

MINUTES

WAYS AND MEANS COMMITTEE

NEVADA STATE LEGISLATURE - 59th SESSION

March 7, 1977

The meeting was called to order by Chairman Mello at 8:00 a.m.

PRESENT: Chairman Mello, Mr. Bremner, Mrs. Brookman, Mr. Glover, Mr. Hickey, Mr. Kosinski, Mr. Rhoads, Mr. Serpa and Mr. Vergiels.

EXCUSED: Mr. Bode Howard, due to illness.

OTHERS PRESENT: John Dolan, Assembly Fiscal Analyst; Bill Bible, Budget Division; Dr. Tom Tucker; Dr. Pat Geuder; Mary Jo Antunovich; Dr. Phillip Sirotkin; Fred Anderson, M.D.; John Bancroft; Joseph Warpinski; Susan Spragens; Dr. Andy Burnett; Eleanor Burnett; Phil Matthews; Fran Gidney; Dr. Taylor; Dr. Stanton Schmutz; Larry Frugoli; Max Milam; Dr. George Smith; Dr. Owen Peck; Dr. Thomas Scully; Dr. DeWitt Baldwin; Nancy Neddenriep; Dr. Ted Jacobs; Don Parnelle; Dr. Hugh Collett; Marvin Sedway and Grant Anderson.

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION. Dr. Patricia Geuder explained to the Committee the WICHE Student Exchange Program. (Her speech is attached.) To meet WICHE requirements in notifying receiving schools that the entire support fee is on hand, the students must deposit 25% of the support fee by May 1, 1977.

On March 4, WICHE was informed that it might be possible for an exception to be made and this deadline extended to sometime in July. This would allow students wishing to borrow money more time to attempt to secure loans.

Dr. Geuder stated additionally that the Missouri situation, explained in her attached remarks, has changed and they now propose a contract at \$16,000 per student per year with the student paying approximately \$1,100 per year in tuition. They will contract for up to 12 places per year. Right now, WICHE has 21 applicants for veterinary medicine, all of them eligible, but only eight of them have been certified. WICHE would like to recommend that the additional students be accommodated at the same percentage of state support that is authorized for all other programs.

Mr. Bremner asked how many sending states are paying 100% of the WICHE support fees. Dr. Geuder replied that as of last Friday, Nevada is the only state that is not completely supporting the WICHE students.

Mr. Bremner asked how many students return to Nevada to practice. Ms. Antunovich stated a study was recently done regarding returnees to Nevada. In medicine, students started graduating in 1962 and their study goes to 1973. There were a total of 39 graduates, six of whom are now practicing in the State of Nevada, with an additional 3 licensed here but not practicing. 30 students are not presently practicing in the State of Nevada.

In Dentistry, there have been 62 total graduates, with 36 of these practicing in the State of Nevada. One other student is taking additional work and will be returning to the Las Vegas area.

In veterinary medicine, 27 people have graduated, 15 of whom are presently practicing in Nevada. There are 3 additional students who have been licensed in Nevada who are anticipating returning but have not as yet.

In Optometry, 10 people have graduated, 6 of whom are practicing in Nevada. There is an additional student who is in the Army at the present time who anticipates returning.

In Physical Therapy, 19 people have graduated, 3 of whom are practicing in Nevada.

In Occupational Therapy, 2 people have graduated, with one practicing in Nevada.

In Dental Hygiene, 33 people have graduated, with 14 practicing in Nevada. In Dental Hygiene there is one additional student who did graduate and who is now attending dental school.

Chairman Mello asked if there were any slots open in medicine. Dr. Geuder replied no, that in all areas WICHE has many more applications on file than spaces available.

Mr. Hickey asked where the Veterinarians were located. Dr. Geuder replied five are located in Las Vegas, six are located in Reno, and there is one in Elko, Winnemucca, Ely and Sparks.

Mr. Serpa asked for a copy of the figures and the area these people are located in. Mr. Serpa said it is his understanding that the doctors congregate in the populated areas, but there aren't many doctors located in the rural areas.

Chairman Mello pointed out that there is an error in the budget. Under Stipends, for 1976-77 there is a figure of \$894,747. That should read \$695,370. The reserve shows \$211,931. That figure should be \$411,308. That is carried forward in 1977-78. The figure of \$211,931 should be \$411,308. That means there is more money available, approximately \$199,377.

Mr. John Bancroft, second year medical student at the University of Nevada Medical School, representing four persons currently committed to attend WICHE schools next fall on the transfer program and others that are applying now to WICHE schools, and ten students from the class ahead of his who are now attending WICHE schools, spoke to the Committee regarding the WICHE program.

Mr. Bancroft said that the problem they are faced with is that in the current proposal for WICHE funding, they are required to pay \$3,000 by May 1st, which is one-quarter of their support. They find that they can't meet this requirement. A time sequence might help to clarify this a bit. On November 1st, Mr. Bancroft made application to the University of Colorado for transfer, assuming that the WICHE program would operate as it has in the past. Three criteria went into the application: (1) Colorado is a good school and one Mr. Bancroft felt would help him continue the kind of education he has received in Nevada; (2) It was one Mr. Bancroft could afford, assuming the WICHE program was in operation the way that he could enter into it and knew he could afford the in-state tuition at Colorado; and (3) it was a school in the west. On November 17th, Mr. Bancroft received notification of WICHE certification. With it came a vague warning that he might be required to pay part of his student support, but there was no indication of what the amount was nor was WICHE able to anticipate that. On December 15th, Mr. Bancroft was accepted by the University of Colorado and entered into a commitment with them that he would attend there regardless of how he paid his tuition. On February 11th, Mr. Bancroft was informed of the current WICHE proposal and of the \$3,000 requirement that had to be paid by May 1st. Mr. Bancroft noted that that was less than three months' time to get together the \$3,000. Today is March 7th, and Mr. Bancroft

is asking for full funding because he entered into the situation in good faith and he is not able to come up with the \$3,000 by May 1st. WICHE did make an attempt to keep him informed, but WICHE wasn't able to give him specific enough information for him to anticipate the situation. Mr. Bancroft stated that the students that are a year ahead of him are already in WICHE schools and entered those in good faith, many of them because they could afford the education there. These students are being caught in the middle between the third and fourth year having to come up with the \$3,000 by May 1st. Mr. Bancroft has looked into loans and scholarships as well as private funding.

Loans and scholarships are normally available and disbursed at the beginning of the school year for payment of tuition, fees and living expenses. Guaranteed bank loans are the primary source of funding for medical students and the limit on guaranteed bank loans is \$2,500 per year currently. That falls \$500.00 short of the \$3,000. Mr. Bancroft stated that he has had to use that guaranteed bank loan money for this year to pay for his expenses. Higher interest loans are available at other times, such as the AMA sponsored loan, but even there, they amount to only \$1,500 per year and it takes greater than three months for them to go through the processing.

Mr. Bancroft stated he does not have \$3,000 in savings or from private funding. He is on a tight budget. The effects of this problem are several. Mr. Bancroft is committed to attend the University of Colorado. Not being able to come up with the \$3,000 will probably force Mr. Bancroft to drop from the WICHE program to pay out-of-state tuition at Colorado, which is \$5,900 per year and incur significantly more financial strain than he anticipated when he entered into the agreement with Colorado. There is also the possibility that students caught up in this bind may have to break their commitment with WICHE schools, jeopardizing Nevada's relationship with those schools and jeopardizing the transferred students not already placed and jeopardizing the transfer of that student to another school.

