between \$10,000 and \$20,000, and within ten years if the loan amount is over \$20,000.

Mr. Bremner said they also made a provision that those students who were not certified by the WICHE program because someone else was ahead of them can pay the entire WICHE amount, in which case the WICHE commissioners would certify them. In other words, if thirty people were qualified to be certified in the dental program, but they only had slots for ten and these slots were filled, then any of the twenty who were qualified could become certified if they paid the entire amount to WICHE.

Mr. Kosinski made a motion to amend A.B. 452 as drafted, including the following changes:

- (1) Delete Subsection 4, Section 2 of the bill.
- (2) Amend Section 4, which is Subsection 1 of NRS 397.0505 to more clearly delineate the ability of someone to buy into the WICHE program if there are other slots available but there is not further money available under WICHE.

Mr. Kosinski's motion was seconded by Mr. Bremner and was approved.

Mr. Bremner made a motion to pass A.B. 452 as amended. The motion was seconded by Mr. Kosinski.

Mr. Mello asked Mr. Bremner and Mr. Kosinski to go down and get the amendments to be delivered to him so that Committee members could come to his desk to review the bill.

Mr. Dolan commented that another part of the Governor's recommendation is that eight more slots for dentistry be added to the WICHE budget itself, and they were going to bring back a revised budget, but this would not affect this bill. He said the Committee might get some questions from people worried about it.

The meeting adjourned at 11:30 a.m.

ASSEMBLY WAYS AND MEANS COMMITTEE  
LEGISLATIVE HEARING ON SCHOOL OF MEDICAL SCIENCES BUDGET

Tuesday, March 22, 1977

Dr. George T. Smith: Review of six year experience

Dr. Thomas J. Scully: Proposed program

Dr. Thomas J. Scully: Budget - six year projection

Dr. George T. Smith: Impact of conversion



SCHOOL OF MEDICAL SCIENCES  
OFFICE OF THE DEAN  
ANDERSON HEALTH SCIENCES  
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WE WOULD LIKE TO TELL YOU WHAT HAS BEEN ACCOMPLISHED TO DATE - SINCE AUTHORIZATION  
OF THE TWO-YEAR MEDICAL SCHOOL IN 1969

I. STUDENTS

- (1) We have transferred 220 students of whom 121 will have graduated by this June, with M.D. degrees from some 32 medical schools throughout the United States. All are in, or will soon enter, post-graduate residency programs. Their performances have been excellent in every school to which they have transferred.
- (2) Our medical student grade point average is now 3.4 and their science MCAT is over 600. Our students are as well qualified as any in the United States.
- (3) We have increased medical school class size by 50% over what was projected in 1969.
- (4) This year we will have reviewed the applications of 162 Nevadans and 567 out-of-state students applying for 48 positions in the medical school. One in four Nevadans will be accepted.

II. ECONOMICS

Since 1969, the medical school has expended approximately \$13.7 million dollars. State appropriations have amounted to \$3.1 million dollars. This is a \$3 dollar return on every single dollar invested. The funds have been raised from the following sources:

<u>Operating Budget</u>	(1,000's)	(%)	
State Appropriation	\$3.1 million	33%	\$1
Federal Funds	\$2.9 million	30%)	} \$3
Private Funds	\$3.3 million	35%)-	
University non-appropriated Funds	\$ .2 million	2%)	
	<u>\$9.5 million</u>	<u>100%</u>	

III. FACILITIES

This is a picture of our present medical school teaching facilities. To date there have been no state appropriated funds used in their construction.

<u>BUILDINGS</u>	(\$1,000)	(%)	
State appropriations	0	0	\$0
Private funds	1.1	24%)	} \$4.2 million
Federal funds	2.5	61%)	
University non-appropriated funds	<u>.6</u>	<u>15%)</u>	
	4.2	100%	

If we convert, \$3 million of educational space will be added to the new wing of the Reno V.A. Hospital at no costs to the state.

IV. LIBRARY AND AUDIO VISUAL CENTER

The Life and Health Sciences Library now contains over 50,000 volumes. Its value is estimated at \$1.26 million dollars. It is of similar size to the University of Utah medical school library. It is the resource library for hospitals and physicians throughout the Sate of Nevada.

We presently have a teaching collection of approximately 1000 audio-visual packaged presentations. The media production facilities is used to produce continuing medical education and in-service materials for the hospitals throughout the state. The hardware equipment is valued at \$250,000 and the software valued at \$60,000.

V. FACULTY

The medical school has 36.8 full time faculty equivalents teaching medical students, 28.43 are paid via state funds, the remainder from grants and other sources. These faculty have been recruited from some 30 medical schools throughout the United States. Our faculty are not only involved in teaching but contribute to the acquisition of new knowledge. This year our faculty have thus far published some 42 papers in medical journals -- articles dealing with such subjects as immune mechanisms of disease, cancer chemotherapy, and infant respiratory distress syndromes. We also have over 200 particing physicians throughout the state who last year volunteered over 4,000 student contact hours. The value of their teaching alone is worth more than \$100,000 per year.

VI. TEACHING

Teaching is our principle function and certain of our teaching programs are now being widely used in medical schools throughout the United States.

The medical school is responsible for continuing medical education in Nevada. We are one of two medical schools in the United States that has been sanctioned and approved to perform this task.

We believe the two year medical school has been a successful educational and economic investment for Nevada and has made great strides since 1969.

THE FUTURE

The school of Medical Sciences now proposes to convert its presently accredited two-year basic science curriculum to a Doctor of Medicine (M.D.) degree granting program. In addition, postgraduate primary care residency programs will be established in the State. These new programs will be located in hospital and clinic facilities throughout the State of Nevada. If conversion is completed,



students will be able to complete their medical education within the state and meet the requirements for licensure.

Rationale for Conversion to a Degree Granting Medical School at This Time:

1. Provide educational opportunity for Nevadans to enter and complete the study of medicine in Nevada. Best estimates of the Association of American Medical Colleges are that no domestic transfer positions will be available after 1980. Therefore, students completing our present two-year program may not be able to transfer and finish their M.D. degree.
2. Federal conversion monies are available (\$50,000 per student at the time of conversion)...through 1977 only. For 48 junior medical students, this would amount to \$2,400,000 which could be expended over three conversion years (1977-80). In addition, a recent grant for development of some \$680,000 over a period of 5 years has recently been received from the W.K. Kellogg Foundation in Battle Creek, Michigan. Therefore, over \$3 million are available for conversion if we act now. These funds will not be available after 1 October, 1977.
3. The Western Interstate Commission for Higher Education has requested increased expenditures of State dollars to support future medical transfer students outside of Nevada. These monies, estimated at \$720,000 annually for support of 30 juniors and 30 seniors, could be retained and expended within the State.
4. Educational and living costs for Nevada transfer students studying outside the State of Nevada are high and increasing. These monies, estimated at \$900,000 per year, could be retained and spent within Nevada.
5. National trends, as interpreted by the Carnegie Commission and the Liaison Committee for Medical Education, are encouraging two year schools to convert to degree granting schools and discouraging the accreditation of any new two-year basic science schools. The reason for this educational trend is that the benefit derived by integrating health care delivery in underserved areas, continuing

medical education, and overall improvement in the quality of health care is beyond the capacity of a two-year medical school. The emphasis is service and education. The proposed four-year medical school will act as a resource to health care and education in clinical facilities throughout the State. The health needs of a growing Nevada demand the expansion of the Medical School. Without the proposed four-year medical school, the educational opportunities will decrease, scarcity and maldistribution of health care personnel will only increase. Nevada will surely fall farther behind the rest of the nation in the provision of health services to its people and the indicators of health status will decline. I would like to end my presentation by quoting from a letter from the Carnegie Commission on Higher Education to Governor O'Callaghan,

"...that a very large sum has already been invested in the development of the two-year medical school in Reno, and Nevada will not enjoy a satisfactory return from that investment until it converts to degree-granting status."

Dr. Scully will now present the projected executive budget for the conversion to a degree-granting medical school with residencies in primary care.



SCHOOL OF MEDICAL SCIENCES  
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STATEMENT CONCERNING SALARY LEVEL CEILING

BASED ON 95% OF GOVERNORS SALARY

George T. Smith, M.S., M.D., Dean  
UNR School of Medical Sciences  
Reno, Nevada

The 95% ceiling level on state salaries is not practical for medical school professionals because it is not competitive with any other medical school in the United States. As a result of the present law, we have two types of problems:

- (1) Recruitment of new faculty.
- (2) Retention of present faculty.

I. Why is the ceiling a problem?

The salary levels are not competitive. (see table I fall 1976 western salary levels)

- (1) The medical school full time faculty has been recruited from the other 113 medical schools throughout the United States.
- (2) We must pay higher salaries to those being recruited in order to entice them to move to Nevada.
- (3) Moving expenses presently restricted by the University of Nevada.
- (4) Fringe benefits in Nevada are not comparable to many other medical schools. (tuition for children and family at any other University is an example).
- (5) Negligible costs of living increases - There have been none for our faculty in three years.
- (6) The reason most clinical full time faculty would come to Nevada is the opportunity to make an academic impact on a new developing school. Some would stay and some would come wanting to build a reputation so that they would utilize Nevada as a "jumping off" point for another job. Academic medicine faculty are highly mobile.