In summary, Mr. Bancroft stated he does not have the \$3,000 required by May 1st. He entered into the transfer agreement with WICHE schools in good faith, trusting in the information that was available to him at the time. Now he has to pay the \$3,000 by May 1st, which he is unable to do. Mr. Bancroft stated that if the deadline is extended to July 1st, they are still caught in a bind because the guaranteed loans have a \$2,500 maximum and they have in the past needed that money to make their payments for tuition fees and living expenses.

Chairman Mello asked Mr. Bancroft if he planned on coming back to Nevada to practice. Mr. Bancroft replied that is a long ways away, but he is not ruling it out.

Chairman Mello stated it is obvious that there is a \$200,000 extra balance forward in the budget and asked if WICHE was aware of this.

Ms. Antunovich replied that at the time the budget was prepared, which included the \$894,747, it was assumed that a certain number of students who had applied would be admitted. This would be the amount of money needed. The actual figure turned out to be \$695,370 because the bills were paid after the budget document had already been submitted. Chairman Mello asked if this means that some people were penalized. Ms. Antunovich replied no, that up until this coming year WICHE has been able to accommodate any student who has gained admission to a WICHE school at full funding. This was a year in which the applicants just did not gain admission to a school. Ms. Antunovich anticipates a better admission ratio this year. Chairman Mello asked if they had figured that that money would be carried forward. Ms. Antunovich replied she had not anticipated it on a carried forward basis. Chairman Mello stated he thought it had to be carried forward. Chairman Mello asked why the Committee didn't have a new budget then. Ms. Antunovich stated this was only recently brought to their attention.

Chairman Mello asked how recently. Ms. Antunovich replied within the past month. Chairman Mello asked how long it takes to make out a new budget. Ms. Antunovich stated they were not sure whether or not the Committee wished to increase the amount of money available to WICHE or reduce the amount of state appropriation. Chairman Mello asked Mr. Bible what would be the Governor's recommendation. Would it be to cut the General Fund by \$200,000? Mr. Bible stated Budget Division has indicated that the level of state support in the program should be just under \$1 million.

Ms. Antunovich stated that certification is a guarantee to the school that WICHE will ship money behind the student. The money is transferred only after the student has enrolled and actually begun the program. If a student starts in September, he notifies WICHE and submits an invoice. They then verify that the student is actually enrolled, a bill is sent to WICHE and they pay it immediately. It is usually December by the time the bill is paid.

Mr. Joseph Warpinski urged the Committee to reconsider the proposed decrease in WICHE funding for the health care field. (His speech is attached.)

Additionally, Mr. Warpinski stated that in the past years the students have worked very hard for their goals. They realized at that time that the State of Nevada does not owe them any sort of professional education. However, they worked in the reliance on this program. As time goes on we have to question whether or not the state intends to further its goal for comprehensive health care; whether or not dentistry enters into that prospective. There have been some statistics Mr. Warpinski has heard that there are too many dentists in the state already, but one must also question the continuance of the legal assistance program. They wish that the dental school students and the medical school students and the veterinary students be given a fair treatment under the WICHE program.

Chairman Mello asked who said there are too many dentists in Nevada. Susan Spragens replied that she was told that by the Governor.

Chairman Mello asked if the Governor indicated there were too many attorneys and veterinarians. Ms. Spragens replied that the Governor felt there was more of a redistribution problem than an actual problem of having too many.

They were getting enough dentists coming in from out-of-state, but they were congregating in Las Vegas and Reno and not going into the outerlying areas. Chairman Mello commented that maybe if the state had more dentists it would force them to go in the outlying areas.

Susan Spragens, representing the pre-dental students at the University of Nevada, Reno, spoke against the WICHE policy where the students have to pay 25% of the state support fee and the cutback in the number of students to be certified. (Her speech is attached. Additionally, Ms. Spragens stated that the students are willing to negotiate any possible alternatives.

Dr. Andy Burnett, President of the Nevada State Veterinary Association, spoke to the Committee regarding the WICHE program. (His speech is attached.)

Eleanor Burnett stated that she has a vested interest in the WICHE program inasmuch as she is Dr. Burnett's mother and she currently has a daughter enrolled at Willamette Law School. (A copy of Patti Burnett's letter is attached.) Mrs. Burnett stated that as a taxpayer and a mother of two students, if there is a problem with the budget as it stands today, what then would preclude a WICHE student in time after graduation, repaying the funds to the WICHE program, thereby perpetuating it. Is there a legal question? There has to be a reason why the program was changed. Mrs. Burnett said she knew, beyond a shadow of a doubt, that inasmuch as this is geared for May 1st, some of the students may have to drop by the wayside. There just isn't enough time involved. The students enrolled in this program geared

themselves financially for this program. If you feel that by paying the tuition is ample, certainly it is better than nothing, but a roof over your head, a bed to sleep in and food in your mouth amounts to a great deal of money that the student or parent has to come up with. Another suggestion Mrs. Burnett has is that the WICHE program be based on financial need, not only scholastic merit.

Chairman Mello asked Dr. Tucker if he was a WICHE Commissioner in 1967. Dr. Tucker replied yes. Chairman Mello asked Dr. Tucker if he remembered why the WICHE program was changed. Dr. Tucker replied no, he is not aware of there being a change because heretofore the Legislature has funded WICHE at 100%. Dr. Tucker doesn't know of a change that has occurred. In terms of paying back, Arizona has a law which requires a student to either come back and serve the state or pay the money back. Dr. Tucker asked Arizona if anybody was ever prosecuted if they don't come back or pay back. The answer was no, because the Attorney General says it costs more to prosecute than it's worth.

Dr. Anderson said he has some knowledge of why that law was changed. WICHE received notification from people in Washington that grants for their medical program would be seriously endangered if the indenture clause remained.

Chairman Mello asked about just a plain payback. Dr. Anderson stated it didn't provide for a plain payback. It was come back and practice in a town or payback.

Phil Matthews, Pre-Veterinary student at the University of Nevada, Reno, and representing the Pre-Veterinary students at UNR spoke to the Committee regarding the WICHE program. (His speech is attached.)

Additionally, Mr. Matthews stated that Dr. Taylor, who is the Pre-Veterinary advisor at UNR told Mr. Matthews that he has received word from all the Pre-Veterinary students at Colorado State University and they say they are more than willing to sign a contract with the State of Nevada saying they would return to Nevada to practice if the WICHE funding is kept at 100%.

Chairman Mello appointed a sub-committee on WICHE: Chairman Bremner, Mr. Kosinski and staff and Mr. Dolan. The sub-committee will meet Thursday, March 10, 1977 at 7:30 p.m. in Room 234.