II. Problems with retention of present clinical faculty.

- (1) No State Funding - All except the Dean are paid by grants from H.E.W., foundations and/or V.A. Hospital. (the 230 clinicians from all over the State who gave 4,000 student contact hours last year are presently on a purely voluntary basis).
- (2) There have been no raises or cost of living increases for the past 3 years, since present law has gone into effect. Salaries at \$38,000 or above have been frozen. No new fringe benefits.

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- (3) Academic offers at other medical schools. Certain faculty have been offered jobs paying nearly double what they are presently receiving. Many others have been offered jobs paying 25% or more. Our faculty remain here because the first waves are always more interesting in the development of a new institution. We are really fortunate in having these individuals at the medical school. Many are nationally recognized. Our students have performed extremely well in the 32 medical schools to which they have transferred (25% in the upper 20% of their classes). Nevadans take great pride in their medical school and students, and we have begun to build a national reputation as a quality medical school.

III. Problem of securing the \$2.4 million for conversion from H.E.W. and private foundation funds.

- (1) A second site visit by a group of 4 deans representing the Liaison Committee on Medical Education, which accredits all medical schools, will come to Nevada on April 11, 1977. They must give us a "Letter of Reasonable Assurance" of our adequate planning and implementation of the plans before we can receive the H.E.W. funds for conversion. If Nevada is not willing to pay competitive salaries, how will they expect us to recruit the faculty necessary to develop the medical school?
- (2) As you are aware Nevada presently ranks in the lowest ten percentile in the nation in terms of the total dollars spent (on a percentage of educational dollar basis, on a percentage per capita and on a percentage of state tax dollars). As a consequence of this and because we have been successful in raising our own funds, (\$13.7 million since 1969: only 3 million total state dollars) the accrediting agencies are always dubious about the states dollar input.

IV. What is the answer to this problem?

- (1) Complete exemption for medical school clinical faculty would be the best solution.
- (2) A less attractive, but a compromise solution would be to keep a limitation on state funds, but allow the freedom to utilize other sources (H.E.W., private foundation, and others) to pay competitive salaries. We can do this for the next three years. Its a weaker solution because income is not guaranteed after three years and ties us to the previous basic assumption that no one should make more than the governor.

TABLE I

MEDICAL SCHOOL AVERAGE SALARIES -- FALL, 1976  
 STRICT FULL TIME -- FILLED POSITIONS

Source: American Association of Medical Colleges Salary Surveys  
 (Western Medical Schools)

	CHAIRMEN	PROFESSOR	ASSOCIATE PROFESSORS	ASSISTANT PROFESSORS
Family Practice	48,800	44,400	40,800	32,300
General Internal Medicine	60,900	50,700	42,800	35,000
General Pediatrics	58,500	48,900	40,700	31,500
General Surgery	66,100	54,300	47,100	41,400
Psychiatry	65,300	48,500	40,400	31,400
Pathology	63,700	50,700	40,700	32,300
Radiology	71,400	55,700	51,000	38,600
Obstetrics/ Gynecology	63,400	53,600	46,000	37,600
	62,300	50,900	43,700	35,000

TABLE II

## 95% Governor's Salary vs. Medical School Salaries

GOVERNOR'S SALARY	95% GOVERNOR'S SALARY	CHAIRMEN AVERAGE	PROFESSORS	ASSOCIATE PROFESSORS	ASSISTANT PROFESSORS
40,000	38,000	62,300 (-24,300)	50,900 (-12,900)	43,700 (-5,700)	35,000 (+3,000)
45,000	42,750	62,300 (-19,550)	50,900 (-8,150)	43,700 (-950)	35,000 (+7,750)
50,000	47,500	62,300 (-14,800)	50,900 (-3,400)	43,200 (+4,300)	35,000 (+12,500)
55,000	52,250	62,300 (-10,050)	50,900 (+1,350)	43,200 (+8,550)	35,000 (+17,250)
60,000	57,000	62,300 (-5,300)	50,900 (+6,100)	43,200 (+13,300)	35,000 (+22,000)

TABLE III

All M.D. Presently Employed	1 '73-'74 ACTUAL	2 '74-'75 ACTUAL	3 '75-'76 ACTUAL	4 '75-'76 WITHOUT RESTRICTION	5 '76-'77 ACTUAL	6 '76-'77 WITHOUT RESTRICTION	7 '77-'78* WITHOUT RESTRICTION	8 AAMC (W) '76-'77 *
A (Dean) Prof. Path. IV	\$33,060	\$34,475	*\$37,000	\$39,200	\$38,000	\$39,546	\$40,660	\$60,095
B (Assoc. Dean) Prof. Ped. IV	38,007	39,575	39,575	42,381 (43,011)	39,575	45,266 (45,939)	42,346	48,900
C (Assist. Dean) Prof. Med. IV	31,896	39,225	39,225	42,066 (43,326)	39,225	45,000 (46,276)	41,972	50,700
D (Div. Dir.) Prof. Com. Med. IV	36,261	37,775	38,000	40,491	38,000	43,248 (44,258)	40,660	52,000
E (Div. Dir.) Prof. Psych. IV	36,552	38,075	38,075	40,806 (41,436)	38,075	44,257 (44,930)	40,740	48,500
F (Div. Dir.) Prof. Path. IV	34,515	35,975	38,075	38,601 (38,916)	38,075	41,565 (42,238)	40,660	63,700
G (Div. Dir.) Prof. Psych. IV	--	35,075	37,656	37,656	38,000	40,219 (40,892)	42,220	48,500
H (Div. Dir.) Assoc. Prof. Surg. III	9,065 (.4)	18,888 (.5)	19,000 (.5)	20,246 (.5)	7,600 (.25)	21,624 (.5)	20,330 (.5)	23,550 (.5)
I (Div. Dir.) Assoc. Prof. Psych. III → IV	--	--	9,995 (.26)	10,069 (.26)	--	10,755 (.26)	10,000 (.25)	12,125 (.25)
J Prof. Path. IV	--	42,275	31,706 (.75)	33,912 (.75)	31,706 (.75)	36,221 (36,726) .75	33,925 (.75)	38,030 (.75)
K Assoc. Prof. Path. III	--	--	28,500 (.75)	28,584 (.75)	28,500 (.75)	30,529	30,495 (.75)	30,530 (.75)
L Assist. Prof. Path. II	--	--	--	--	24,860 (.75)	--	26,600 (.75)	24,230 (.75)
M Assist. Prof. Path. III	--	--	--	--	28,071 (.75)	--	30,036 (.75)	30,530 (.75)
N Assoc. Prof. FM III	--	--	38,000	38,112	38,112	40,705	40,705	40,800
O Prof. Med. IV	28,404	29,675	33,246	--	34,908	--	37,350	33,900
*ACTING				(Merit)		(Merit)	* 7% Increase over '76-'77.	* 7% Increase not included. TJS 3/14/77

There are a total of 114 medical schools in the United States. In the west there are 13 state supported and 3 private medical schools. We have recruited our faculty to date from medical schools throughout the United States

Faculty have been recruited from some 25 medical schools in the United States. It has taken more time, more visits because of lower salaries and poorer fringe benefits. A breakdown of locations from where our faculty have been recruited from is as follows:

- Faculty recruited from Eastern medical schools -- 10
- Faculty recruited from Southern medical schools - 5
- Faculty recruited from Midwestern medical schools -8
- Faculty recruited from Western medical schools -- 10



CLINICAL SCIENCES:

New MD's to be Hired 1977-79

(AAMC '76-'77)\*  
Salary Scale

		Number	at	Dollars	
<u>Medicine</u>	Professor and Chairman	1		60.9	60.9
	Professor	1		50.7	50.7
	Associate Professor	3		42.8	42.8
	Assistant Professor	5		35.0	35.0
<u>Surgery</u>	Professor and Chairman	1		66.1	66.1
	Professor	--		--	--
	Associate Professor	2		47.1	47.1
	Assistant Professor	5		37.7	37.7
<u>Pediatrics</u>	Professor and Chairman	1		58.5	58.5
	Professor	1		48.9	48.9
	Associate Professor	--		--	--
	Assistant Professor	2		31.5	31.5
<u>OB-Gyn</u>	Professor and Chairman	1		63.4	63.4
	Professor	--		--	--
	Associate Professor	1		46.0	46.0
	Assistant Professor	2		37.6	37.6
<u>Psychiatry</u>	Professor and Chairman	1		65.3	65.3
	Professor	2		48.5	48.5
	Associate Professor	--		--	--
	Assistant Professor	1		31.4	31.4
<u>Family Medicine</u>	Professor and Chairman	1		48.8	48.8
	Professor	--		--	--
	Associate Professor	1		40.8	40.8
	Assistant Professor	2		32.3	32.3
<u>Community Medicine</u>	Professor and Chairman	1		52.0	52.0
<u>Public Health</u>	Professor	--		--	--
	Associate Professor	--		--	--
	Assistant Professor	1		29.0	29.0
<u>Clinical Pathology</u>	Professor and Chairman	--		--	--
	Professor	--		--	--
	Associate Professor	--		--	--
	Assistant Professor	2		32.3	32.3
<u>Radiology</u>	Professor and Chairman	--		--	--
	Professor	--		--	--
	Associate Professor	1		51.0	51.0
	Assistant Professor	1		38.6	38.6
<u>Assistant Deans</u> (Medicine)	Professor	--		--	--
	Associate Professor	3		42.8	N/A
	Assistant Professor	--		--	--