Fran Gidney spoke on behalf of the nine students studying veterinary medicine at Colorado State University and attending under the WICHE program. (Her speech is attached.) Ms. Gidney added that the Committee, as Legislators, have an opportunity in the eyes of the people who are most concerned here and especially the pre-professional students, to keep the good faith that Nevada has with not only these people but with the other outside institutions that are involved. She very strongly believes that entry of Nevada students in the future would be jeopardized if this reduction would mean that the berths that have been reserved for the Nevada students would be vacated and it would be a great inconvenience to the outside institution, and she feels the faith of Nevada would be in jeopardy also.

Dr. Taylor stated that he felt everything had been covered pretty thoroughly. He said he talks to the veterinary students frequently and there is no problem about having some type of an arrangement where they would come back to the state. Most of the students intend to come back anyway. Dr. Taylor said the other concern he could see was how many of the students would return to rural areas. This past year they have had students from Battle Mountain, Lovelock and Gerlach and Fernley in veterinary medicine and stated the chances are good that these students will return to rural areas.

Dr. Stanton Schmutz, D.D.S., and President of the Clark County Dental Society, stated that the Clark County Dental Society wished the Committee would consider continuing the WICHE program so that students from Nevada can come back and fill the positions that are required in the medical and dental professions for Nevada.

Mr. Kosinski responded to a comment made by Dr. Anderson concerning why the program was changed in 1967 and Dr. Anderson had suggested that there may have been some problem with the federal government on the indenture clause. Mr. Kosinski stated he had an article printed in 1971 provided to him by Dr. Smith. At that time there were 17 programs at medical schools that required paybacks or forgiveness for loans so apparently there are no federal restrictions at least up to 1971, on loans and forgiveness for loans.

Dr. Anderson stated they had addressed themselves almost exclusively to the point that only 75% of the support fee is allowed in the budget. There is also a question on some of the category cutbacks. They requested 21 veterinary students and it was cut back to 8. Some of the students have been applying for two to three years to get in. There is a backlog of students there. Nearly all of the 21 students are acceptable students. In veterinary medicine, for example, the cut-off point on certification is approximately a grade point of 3.5 or 3.45. The same thing applies to some degree in dentistry and to a lesser degree in optometry. The important thing is that every year previously they have been in WICHE, there has been enough in the budget to allow all certified students, provided they were accepted, and this is the first year that this has been departed from.

Dr. Anderson stated that WICHE should be looked upon as a regional program, not just a state program.

Mr. Hickey asked: "What is a fair contribution to WICHE?" The Committee has heard that 25% is too much and asked what a student should contribute to his education. Dr. Geuder replied that there would be a variety of responses to that question. The Commissioners requested 100% full funding. Most of the students and parents would like to have 100% full funding.

Dr. Tucker responded to Mr. Hickey's question and stated that the students that do go to these schools pay the in-state tuition at that time. The money that WICHE sends behind them doesn't take care of the in-state tuition, nor their room, board and books, which is quite a sizable amount in some states.

Mr. Rhoads asked if the other 11 western states pay the whole 100%. Ms. Antunovich replied that at the present time the State of Nevada is the only one in the position to ask the student to supply 25% of the state support fee.

Phillip Sirotkin, Executive Director of WICHE, stated it was his understanding that all of the sending states are planning to appropriate 100% of the state support fees. At one time, there was some consideration in a few of the states to have a portion of that paid by the students, but the idea was discarded. As far as Dr. Sirotkin knows, at the present time Nevada is the only state opposed to 100% state support fee.

Mr. Glover asked if the doctors and veterinarians are providing scholarships out of their own professions for WICHE students. Dr. Burnett stated the Nevada State Veterinary Association does provide scholarships. He also stated that the northern association provides approximately \$1,500 to \$2,000 per year in funds to veterinary students.

Dr. Tucker stated that the WICHE Commissioners implored the receiving states to phase in the sizable increase in fees but were unsuccessful. The Commissioners did argue strongly with the receiving states not to recommend the figures that it actually costs them to train a veterinarian. Dr. Tucker stated that a problem he has is that it will relegate these spots to those that are in the upper income brackets to get their sons and daughters into school and feels that this would be bad.

Ms. Spragens stated there are six dental students from the Las Vegas area and three students from the Reno area that have received confirmation of acceptance to WICHE schools that are not on the original ten list that would be certified. If the number of certified people is not extended in the field of dentistry, they will be unable to go to dental school. WICHE has proposed 18 slots for dental services.

Mr. Serpa asked when a student is interviewed for a WICHE program, does WICHE take into consideration the financial background. If their parents can afford to pay, can they still receive these funds? Mr. Serpa stated that everyone has alluded to the fact that you are going to cut out the low and middle income people. Should we finance a student, whose parents have an excess of \$50,000 a year of income, and then cut someone out from the low or middle income families? Is it fair to say that the Committee is going to cut them off and maybe the WICHE program has already cut them off.

Dr. Tucker replied the Commissioners have a hard time in determining who should be supported and who should not. The \$50,000 income people pay more taxes.

Dr. Anderson replied that they have never been required to make that decision before in any way because full support was given. The primary principle of the WICHE program was to permit access to the school. Now they might put up the money for the low income person and not certify the one with the money. This would bar the one with more money from getting admitted.

Mr. Serpa said he didn't understand. Do all of the students that go into these programs have to go into the WICHE program. Ms. Antunovich replied that the mission of WICHE is two-fold. One is the financial end of it. The other is to allow students to have access to professional schools. The professional schools now consider first their own state residents. The second group of students considered for admission are the WICHE students. Thirdly, all other non-resident students are considered. In effect, if WICHE does not certify students, their chances of gaining admission to a professional school is practically nonexistent.

Mr. Serpa asked if a student that wants to enter any of these professions, do they have to go through the WICHE program? Ms. Antunovich replied no.

Larry Frugoli, pre-dental student, stated that he has been selected by two dental schools (Marquette and UOP) pending certification by WICHE. Without certification he is not allowed to go even if his parents pay the fees.

SCHOOL OF MEDICAL SCIENCES. Max Milam, President of UNR, stated that when the UNR budget was heard on February 3rd, the Committee deferred hearing the School of Medical Sciences because of the proposed conversion of the school to a four year program. Mr. Milam introduced Dr. George Smith, Dean of Medical Sciences, who gave the presentation on the School of Medical Sciences as to why the medical school should be converted from a two year school to a four year school. (His speech is attached.)

The meeting was then turned over to Dr. Owen Peck, Director of Student Affairs, who spoke to the Committee about the transfer problems.

Dr. Peck stated that he has been responsible for the transfer of all their students at the end of their two years of training at the University. Fortunately, the University had a 100% record of transferring students to other schools throughout the United States. This in part is due to the quality that they have from the rural areas and in Clark and Washoe Counties. There have been some problems, but Nevada students have been able to compete with other students throughout the United States without any difficulty as far as getting into school. Dr. Peck

then read the attached statement.

Dr. Peck stated that Public Law 94-484 which was passed October 12, 1976 requires U.S. Medical Schools to participate in a program whereby positions are reserved for the transfer of qualified U.S. citizens, who are students at foreign medical schools. If U.S. Medical schools do not participate in this program, capitation grants will be withheld. Stanford alone would lose \$792,000 per year from the U.S. Government if they don't take three or four U.S. citizens that have gone abroad for pre-medical school. Tufts in Boston will lose \$1.2 million per year. This is a powerful force even though they may want to take Nevada students, the money will win out.