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\*does not include  
7% increase per  
year

WESTERN USA AVERAGE SALARIES FOR MEDICAL SCHOOL M.D. FACULTY

	<u>UNR</u> <u>#</u>	<u>UNR</u> <u>%</u>	<u>AAMC*</u> <u>%</u>
Professor and Chairman :	7	16	6
Professor :	4	9	23
Associate Professor :	11	26	24
Assistant Professor :	<u>21</u>	<u>49</u>	<u>47</u>
	43*(1)	100	100*(2)

(1) \*21/43 > \$40.00  
(49%)

(2) \* \$30,677 faculty position

PRESENT VA SALARIES\*

(A) Chief of Medicine:	\$50,871
(B) Assistant Chief of Medicine :	46,304
(C) Staff-Medicine :	45,178

\*Does not include certain bonuses which can be earned - amounting to 5 to 7% increment per annum.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ANNUAL SALARY SURVEY FOR FISCAL YEAR 1976-77

FIXED + SUPPLEMENTAL SALARY

WESTERN REGION

ALL SCHOOLS

STRICT FULL-TIME ALL DEGREE TYPES

CLINICAL SCI DEPTS	INSTRUCTOR	ASSIST PROFESSOR	ASSOC PROFESSOR	PROFESSOR	CHAIRMAN
ANESTHESIOLOGY	20th 20 NUMBER 9 50th 23 80th 40 MEAN 28.4	20th 40 NUMBER 78 50th 45 80th 50 MEAN 44.0	20th 52 NUMBER 24 50th 57 80th 60 MEAN 55.8	20th 56 NUMBER 21 50th 66 80th 72 MEAN 64.4	20th 52 NUMBER 7 50th 73 80th 76 MEAN 67.0
COMMUNITY HEALTH	20th NUMBER 2 50th 80th MEAN	20th 21 NUMBER 21 50th 27 80th 33 MEAN 29.0	20th 25 NUMBER 11 50th 28 80th 29 MEAN 29.5	20th 33 NUMBER 13 50th 36 80th 45 MEAN 40.5	20th 38 NUMBER 6 50th 52 80th 59 MEAN 52.0
DERMATOLOGY	20th NUMBER 0 50th 80th MEAN	20th 28 NUMBER 9 50th 35 80th 37 MEAN 33.9	20th 23 NUMBER 7 50th 29 80th 46 MEAN 35.6	20th 43 NUMBER 7 50th 51 80th 59 MEAN 50.9	20th NUMBER 3 50th 80th MEAN
FAMILY PRACTICE	20th 17 NUMBER 5 50th 23 80th 26 MEAN 22.4	20th 26 NUMBER 20 50th 33 80th 38 MEAN 32.3	20th 39 NUMBER 15 50th 40 80th 43 MEAN 40.8	20th 38 NUMBER 7 50th 44 80th 47 MEAN 44.4	20th 48 NUMBER 4 50th 48 80th 49 MEAN 48.8
MEDICINE	20th 23 NUMBER 14 50th 26 80th 30 MEAN 25.9	20th 30 NUMBER 171 50th 34 80th 41 MEAN 35.0	20th 37 NUMBER 140 50th 42 80th 48 MEAN 42.8	20th 44 NUMBER 148 50th 50 80th 58 MEAN 50.7	20th 51 NUMBER 10 50th 59 80th 68 MEAN 60.9
NEUROLOGY	20th NUMBER 3 50th 80th MEAN	20th 30 NUMBER 38 50th 34 80th 38 MEAN 33.7	20th 35 NUMBER 20 50th 40 80th 46 MEAN 40.6	20th 38 NUMBER 14 50th 48 80th 54 MEAN 45.5	20th 51 NUMBER 7 50th 36 80th 61 MEAN 57.6
OBS-GYNECOLOGY	20th NUMBER 3 50th 80th MEAN	20th 32 NUMBER 41 50th 38 80th 47 MEAN 37.6	20th 38 NUMBER 26 50th 46 80th 53 MEAN 46.0	20th 42 NUMBER 29 50th 52 80th 64 MEAN 53.6	20th 44 NUMBER 10 50th 63 80th 73 MEAN 63.4
OPHTHALMOLOGY	20th 16 NUMBER 4 50th 24 80th 25 MEAN 24.8	20th 26 NUMBER 11 50th 40 80th 49 MEAN 39.5	20th 21 NUMBER 7 50th 26 80th 54 MEAN 33.6	20th 31 NUMBER 4 50th 31 80th 40 MEAN 40.8	20th 63 NUMBER 4 50th 68 80th 70 MEAN 68.8
OTOLARYNGOLOGY	20th NUMBER 1 50th 80th MEAN	20th 19 NUMBER 11 50th 27 80th 38 MEAN 29.1	20th 25 NUMBER 9 50th 28 80th 43 MEAN 34.3	20th 28 NUMBER 6 50th 35 80th 51 MEAN 40.5	20th NUMBER 1 50th 80th MEAN
PATHOLOGY	20th 17 NUMBER 10 50th 22 80th 27 MEAN 24.3	20th 24 NUMBER 63 50th 33 80th 39 MEAN 32.3	20th 31 NUMBER 50 50th 41 80th 47 MEAN 40.7	20th 37 NUMBER 54 50th 52 80th 61 MEAN 50.7	20th 54 NUMBER 10 50th 65 80th 73 MEAN 63.7
PEDIATRICS	20th 17 NUMBER 13 50th 18 80th 21 MEAN 19.2	20th 27 NUMBER 109 50th 32 80th 37 MEAN 31.5	20th 34 NUMBER 66 50th 39 80th 44 MEAN 40.7	20th 42 NUMBER 52 50th 48 80th 54 MEAN 48.9	20th 49 NUMBER 10 50th 58 80th 64 MEAN 58.5

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ANNUAL SALARY SURVEY FOR FISCAL YEAR 1976-77

FIXED + SUPPLEMENTAL SALARY

WESTERN REGION

ALL SCHOOLS

STRICT

FULL-TIME

ALL DEGREE TYPES

CLINICAL SCI DEPTS	INSTRUCTOR	ASSIST PROFESSOR	ASSOC PROFESSOR	PROFESSOR	CHAIRMAN
PHYSICAL MED&REHAB	20th 15 NUMBER 8 50th 17 80th 18 MEAN 16.8	20th 26 NUMBER 9 50th 33 80th 39 MEAN 34.1	20th 26 NUMBER 4 50th 28 80th 38 MEAN 33.0	20th NUMBER 3 50th 80th MEAN	20th 47 NUMBER 4 50th 51 80th 63 MEAN 56.0
PREVENTIVE MEDICINE	20th NUMBER 3 50th 80th MEAN	20th 26 NUMBER 10 50th 40 80th 47 MEAN 38.5	20th 31 NUMBER 5 50th 35 80th 38 MEAN 35.8	20th 33 NUMBER 10 50th 38 80th 45 MEAN 40.2	20th NUMBER 2 50th 80th MEAN
PSYCHIATRY	20th 18 NUMBER 28 50th 24 80th 28 MEAN 24.6	20th 23 NUMBER 127 50th 32 80th 39 MEAN 31.4	20th 29 NUMBER 73 50th 39 80th 50 MEAN 40.4	20th 38 NUMBER 98 50th 48 80th 57 MEAN 48.5	20th 44 NUMBER 10 50th 63 80th 77 MEAN 65.3
RADIOLOGY	20th 19 NUMBER 12 50th 26 80th 32 MEAN 26.3	20th 28 NUMBER 108 50th 41 80th 46 MEAN 38.6	20th 42 NUMBER 57 50th 53 80th 60 MEAN 51.0	20th 39 NUMBER 56 50th 58 80th 67 MEAN 55.7	20th 61 NUMBER 9 50th 72 80th 76 MEAN 71.4
GENERAL SURGERY	20th 20 NUMBER 4 50th 20 80th 20 MEAN 20.0	20th 30 NUMBER 50 50th 40 80th 42 MEAN 37.7	20th 33 NUMBER 35 50th 51 80th 57 MEAN 47.1	20th 44 NUMBER 39 50th 54 80th 65 MEAN 54.3	20th 58 NUMBER 8 50th 64 80th 73 MEAN 66.1
NEUROSURGERY	20th NUMBER 3 50th 80th MEAN	20th 35 NUMBER 9 50th 43 80th 46 MEAN 41.4	20th 26 NUMBER 5 50th 57 80th 57 MEAN 48.0	20th NUMBER 3 50th 80th MEAN	20th 57 NUMBER 4 50th 67 80th 76 MEAN 72.5
ORTHOPEDIC SURGERY	20th NUMBER 1 50th 80th MEAN	20th 40 NUMBER 11 50th 45 80th 45 MEAN 43.3	20th 33 NUMBER 7 50th 54 80th 57 MEAN 50.9	20th NUMBER 3 50th 80th MEAN	20th 57 NUMBER 5 50th 64 80th 80 MEAN 69.6
PLASTIC SURGERY	20th NUMBER 0 50th 80th MEAN	20th NUMBER 1 50th 80th MEAN	20th NUMBER 0 50th 80th MEAN	20th NUMBER 1 50th 80th MEAN	20th NUMBER 0 50th 80th MEAN
THORAC&CARDIOV SURG	20th NUMBER 0 50th 80th MEAN	20th NUMBER 3 50th 80th MEAN	20th NUMBER 2 50th 80th MEAN	20th NUMBER 0 50th 80th MEAN	20th NUMBER 1 50th 80th MEAN
UROLOGY	20th NUMBER 1 50th 80th MEAN	20th 22 NUMBER 5 50th 44 80th 45 MEAN 40.6	20th NUMBER 0 50th 80th MEAN	20th NUMBER 3 50th 80th MEAN	20th NUMBER 1 50th 80th MEAN
OTHER CLINICAL SCI	20th 16 NUMBER 9 50th 23 80th 28 MEAN 23.4	20th 24 NUMBER 34 50th 35 80th 42 MEAN 34.7	20th 26 NUMBER 15 50th 31 80th 48 MEAN 36.2	20th 43 NUMBER 18 50th 49 80th 60 MEAN 52.9	20th 38 NUMBER 4 50th 56 80th 72 MEAN 60.3
TOTAL CLINICAL SCI	20th 18 NUMBER 133 50th 23 80th 28 MEAN 23.8	20th 26 NUMBER 939 50th 35 80th 43 MEAN 35.3	20th 33 NUMBER 578 50th 43 80th 52 MEAN 43.0	20th 40 NUMBER 589 50th 51 80th 61 MEAN 51.0	20th 52 NUMBER 120 50th 62 80th 73 MEAN 62.9

# DEPARTMENT OF HIGHWAYS

*Budget Summary*

1977-1979 Biennium

# SOURCES OF REVENUES

(Millions of Dollars)

	75-76	76-77	77-78	78-79
STATE USER REVENUES	\$63.39	\$67.24	\$71.90	\$74.47
LESS: Shared Revenue to Cities & Counties	24.09	25.58	27.70	28.83
to State Agencies	2.40	2.63	2.73	2.82
Misc. Collection Costs	.84	.89	.93	.97
Sub Total	<u>27.33</u>	<u>29.10</u>	<u>31.36</u>	<u>32.62</u>
Appropriations to DMV	7.84	8.24	9.63	10.10
to Other State Agencies	1.19	1.93	1.30	1.44
Sub Total	<u>9.03</u>	<u>10.17</u>	<u>10.93</u>	<u>11.54</u>
USER REV. AVAILABLE TO HWY. DEPT.	27.03	27.97	29.61	30.31
FEDERAL AID REVENUE	42.00	42.03	46.92	48.21
MISC. REVENUE	4.47	3.81	3.43	3.28
AMOUNT AVAILABLE TO HWY. DEPT.	73.50	73.81	79.96	81.80

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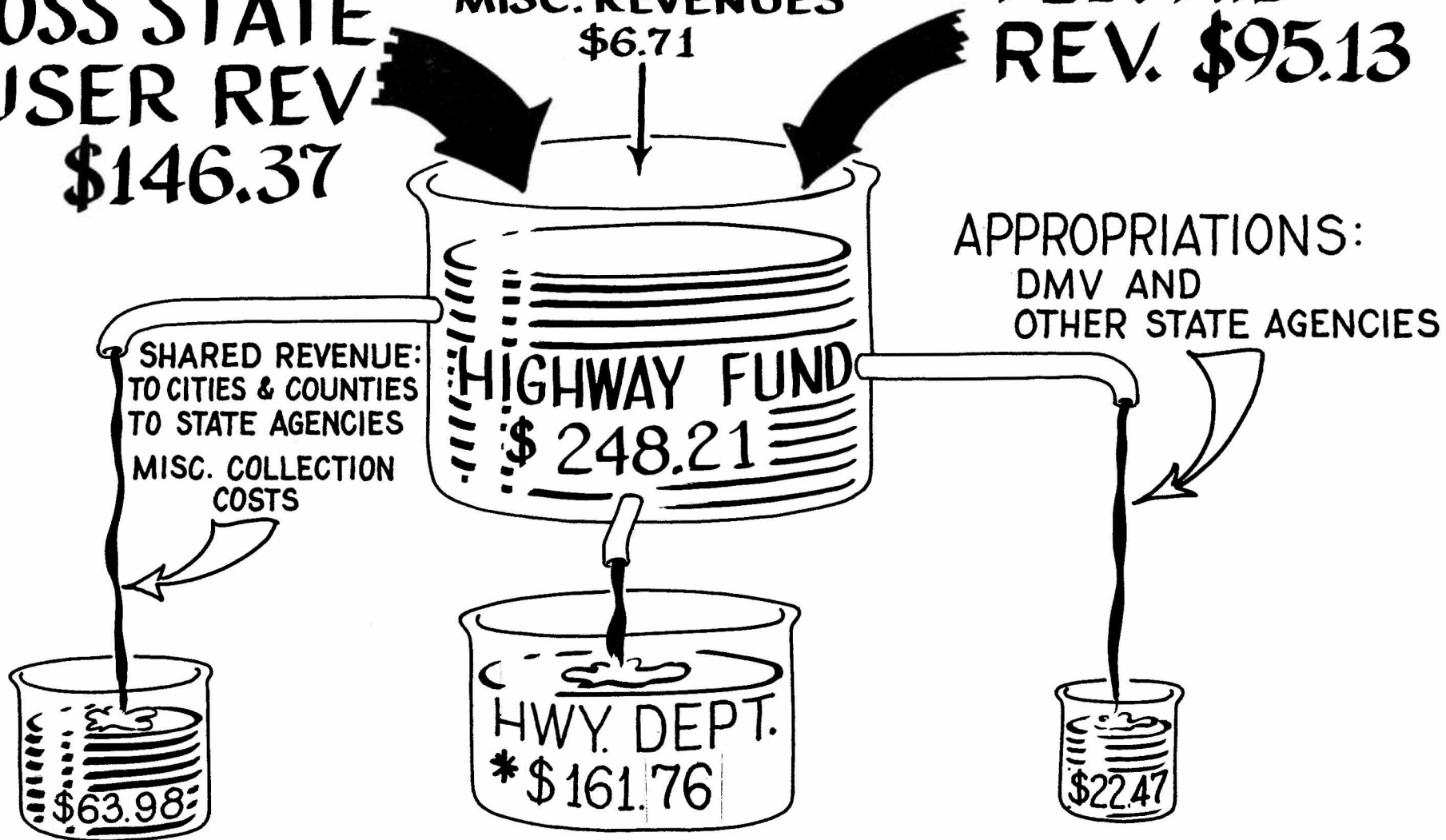
# BIENNIUM REVENUES

(MILLIONS OF DOLLARS)

**GROSS STATE  
USER REV  
\$146.37**

**MISC. REVENUES  
\$6.71**

**FED. AID  
REV. \$95.13**



\*\$10.85 OF FEDERAL AID WILL BE DIVERTED FROM HWY. DEPT. AS OFF-SYSTEM AND FLOW-THRU TO CITIES AND COUNTIES.

# PROJECTION OF HIGHWAY FUND BALANCE

HIGHWAY FUND BALANCE - 7/1/76 \$17,907,876

## ADD: ESTIMATED REVENUES

FY 77	\$ 83,990,900
FY 78	90,888,000
FY 79	93,339,500
	<u>\$ 268,218,400</u>

268,218,400

## DEDUCT: ESTIMATED DMV & OTHER EXPENDITURES

FY 77	\$ 10,176,784
FY 78	10,929,809
FY 79	11,535,319
	<u>\$ &lt;32,641,912&gt;</u>