Mr. Kosinski asked what effect this would have on a four year medical school in Nevada. Dr. Smith replied that Nevada presently receives approximately \$200,000. They would have to take four students, approximately 10% in addition to what they are taking. The State would stand to lose about \$400,000 on the four year medical school. Dr. Smith stated the figure will increase over the next four years.

Dr. Peck stated that all schools have participated in this capitation program and Dr. Peck doesn't see any school not participating.

Dr. Peck stated that there are 15 WICHE medical schools. Originally they had expected them to take most of the Nevada students. But as is shown on Page 3 of the Transfer of Medical Students, in 1973 there were 14 accepted. In 1974, 16 were accepted. In 1975, 20 were accepted; and in 1976, 10 were accepted for a total of 60. That adds up to 35%, 60 out of 172 students, that were transferred.

U.C. Davis promised Nevada that they would take five students per year. U.C. Davis was cut back on their clinical spaces and so they only took two in 1973, two in 1974 and since then none.

On Page 6 of the Transfer of Medical Students is a pictorial view of what is happening across the country. This is a map of the WICHE area. If you look at the University of Washington, they have taken one student and that is because of the WAMI program. In Oregon, they have taken two students in 1973, one in 1974 and since 1975 none because they have a state law saying they must take their residents who have gone elsewhere to medical school.

In California they have seven medical schools. They have taken a total of 19 students in four years. In Arizona, they accepted ten students in 1975 and these students have done exceptionally well there. They converted from a three year program to a four year program, but in 1976 no student was admitted from Nevada because they passed a state law saying they must take their state residents who have gone abroad. Colorado had originally taken six students, and they are now down to two students because they have had to take their state residents going to Guadalajara even though they prefer Nevada's students. New Mexico has had the same problem.

On Page 7 of the Transfer of Medical Students is a map of the non-WICHE area. There are 100 medical schools in the non-WICHE area. Nevada has transferred most of their students into this area. The three major schools that have taken Nevada students are Washington University in St. Louis, Tufts in Boston and Alabama. Dr. Peck stated that now Alabama has had to cut back and in 1978 they will be unable to take Nevada students. The reason is that they have entered more students into their freshman class and the gap will be filled.

On Pages 11 through 18 of the Transfer of Medical Students are letters from various schools stating that they would not be able to take Nevada students and why.

The meeting was then turned over to Dr. Thomas J. Scully who spoke to the Committee on the proposed plan for statewide medical education program, and presented the Committee the two volume Proposal for the Development of a Degree Granting Medical School with Residencies and Primary Care. (His remarks are attached.)

The meeting was turned over to DeWitt C. Baldwin, Jr., M.D., who spoke to the Committee as to the impact of conversion on rural health care. (His speech is attached.)

Additionally, Dr. Baldwin stated that residency training is a part of medical education. Medical education is really seven years long at this point and may be longer. Even though at one time, and legally it is still possible in certain places, to go out and practice with your M.D. degree the day you graduate, as in the case of a dentist or some of the other specialty areas, you cannot do this in medicine in good conscience because there is so much to learn that you have to continue for that extra three years. Dr. Baldwin stressed that a resident physician is an M.D., does have a license, can practice and could be operating in the next county or the next state under certain circumstances.

Chairman Mello asked Dr. Baldwin to go back to Page 2, Medical Students, and stated that Dr. Baldwin said "serve a six to twelve week" and the speech says only six weeks. Dr. Baldwin stated that six weeks will be required, and six additional weeks would be optional.

Dr. Scully then went over with the Committee the proposed budget, which is attached, on the Summary of the Proposal to Convert To a Degree Granting Medical School.

Dr. Scully told the Committee the assumptions on which this budget was based. The assumptions are that they would be a community based statewide school, utilizing facilities within the state and building, owning and operating no university hospital. Secondly, they would have a mixed full time and part-time faculty. Thirdly, they would follow the University of Nevada system for benefits, percentages, classified employees, personnel and salaries. They will follow the western region of the Association of Medical Colleges mean salary scale for professional rank; that is to say they would follow the mean salary scale within the western states because that would be the group they would be recruiting from and with whom they would be competitive for qualified faculty. They would use national norms for student faculty ratios which are quite low because medicine is taught on a one to one basis. There will be federal conversion monies available over a three year period to the amount of \$2.4 million. They would ask no additional state funds for the coming biennium 1977-79, other than those requested for the two year school continuation. There would be some funds by reallocation from WICHE (\$270,000 in 1978-79) which would not have to be expended in Nevada once the student is no longer transferred. They would continue to attract as a school of medical sciences, considerable private foundation and federal dollars. Their conversion would be stepwise, over the next three years, beginning July 1.

See the attached School of Medical Sciences-UNR State Appropriation request for three biennia, the Income and Expense Budget for 1977-83 and the Summary Income and Expenditure Budget (as revised per Chairman Mello's request).

Chairman Mello told Dr. Scully that the Committee is going to have to have a budget similar to the Executive Budget. It has to be broken down a little clearer. Chairman Mello said the budget will have to go onto the next biennium 1978-79 and the following biennium. He stated that if they go to the Committee of the Whole, they are going to have to be a little bit more clear. The budget should be very clear to the people on the floor. The Legislators don't know what questions

to ask and then when you leave and they don't know what questions to ask they will ask Ways and Means. Dr. Scully said the budget will be revised. (The revised material is attached.)

Dr. Scully stated that over the past six years, 91% of their students have been Nevadans. All the others have been WICHE students from other western states.

Chairman Mello stated that what the Legislature looks at from the school going from a two to four year school is mainly one thing: money. If the Legislature doesn't understand that, they are in trouble. That's the meat of the whole subject matter. How much is it going to cost the taxpayers of the state to go from a two to four year medical school.

Nancy Neddenriep, Sophomore Medical student, spoke to the Committee regarding the conversion of the UNR School of Medical Sciences to a four year school. (Her speech is attached.)

Dr. Ted Jacobs, of the Medical School Advisory Board, spoke to the Committee about the impact of conversion on the practice of medicine and health care in Nevada. (His speech is attached.)

Mr. Rhoads asked for an explanation of the comment that Nevada was one of the last "free standing" two year old schools. Dr. Smith replied that means that Nevada does not have a direct line for transfer of students. For instance, DuLuth University in Minnesota is associated with the University of Minnesota. The University of Minnesota at DuLuth transfers all their students into the University of Minnesota at Minneapolis. As a free standing school, Nevada has no direct place to transfer students.

Mr. Kosinski stated he had heard some comment from people in the educational field as well as doctors in the community who believe that the projected cost per student may be unreasonably low and asked that the Committee be provided with some figures from other medical schools from throughout the country, not only in the present fiscal year, but what their projections may be over the next five years if that is available.

Mr. Kosinski stated that one of the positive arguments for the medical school is the possibility of getting more providers out in the rural areas, and asked outside of the six weeks residency program in the rural areas, how else do they propose to get doctors out into the rural areas under the medical school program.

Dr. Smith replied that in the residency program, there are approximately four months available during the second and third year, so that the young resident physician would be required to go out to say, Fallon, and he would work with a physician in the Fallon area. The physician in the Fallon area would then leave for part of this period of time and he would come back to Reno or go to Las Vegas or anywhere else he felt he wanted to go in order to catch up on his medical education. The physician would also be taking a senior student with him. What they are saying is that there is an opportunity for both the junior and senior student and the opportunity for the second and third year resident men in family practices for instance, to give them a chance to see what practice in a rural community is really like. Dr. Smith thinks that, coupled with the fact that they accept approximately 50% of the applicants who apply from rural Nevada, is enough to get rural Nevadans back in these areas. They have some students coming back to Winnemucca. Two students are coming back to Pioche within the next two years so Dr. Smith thinks that it is beginning to pay off. Dr. Smith stated there is one student here from UCLA, Don Penelle, who finished his first two years at Nevada and was head of the Chemistry Department at UNLV before he came to medical school. He has been talking about going to Austin in family practice.

Don Penelle stated that both he and his wife are at UCLA and intend very much to come back to the state to practice. As a part of that commitment, he has taken cardiology in his elective year in Southern Nevada Memorial Hospital mainly to let the medical community and his family and friends know that he does want to come back to the state. His wife is even more sure about coming back to Las Vegas and practicing. She has her residency at UCLA and is already committed for the following year.

Dr. Peck said there was a state law passed here in 1973 encouraging counties to sponsor scholarships for students. A program has been set up with Lincoln County, White Pine County and Winnemucca. Students are already committed to that program. There are two students going back to Winnemucca in two years and one in Pioche. You can't solve the rural health problem unless you do have what Dr. Jacobs said: the continuing medical education. Dr. Peck said Nevada is the only state in the United States that organizes on a state basis. The medical school has hooked up with the state medical society as one committee. Of the 11 people on that committee, 9 are practicing physicians.

Dr. Jacobs answered Mr. Kosinski's question from a different point of view. He agrees that one has to be extremely naive to believe that simply a promise prior to termination of one's education or exposure to, will insure that a certain number of doctors will go out into the rural areas. However, where this program will be of benefit to the rural areas, is the fact that for example, he has a student who is out in a rural area who Dr. Jacobs is responsible for. He will make telephone contact or personal contact with him in helping him solve a problem in the rural areas. This is a very practical approach. Very indirectly, Mr. Jacobs' expertise would be useful in that particular rural area where it would not had he not had a student or a resident in that particular area.

Mr. Hickey stated he believed Dr. Baldwin made the statement that the program will attract physicians and asked if there was experience in other states with regard to this.

Dr. Baldwin stated there are three basic steps or approaches to solving rural manpower needs.

One is recruitment. In other words to increase the number of positions in other health personnel willing to live in rural areas by a variety of educational and other inducements. They feel they are doing it by selecting students from the rural areas because the data tells them that that's where they are going to go back. Dr. Baldwin feels they are doing it by virtue of involving rural practitioners on their faculty, therefore making it more desirable to practice in isolated communities. Also, by putting residents and students in the rural areas on an exchange rotating basis they will get the experience in a rural community so that they can see what it is like and hopefully enjoy it. The data they have is that one of the major methods of getting students into rural areas is to place them there during their educational experience. If they are not placed there, they see nothing but the big hospital and the specialists' office and they are going to think that is medicine. They have got to see the other side of medicine. Dr. Baldwin feels they can make a significant change in this.

The second major method is retention. This is to develop a support system which provides ongoing consultations, continuing education and occasional relief to those people who have already made that decision to settle in the rural areas. This is what Dr. Jacobs just described, the kind of thing that a physician can call up at a moment's notice and get the kind of collegial stimulation and help that he needs. It is possible, for instance in a small town, via telecommunications, to have an EKG printed right off the patient's chest right into the major hospital and have it read by an EKG expert and back in that doctor's office within a minute or two.

The third method is to actually create a system of health care delivery probably consisting of either a mobile kind of circuit riding health care system or a network of rural health centers for those communities unable to attract or support such health professionals on a permanent basis. This is direct service.

There is a paper called Economics of a Small Rural Physician Practice in Nevada. It tells you how many dollars you need to bring somebody to a town to just operate the health center. This is a very important concept because unless you have the resources to bring physicians there, you can't draw them there.

The second thing you have to do is to provide a support system to get that person out of the seven day a week, twenty-four hour a day, 365 days a year kind of life and give the physician and his family a chance to get some relief before they go crazy. The third thing they are finding is that they have blocked in their mind an old concept that you are going to recruit the same old guy that used to be out there and lived his life out in one small town and that he's going to make a choice to stay there for the rest of his life. That is unrealistic in today's world. The kind of person who will make a selection to live in a small community would be willing to do it on a short term basis--a five to ten year commitment. When the children start growing up, when schools become an issue, when your family gets larger and when your energy runs down and you are not able to go 24 hours a day, you begin to think of softer climbs and the history of rural Nevada is that somebody went there and left in about four to eight years to go get specialist training because that was a more comfortable and easier life.

There are definite limitations to living in a small isolated community, but there are many young people coming out now who would be willing to commit a period of service of their lives. Dr. Baldwin said they support them with a system that gives them students, stimulation, contact with faculty and make them faculty members. There are many students who would be willing to come back if they could continue to feel part of the action. When you are out in Austin or Eureka you are feeling a long ways from where the action is. There are groups of students who have said they would like to practice together, but obviously one small town can't support them all.

Mr. Glover asked if the communities should guarantee their doctors a salary of \$50,000 a year. Dr. Baldwin replied that in several of the rural communities in Nevada right now they have contracted with a Salt Lake operation to do exactly that and it has been costing them between \$100,000 and \$150,000 to maintain that kind of service. What Dr. Baldwin is proposing is to recruit the position.

Stanford has a project in rural California where they in a sense sort of colonize an area. They send residents and students out until they find one person whom it takes that likes that particular town; then they move onto the next town. That is another possible method.

What Dr. Baldwin is saying is that you should look at a cost of around \$60,000 to operate a clinic like this.

Mr. Glover asked if you could find a doctor to work in a rural area for around \$20,000 to \$25,000. Dr. Baldwin replied, surprisingly enough you could, but they have to be young. There are four young physicians out of their residencies who are practicing in White Salmon, Washington, and are making about \$30,000 apiece. They have agreed to do this as kind of a service to mankind. However, Dr. Baldwin got a call from one of these physicians the other night who said it's about all he could take. They have been up there three years and want out. You can't expect that idealistic kind of thing to go on forever.

Mr. Glover stated that in other words they want the taxpayers to spend their money to go to a medical school and then charge them \$50,000 a year to practice. Dr. Baldwin replied that that is consistent with the

entire public education procedure. We educate our people, knowing in the end we get back money. Those that are in rural health economics can show that when you create any medical service in a community it brings in more money to that community in other services. The problem with contracting with a private organization is that they have to make a profit too. If the community does it as a community based in-state program, it can work. Dr. Baldwin does not feel that all positions need \$50,000. He is not getting \$50,000. He thinks people are willing to put out and it has to be a graduated thing. Residents don't make \$50,000 per year. They make \$13,000.

Chairman Mello asked if the difference between the Governor recommends and the agency request had anything to do with the 95% factor and if the Legislature did away with the 95% factor is it built into the budget. Dr. Baldwin replied that these figures were built on mean salaries of the Western Region of AAMC, not the 95% factor.