## DEDUCT: ESTIMATED HIGHWAY DEPT. EXPENDITURES

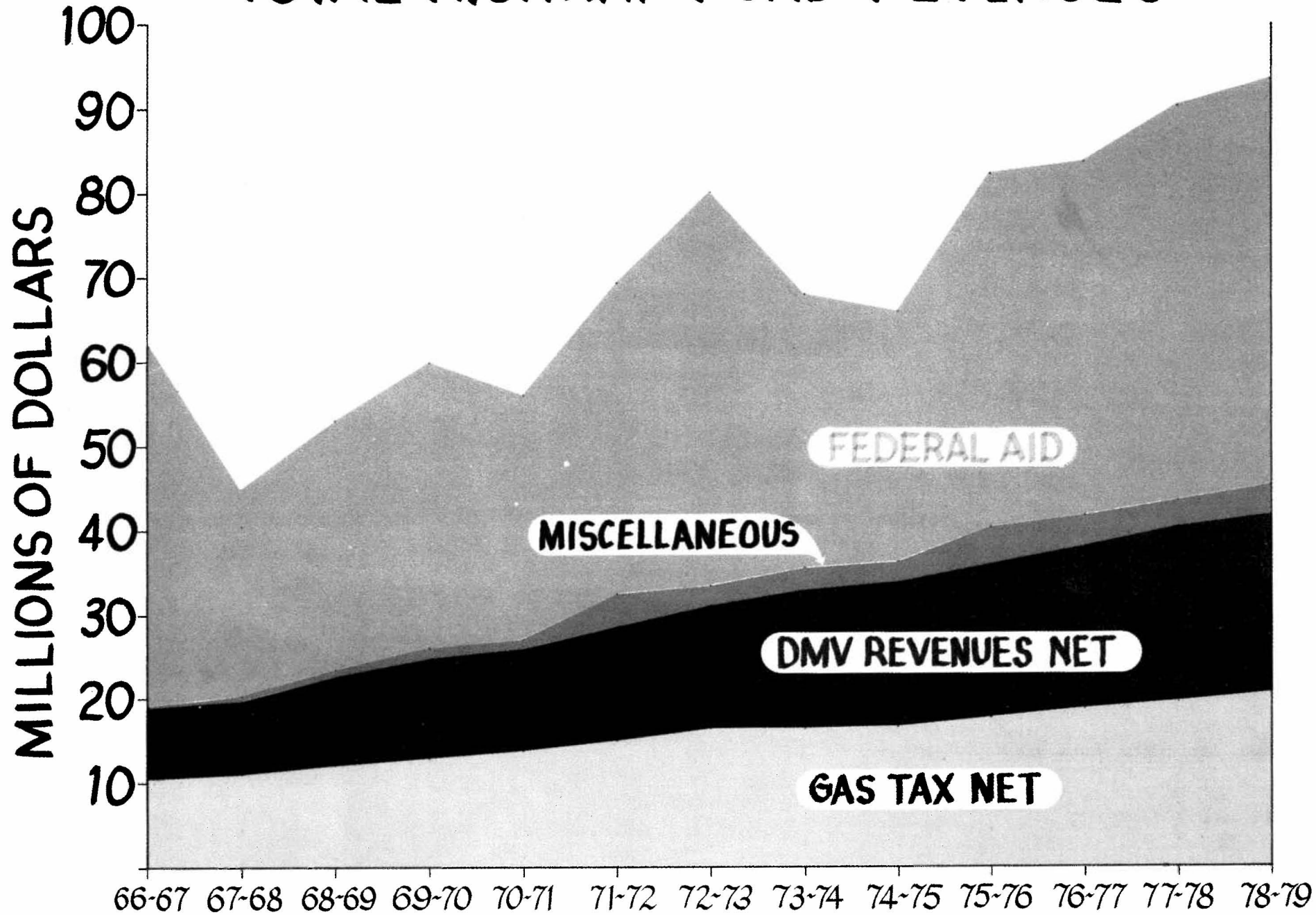
FY 77	\$ 78,555,800
FY 78	84,619,000
FY 79	88,494,600
	<u>\$ &lt;251,669,400&gt;</u>