Chairman Mello asked what happens if the Legislature does not do away with the 95% factor. Dr. Smith replied they would have big problems in recruiting.

Chairman Mello stated if we have a big problem in recruiting would we have a four year second class medical school? Dr. Smith replied he thought they would. They have had two department chairmen in to look at the job as Chief of Medicine at the V.A. Hospital. One is from George Washington and the second is from Creighton. They would be willing to come to Nevada and take the job, which would also be a job as Chief of the University's medicine area and they have asked for \$70,000 per year. There is a student who is finishing his residency at Davis who has been offered a job in the State of Nevada at \$75,000 a year.

Dr. Smith said he was impacted by the Governor. The Governor is making \$40,000 and they are limited to \$38,000.

Chairman Mello asked if they had staff members who have been asked to go to other medical schools and receive salaries as high as \$70,000 or \$80,000. Dr. Smith replied, right.

Chairman Mello pointed out that what we are looking at here then is can we abolish the 95% factor in certain professions in state government and then look at the medical school. He's not sure which item then are going to take first. Chairman Mello stated if they cannot get Senate Finance to go along with abolishing the 95% factor in certain professions in state government, then would the medical school be wise in going to the four year medical school and retaining the 95% factor. Dr. Smith replied that you are going to have difficulty recruiting people to the state and they are going to have problems retaining them unless the 95% factor is changed. Their Professor of Pathology has just been offered double his salary to go elsewhere. Dr. Smith cannot speak for faculty in other areas, but in medicine if you are going to have a first class medical school, you have to pay top salaries.

Chairman Mello pointed out that if we determine there is a need for a four year medical school, then we have to see that the 95% factor is done away with in some areas. Dr. Smith stated that what they had proposed is the budgeting for the two year medical school during that next biennium, plus \$270,000 WICHE funds, to go into four years. They would pay median salary costs from the western states and that is budgeted so that they would not be asking the state for anything over and above what they are getting as a two year medical school for the next biennium, except for that \$270,000.

Chairman Mello stated that the Governor put the four year medical school in his State of the State and asked Mr. Bible if the Governor considered that if we do not do away with the 95% factor in certain areas of government that we could have a second class four year medical

school. Mr. Bible replied that he didn't believe it was ever discussed. Dr. Smith stated that he thought the Governor would agree that he does want a first class medical school.

Chairman Mello asked that Dr. Smith and Bill Bible talk to the Governor and see what his thoughts are in regard to removing the 95% limitation for physicians and surgeons.

Dr. Baldwin stated that in regard to the faculty on salaries, with the exception of a few, are PhD. faculty, not M.D., and there is a considerable difference in the mean salaries paid in medical school compared to basic science PhD faculty in the first year and M.D. faculty in the third and fourth year. That is the reality of it. The \$38,000 is not precluded them up to this point paying salaries comparable for their PhD. faculty. That is not the case with M.D. faculty and all 43 of the new faculty to be hired will be M.D. faculty and they are commanding higher salaries nationwide.

Chairman Mello has requested the bill to remove physicians and surgeons in public service from the 19% limitation and will introduce it immediately upon receipt from the Bill Drafter.

COMMUNITY COLLEGE ADVISORY BOARDS. Dr. Collett, Chairman of the Advisory Board for Northern Nevada Community College stated that over the last few years there have been great advances in the community college to where at the present time it is serving thousands of students each year. They are concerned that there is jeopardy to the community college system and they see this in three areas: (1) in reduced funds primarily to their largest community college in Clark County; (2) to the economy of their Central Office; and (3) to the additional community colleges which may jeopardize their future financial structure. As far as the Central Office is concerned, it provides services which at the present time they do not have money for nor do they have the personnel or know how to conduct these particular functions. There are many services that the Central Office provides for them that they are in no position to provide for themselves. Dr. Collett stated that the greatest concern is the fact that in the past the community college system has been an equal partner with the other three divisions of the university system. It seems to them that this partnership is in jeopardy. They feel that the University and the Community College actually have different roles and in order for them to carry out the function of the community college, they must have an independent voice and financially they must have an independent stature. Community College is primarily vocational/technical and the University is not geared for this function. When they tried to do this in the past, their programs were failures. The Central Office provides a coordinating center among all of their facilities so that they do not reduplicate programs and that the programs that are considered in the various colleges will be ones that should be considered.

The third thing they are concerned about is the addition of more colleges. They are concerned that the important thing is the program, not just buildings, and if you are adding buildings this results in initial costs and also results in continued maintenance and upkeep of the buildings, as well as permanent staff. Vocational/Technical courses are the most expensive courses, and it is difficult to put on a good Vocational/Technical course in the small areas. They are concerned that it will end up draining money off. It will make a competition for students and they feel that any new colleges should be considered, planned and constructed only for actual educational needs.

They have great need for another counselor. There is one counselor, but he has many other functions. Counseling is one of the pillars of community college in getting the person into the right job, knowing his capabilities and at the present time they would lose the possibility of getting this other man which they need so badly.

Another problem is the associated degree in nursing program. They are quite concerned that they would not get this. This will be presented to the Board of Regents this fall to have a staff person on campus in

January to put this program into effect. The reason they need this is that nurses that go to the schools in the large cities do not return to the rural areas. Those that they train themselves do. They have an opportunity, they feel, to provide a very important vocational course in their school and this is in jeopardy.

The final problem is a coordinator. There are coordinators in all of their satellite schools. These people are the ones that have their fingers on the needs of people, of what the courses should be and work in coordination with their college personnel. The salaries for these people has been drastically cut. This, they feel, is not understood by the people in the Legislature and these coordinators are needed. These are the people that give the colleges the sensitivity. Without them, they are quite handicapped.

Mr. Marvin Sedway, Chairman of the Clark County Community College Board addressed himself to two specific subjects: (1) Reinstitution of the monies to the support of the Director's office of the Community College Division. It is the consensus of opinion of all of the Board members and it is most important to the Board that the office of the President of the Community College Division maintain its integrity with the same purposes that it has right now.

The Executive Budget has eliminated much of the CCB administration and it is their considered opinion that it is very important that Dr. Donnelly's office and his support people be maintained as they are today. Of most importance to them is the funding for the community colleges and specifically, in Mr. Sedway's case, the funding for Clark County Community College. During the last fiscal year the amount of money appropriated by the state from state appropriated monies was for the support of 3,175 full time students. In the Governor's projected Executive Budget, he asked that community college supply instruction to 3,800 full time students. At the same time the Governor put forth a dollar figure or \$10,000 increase for fiscal year 1977-78 of state supported monies, which was a percentage increase of .3% to provide for approximately 625 more full time students. Included in this money is a mandate that they must supply to the professional people a raise of 7 1/2 to 8% and to the classified people 5.5%. They have increased utilities, maintenance and general upkeep costs and it is their opinion, under the budget which the Governor has recommended, that the amount of money they will have for students for support will be \$970.00 per student, which is an 18% decrease over the monies that are available in this fiscal year.