<284,311,312>

ESTIMATED HIGHWAY FUND BALANCE - 6/30/79 \$ 1,814,964

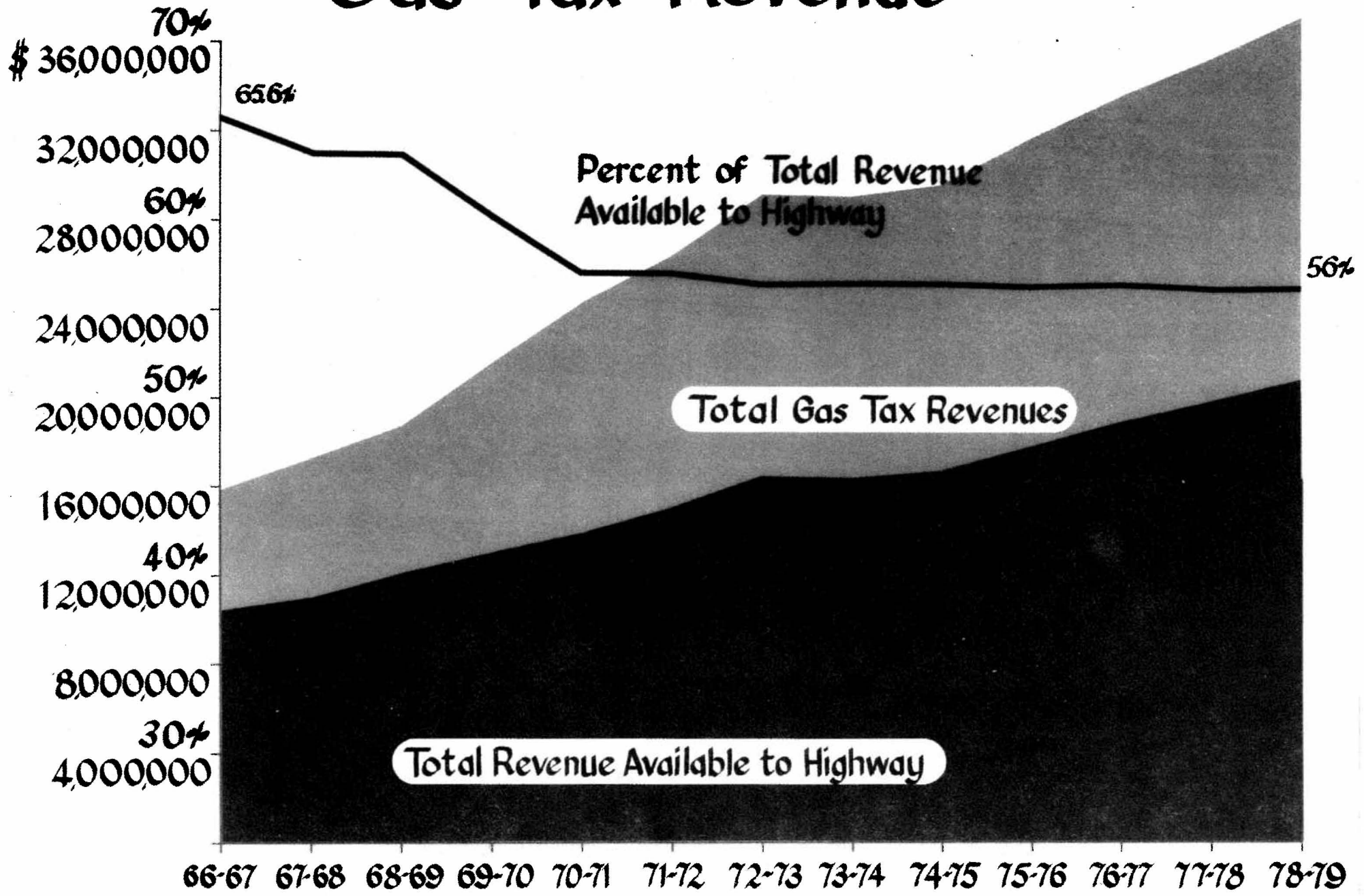


# TOTAL HIGHWAY FUND REVENUES



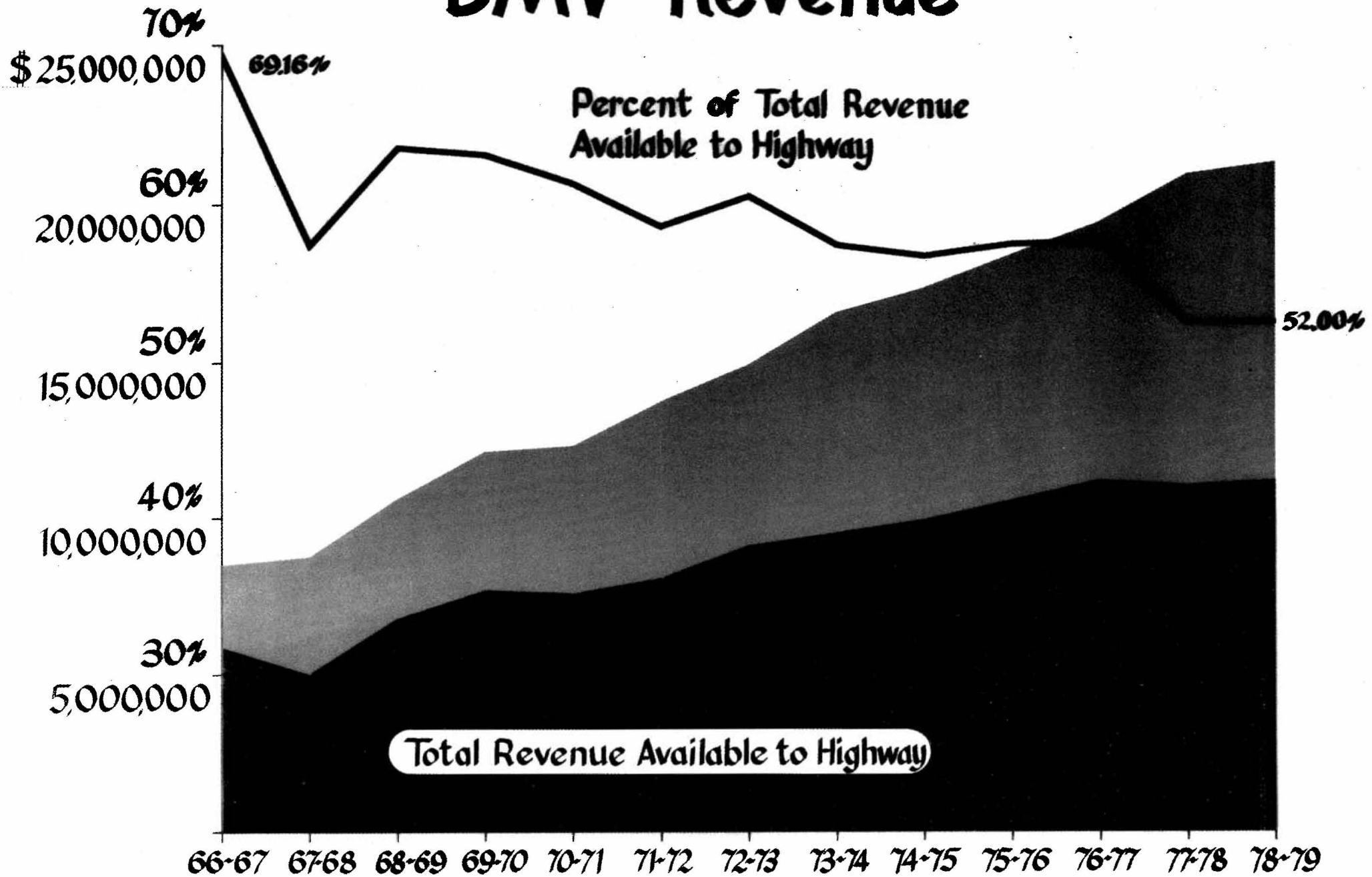
1.17

# Gas Tax Revenue

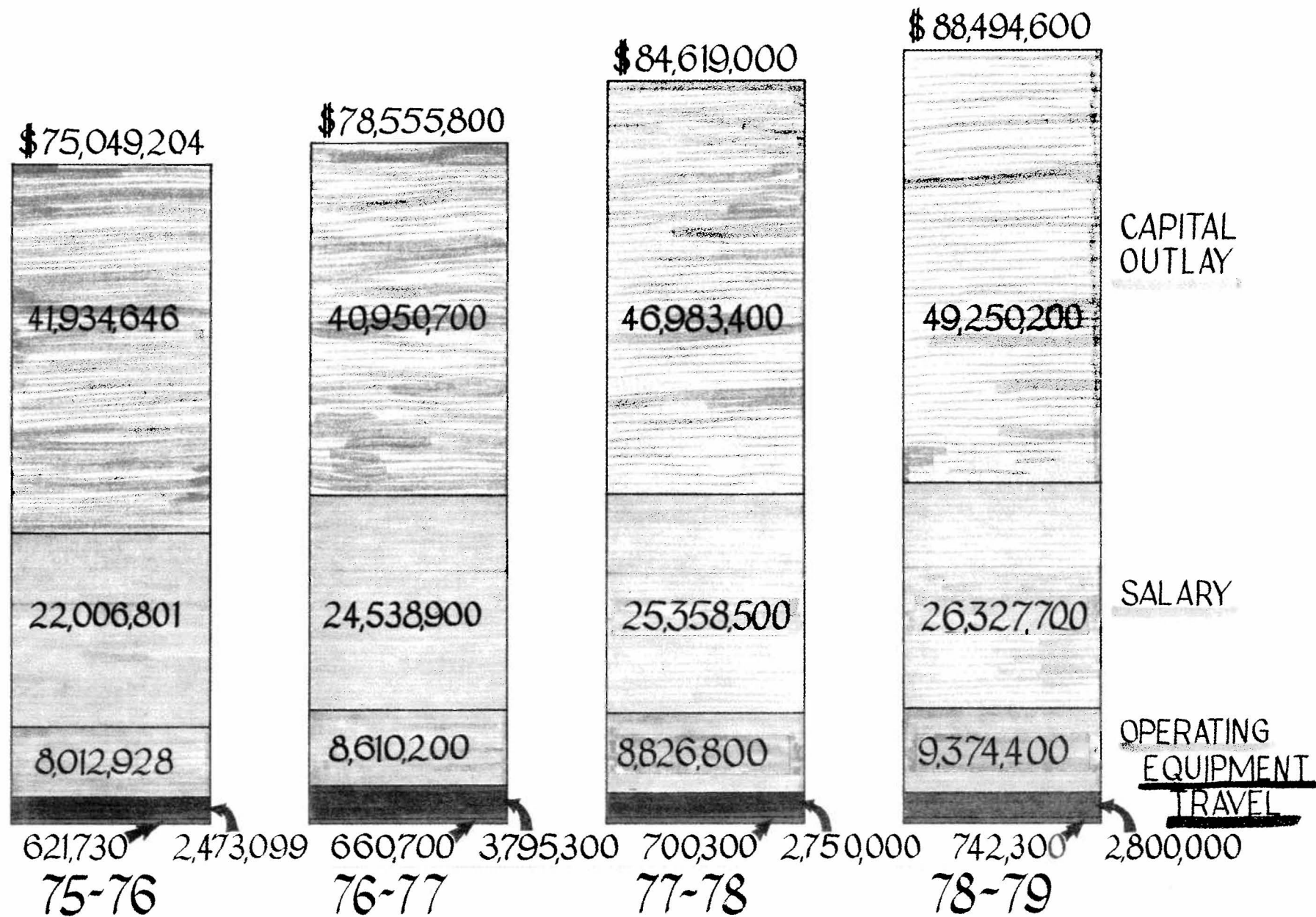


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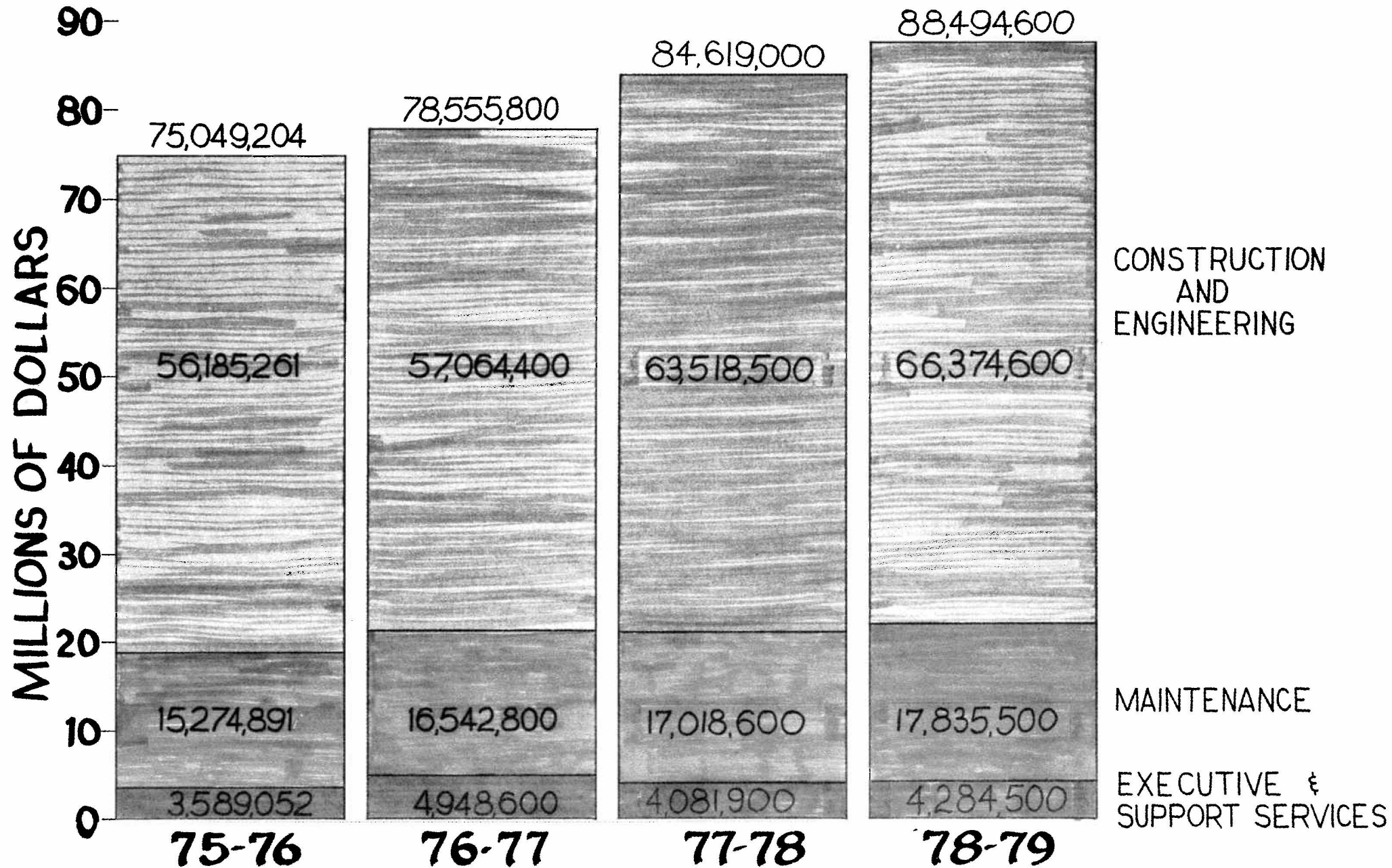
# DMV Revenue



# EXPENDITURES BY OBJECT



# EXPENDITURES BY PROGRAM



# **EXECUTIVE & SUPPORT SERVICES**

## **EXECUTIVE**

*STATE HIGHWAY BOARD  
HIGHWAY DEPT. ADMINISTRATION*

## **FINANCIAL SERVICE & D.P.**

*INTERNAL AUDIT  
ACCOUNTING & FINANCE  
DATA PROCESSING*

## **PUBLIC INFORMATION**

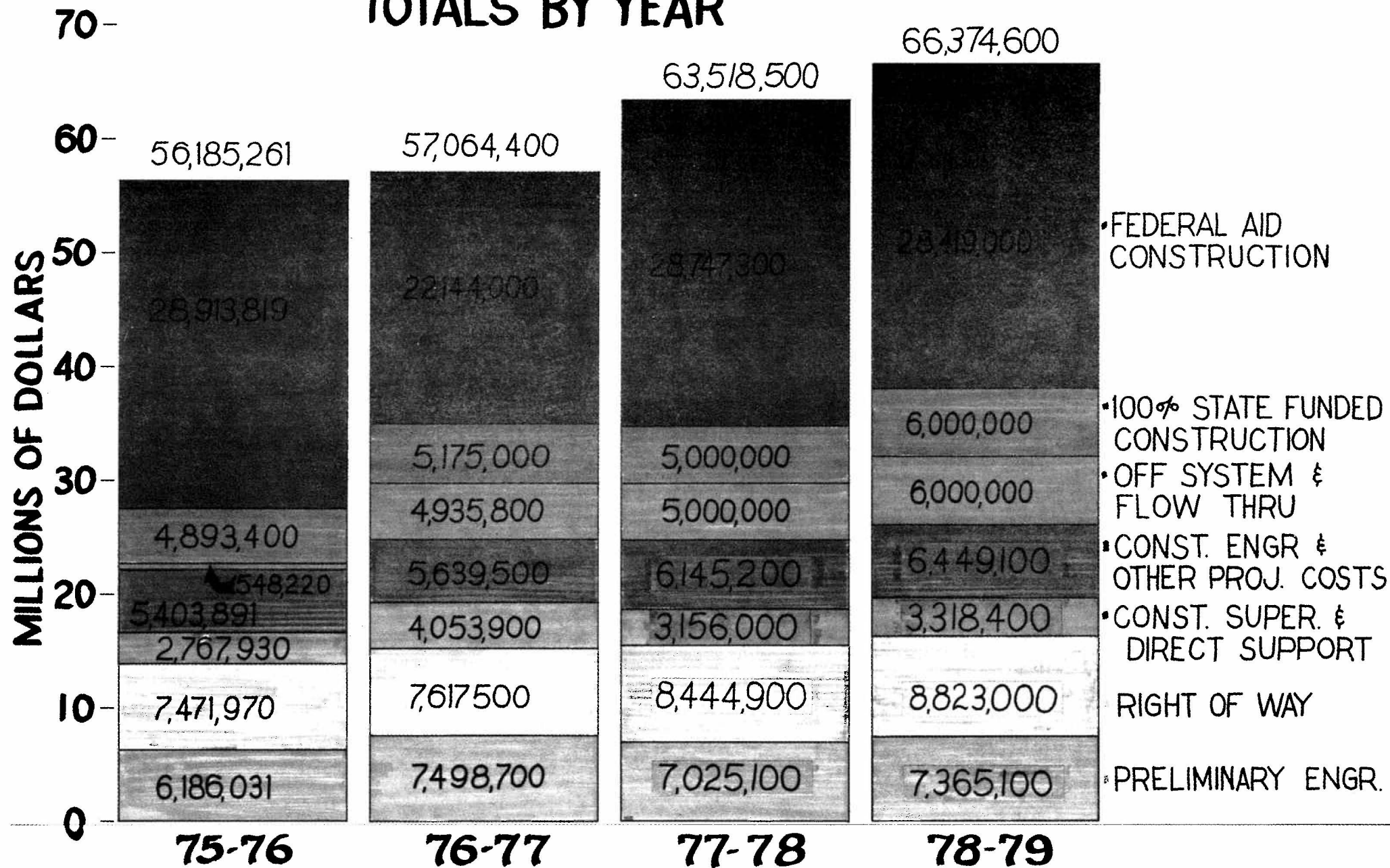
## **INDUSTRIAL RELATIONS**

*PERSONNEL  
TRAINING  
INDUSTRIAL SAFETY*

## **INDIRECT SUPPORT SERVICES**

*CIVIL RIGHTS  
LEGAL SERVICES  
FLIGHT OPERATIONS  
CONTRACT COMPLIANCE  
REPRODUCTION  
OFFICE SERVICES  
BUILDINGS & GROUNDS  
PURCHASING & STORES*

# CONSTRUCTION & ENGINEERING TOTALS BY YEAR



# INVENTORY OF MAJOR MAINTENANCE UNITS

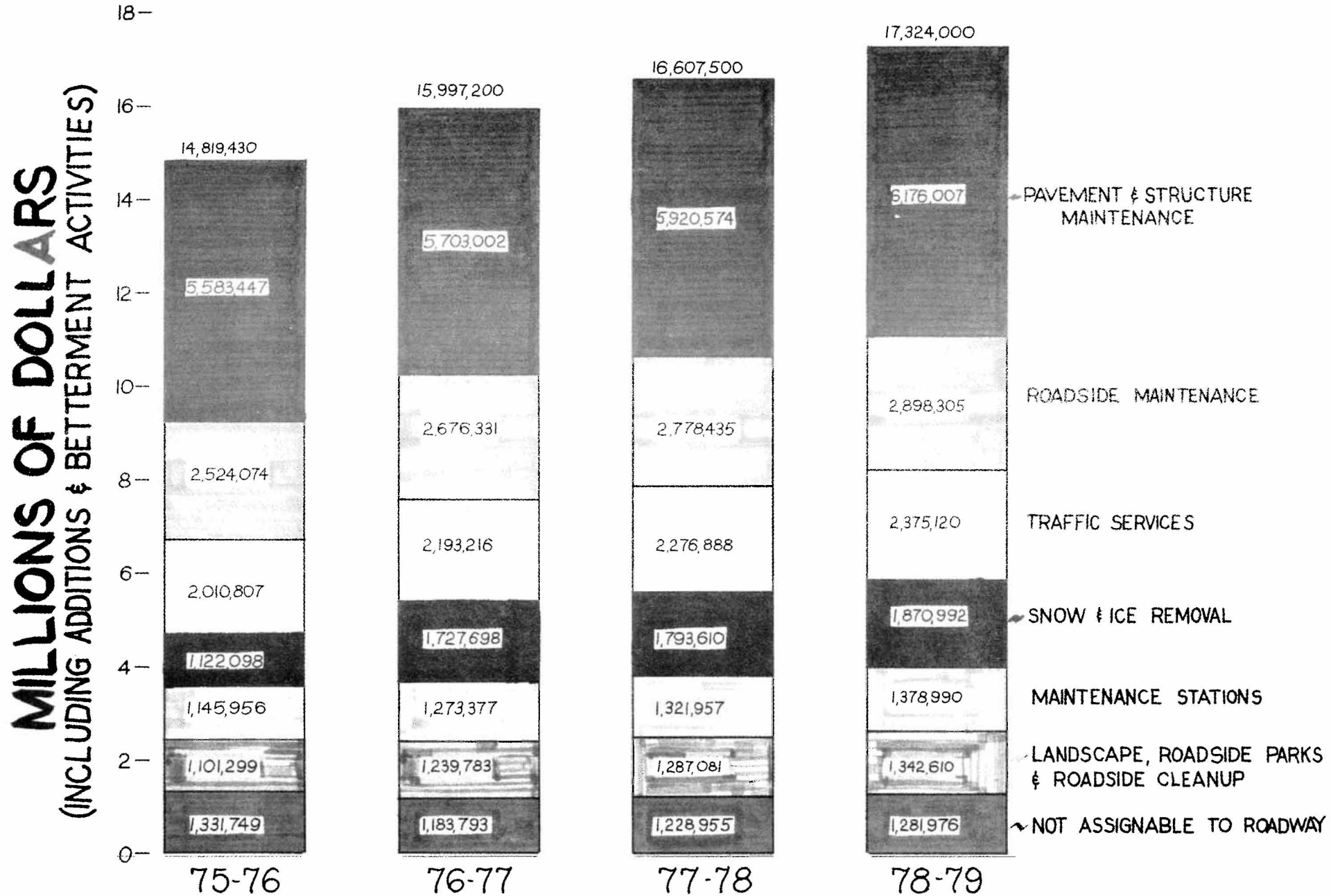
LANE MILES	11,827
ROADSIDE MOWING (Shoulder Miles)	3,068
ROADSIDE REST AREAS	80
INTERCHANGES	120
STRUCTURES	593
LANDSCAPE AREAS (Acres)	140
RIGHT OF WAY FENCE (Miles)	2,885
LANE STRIPING (Miles)	11,267
TRAFFIC PAVEMENT MARKING (Sq. Feet)	156,150
GUARD RAIL (Lin. Feet)	1,233,680
MAINTENANCE STATIONS	58
TUNNELS	4
DITCHES (Miles)	4,765
SIGNS	19,861
CULVERTS	25,202



# SUMMARY OF MATERIAL USED ON MAINTENANCE FISCAL YEAR 76

Aggregate . . . . .	202,812 Cu.Yds.
Premix . . . . .	117,671 Cu.Yds.
Liquid Asphalt . . . . .	4,606,576 Gals.
Crack Filler . . . . .	253,000 Lbs.
Fertilizer . . . . .	19,483 Lbs.
Sight Plates for Guide Posts & Snow Markers . . . . .	23,429 Plates
Traffic Paint . . . . .	110,550 Gals.
Glass Beads . . . . .	429,613 Lbs.
Sign Posts . . . . .	11,802 Lin.Ft.
Guard Rail . . . . .	5,120 Lin.Ft.