Over the years the amount of money that has come to the community college system has gradually declined from the fiscal year 1974-75 when it reached its height of \$1,256.00. At that time the national average for the support of community college students was \$1,450.00. In the projected Executive Budget, the amount systemwide is \$1,070.00. Mr. Sedway doesn't know what the national figure is but four years ago the national figure was \$1,450.00. They have been slowly going down. Because of the way colleges are constituted Clark County with the largest number of students (8,000 headcount) is faced with a situation where it will be impossible for them to provide the education that a community college is supposed to do. Vocational/Technical education is expensive. Their college meets its primary need in the goals which were set up for it in the original plan for community college development in the state and that was 65% of all their students are enrolled in vocational/technical programs. It will be impossible for them to provide this education under the proposed funding in the Executive Budget. They ask that the monies which have been deleted in the budget be reinstated.

Grant Anderson, Chairman of the Western Community College Advisory Board, stated that the Advisory Board, as a group, is very proud of their community college and they want to see it succeed and they want to see it serve the needs of our people in Nevada that need vocational/

technical training. It pays the college dividends because it puts these people into better jobs so they can help pay all of our bills. Also it puts Nevada people in a competitive position with other people that are striving for these same jobs. Technology is changing all the time. They have to keep upgrading their people so they can hold these jobs.

They find that the community college people are by and large young people. The skills they want do require money. They do need this basic support for colleges upgraded to where they can supply these technical skills that these young people need. They want to maintain the identity of community college. They want the budget for Dr. Donnelly's to remain essentially in tact. There is a recommendation to move this office in under the Chancellor, but this would probably not save any money. They would just be doing jobs in a different room that would have to be done anyway. Mr. Anderson said they could probably do a better job if they are in a position to do as they know it should be done. They have a very talented staff at the community college and they certainly don't want to do anything to see that concept changed or spoiled. As of now, Mr. Anderson feels the consensus of his Board is that they should not proliferate into more college campuses and more buildings. They should concentrate to try to improve what they have and utilize the facilities that high schools in the outlying facilities have so generously provided them to upgrade their program and hope that they can supply the necessary funds to take care of this need.

The meeting adjourned at 12:10 p.m.

WICHE

Dr. Geuder
Executive Committee

The WICHE Student Exchange Program was established to make contractual agreements with professional schools within the thirteen member states for the admission of students from the states which did not have professional schools in certain fields of study. Most professional schools within these western states participate in the WICHE program by accepting students from the "sending" states.

The fields of study presently supported by Nevada are dental hygiene, dentistry, law, medicine, optometry, physical therapy, and veterinary medicine. Under the terms of the Compact, each sending state provides a support fee to the participating school for each of their students admitted. The schools, in turn, charge students in-state tuition if a public institution, if a private institution, reduced fees equal to about one-third the regular tuition.

This arrangement provides the students not only with lower tuition rates, but more importantly, it provides them with the opportunity to attend professional school. This opportunity would, in all likelihood, not be available without Nevada's participation in the WICHE Compact since professional schools first consider for admission their own state residents, then WICHE students and only then other nonresident students. It is unusual for a student to be admitted to professional school in the west without certification and support from WICHE and in those cases where it has occurred, the acceptance has frequently been contingent upon the student later receiving WICHE support.

Up until now, Nevada WICHE has been able to fully fund the support fee for every Nevada student who has been able to gain admission to professional school. However, in the past few years, many well-qualified students did not gain admission because the spaces within the WICHE states were in such great demand; therefore, the 1975 Legislature granted the WICHE Commissioners authority to contract with schools outside the Compact, using similar terms and rates as those of the Compact.

Inquiries were made of numerous professional schools throughout the United States and contracts have now been secured with the University of Alabama and Tufts University in the field of medicine, Creighton and Marquette universities in dentistry, and Kansas State University in the field of veterinary medicine. We are also presently discussing the possibility of an additional contract in veterinary medicine with the University of Missouri-Columbia. Whether or not we proceed with these discussions will depend upon the funding provided for the coming biennium and the Legislature's directions in this matter.

These contracts have proven to be very beneficial to our students in helping them gain admission to professional school. In this first year of operation, there are twelve dental, twenty-four medical, and one veterinary medicine student attending these contract schools.

The WICHE budget as originally submitted requested funding in the amount of \$1,544,611 for 1977-78 and \$2,004,136 for 1978-79.

Included in this request was full funding for 127 continuing students in 1977-78 and 152 continuing in 1978-79, with 102 new students each year. The "new" student figure differs from the 1976-77 actual figures as shown in the budget document in the following respects:

- (1) In dentistry in 1976 there were 16 new students. We requested funding for 18 new students each year of the biennium.
- (2) In optometry in 1976 there were 5 new students. We requested funding for 7 new students each year.
- (3) In medicine in 1976 there were 33 new students (in medicine, the term "new" refers to the third year transfer students). We requested funding for 44 new students each year. We recognize that should the Legislature authorize and fund the four-year UNR medical school, funding for the 44 new students in 1978-79 would not be necessary.
- (4) In veterinary medicine in 1976 there were 8 new students. We requested funding for 12 new students per year. This increase in veterinary medicine is based on the belief that there will be additional spaces available to Nevada students with the expansion of the Colorado State University School of Veterinary Medicine as well as the possibility of the contract with the University of Missouri. I'll mention more about the Missouri possibility in a moment.

We do not believe that any of these increases in numbers are excessive or unreasonable based on the student demand.

In the stipend item of the budget, the Executive Budget recommendation differs from our request in two major ways:

First, there is a difference in the number of new students requested for each year of the biennium. You will note that we requested funding for 102 new students in each year of the biennium and the Executive Budget recommendation is for 77 new students in 1977-78 and 42 in 1978-79. The significant drop in 1978-79 is because Governor O'Callaghan recommended funding for the four-year medical school.

Secondly, the Executive Budget recommendation differs in the amount of funding for each student.

Since the establishment of the Student Exchange Program, the "sending" states, including Nevada, have always provided the entire fee required in each field of study. The budget as presented is substantially higher than it has been in the past as a result of a WICHE decision to have the "sending" states pay more nearly the true cost of instruction for their students. The increase in per student costs results from the objections of taxpayers in the states in which the professional schools are located to subsidizing Nevada students (as well as students from all other sending states) to the extent they do now.

The Executive Budget recommendation is to require the students to pay 25 percent of the support fee. This is, of course, in addition to the fees and tuition charged by the schools. We have notified our students of this possibility and as a result have received many phone calls, letters, and visits from distressed, anxious students, parents, and interested professionals. We assume that the Governor and Legislators have also been contacted.

This procedure, as contained in the budget document, would require all students to pay to the State of Nevada 25 percent of the student support fee by May 1, 1977, and each year thereafter, in order to meet the deadline which we must meet in notifying the schools that the entire support fee is on hand and available to be paid on behalf of the student.

For example, a student attending a school of dentistry or veterinary medicine would be required to pay to the State of Nevada the sum of \$2,250 per year in order that this assurance could be given his or her school.

After the budget request was prepared, as a matter of fact, just three weeks ago, we were again contacted by the University of Missouri-Columbia concerning contracting for veterinary medicine students. One and one-half years ago we had negotiated a contract with this institution, had discussed it with the State Board of Examiners and were about to discuss it with the Interim Finance Committee because of the size of the commitment, when they withdrew.