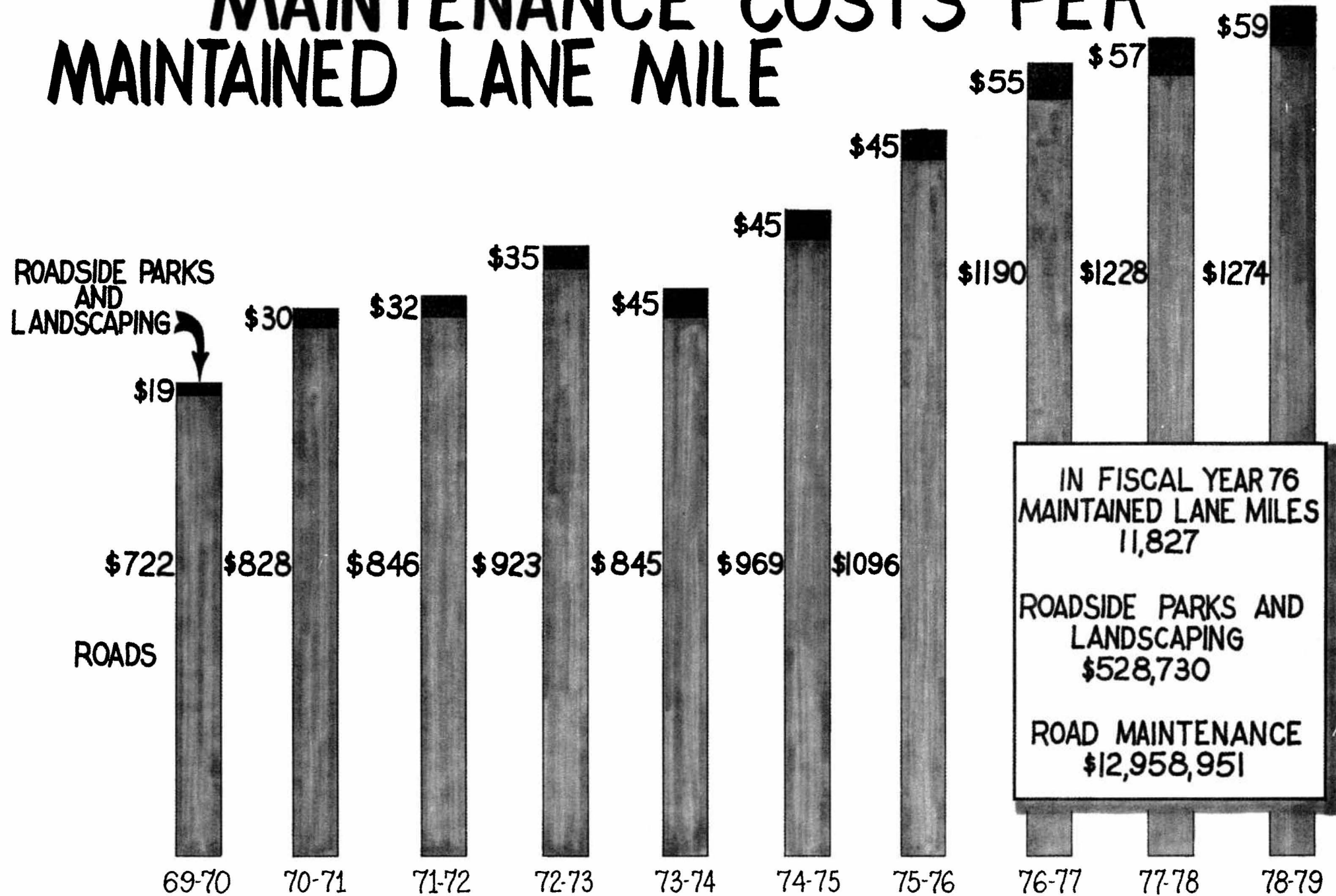
# MAINTENANCE BY FUNCTION



**ADDITIONS  
REQUIRING MAINTENANCE  
JULY 1, 1977 THRU JUNE 30, 1979**

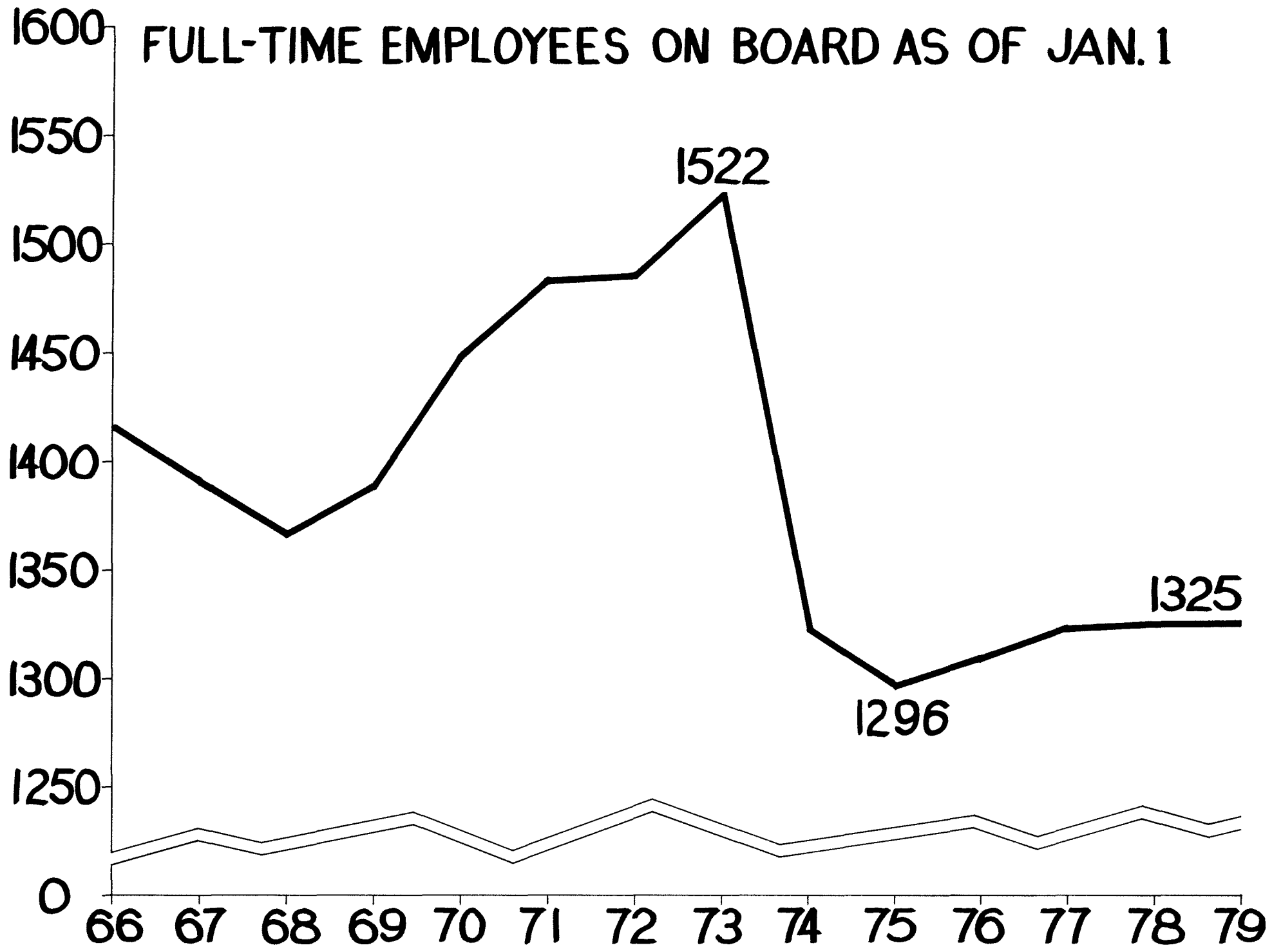
- 1. 210 ADDITIONAL LANE MILES**
- 2. 23 NEW STRUCTURES**
- 3. 9 NEW INTERCHANGES**
- 4. 2 NEW REST AREAS**
- 5. 1 NEW LANDSCAPE AREA**
- 6. 30 NEW SIGNALS** *(Maintained by Cities)*

# MAINTENANCE COSTS PER MAINTAINED LANE MILE



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# FULL-TIME EMPLOYEES ON BOARD AS OF JAN. 1



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