WICHE

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The Missouri situation has changed and they now propose a contract at \$16,000 per student per year with the student paying ^{approx \$1100} ~~\$5,000~~ per year in tuition. They will contract for up to twelve places per year. We recommend that you authorize ___ places at the same percentage of state support that you authorize for all other programs.

The Assembly Ways and Means Committee

March 7, 1977

I am here today, along with four other students from southern Nevada, to urge you to reconsider the proposed decrease in W.I.C.H.E. funding for the health care field. In as much as you have already reviewed the available statistics concerning this program, I would like to address myself to the problem that has developed due to a number of student's reliance on the program.

There are five pre-dental students from southern Nevada alone, who are faced with denial of acceptance to either Creighton or Marquette University, due to the current status of the funding for the W.I.C.H.E. program. These are students to whom the schools have already been notified of their acceptances, pending the outcome of the 1977-1979 budget.

Personally, I am not directly involved with the current problem. I have been accepted at the University of Nevada, Reno, School of Medicine, and I do not, at this time, require any type of W.I.C.H.E. assistance. However, I have worked with the pre-dental students who are influenced by the program. I have spent three years in classes which are required subjects for both the pre-dental and pre-medical students, and in that time I have been aware of the assistance which was required for admission to dental school. Admission to dental school was always attainable for Nevada residents

who were well qualified, and who were W.I.C.H.E. certifiable. The average pre-dental student has worked for four years toward his or her goal, and by and large, has always viewed that goal as a reasonable one, at least so long as Nevada continued its subscription to the W.I.C.H.E. program. Now, if the budget for this specific area is not revised, that reliance will have been misplaced.

I certainly do not intend to suggest that the state of Nevada actually owes a professional education to its residents, what I would like to say however, is that the reliance that these students have placed in the state was not one which was self inspired, but rather was one which was inspired by the past acts of the state. In view of this then, one can only question the moral fairness of the abrupt severance of the majority of the state support for the W.I.C.H.E. supported health care students.

THE FUTURE-DENTAL STUDENTS AT THE UNIVERSITY OF NEVADA RENO ARE EXTREMELY CONCERNED ABOUT THE PROPOSED CHANGE IN WICHE POLICY. OUR TWO AREAS OF CONCERN ARE IN THE STUDENT HAVING TO PAY 25% OF THE STATE SUPPORT FEE, AND THE CUTBACK IN THE NUMBER OF STUDENTS TO BE CERTIFIED.

THE COST OF DENTAL EDUCATION IS PROHIBITIVE. TUITION ALONE VARIES FROM \$4,000.00 TO \$7,000.00 A YEAR. ONE OF THE BENEFITS OF THE WICHE PROGRAMS WAS THAT IT ENABLED STUDENTS OF LOWER AND MIDDLE INCOME FAMILIES TO ATTEND DENTAL SCHOOL. THIS IS BECAUSE THE UNIVERSITY OF SOUTHERN CALIFORNIA AND THE UNIVERSITY OF THE PACIFIC APPLY PART OF THE STATE SUPPORT FEE TOWARD TUITION AND THE STUDENT ONLY HAS TO PAY 1/3 OF THE TUITION FEE. BY HAVING THE STUDENT PAY 25% OF THE SUPPORT FEE, THIS WOULD ADD AN EXTRA \$2,250.00 PER YEAR TO HIS EXPENSES. FOR INSTANCE: IF A STUDENT WERE TO RECEIVE FULL STATE SUPPORT AT USC HIS TUITION WOULD ONLY BE \$1,300.00, BUT IF HE ALSO HAD TO PAY THE 25% STATE SUPPORT FEE HIS EXPENSE WOULD BE \$3,550.00. AT THE UNIVERSITY OF THE PACIFIC IF THE STUDENT WERE TO RECEIVE FULL STATE SUPPORT HIS TUITION WOULD BE \$2,350.00. INCLUDING THE 25% WOULD INCREASE THAT FEE TO \$4,600.00. THAT EXTRA AMOUNT COULD PUT THE EXPENSE OUT OF REACH FOR MANY OF THE STUDENTS OF LOWER AND MIDDLE INCOME FAMILIES.

LOANS ARE AT A MINIMUM. I DON'T HAVE ANY STATISTICS BUT I HAVE READ ABOUT THE FEDERAL GOVERNMENT CUTTING BACK ON THEIR FEDERALLY INSURED STUDENT LOANS. ALSO THE SCHOOLS ARE LIMITED IN THEIR FUNDS AVAILABLE FOR STUDENT LOANS. THE UNIVERSITY OF PACIFIC REQUIRES THAT YOU FILL OUT A FINANCIAL STATEMENT PROVING THAT YOU HAVE SUFFICIENT FUNDS FOR YOUR THREE YEARS OF DENTAL SCHOOL WITHOUT HAVING TO RELY ON MANY LOANS. CONSEQUENTLY ASKING THE STUDENT TO PAY AN EXTRA \$2,250.00 A YEAR IS MORE OF A BURDEN THAN IT APPEARS.

OUR SECOND AREA OF CONCERN INVOLVES THE NUMBER OF STUDENTS TO BE CERTIFIED. WE FEEL THAT BY ONLY CERTIFYING 10 STUDENTS THAT SOME VERY QUALIFIED STUDENTS WILL BE ELIMINATED. LAST YEAR NEVADA WAS ABLE TO GET 10 MORE STUDENTS INTO DENTAL SCHOOL BECAUSE OF CONTRACTS MADE WITH CREIGHTON AND MATQUETTE. BEFORE THESE CONTRACTS ONLY FOUR TO FIVE STUDENTS A YEAR WERE ACCEPTED INTO DENTAL SCHOOL FROM THE STATE OF NEVADA. OUR STATUS AS AN OUT OF STATE APPLICANT IS THAT WE ARE ACCEPTED ONLY WITH WICHE SUPPORT. THE SCHOOLS WILL NOT EVEN CONSIDER US WITHOUT IT.

SOME OF THE STUDENTS HAVE RECEIVED ACCEPTANCES FROM DENTAL SCHOOLS, BUT THEY ARE CONDITIONAL UPON RECEIVING CERTIFICATION

SPEECH OF SUSAN SPRAGENS

FR WICHE. THERE ARE THREE OF US FROM RENO THAT HAVE RECEIVED SUCH NOTIFICATION. NONE OF US ARE IN THE TOP TEN. THIS MEANS THAT IF THE LIST IS NOT EXTENDED WE WILL BE DENIED ENTRANCE TO DENTAL SCHOOL. WE HAVE WORKED LONG AND HARD TO REACH THIS STAGE. GETTING ACCEPTED TO DENTAL SCHOOL IS A FEAT IN ITSELF, BUT WITHOUT WICHE SUPPORT IT WAS ALL IN VAIN. WE HAVE NO ALTERNATIVES- NO WHERE TO TURN.

WE FEEL THE STATE OF NEVADA HAS A RESPONSIBILITY TO ITS PRE-DENTAL STUDENTS TO INSURE A CHANCE OF ACCEPTANCE FOR QUALIFIED STUDENTS. AT THE SAME TIME WE FEEL WE HAVE A RESPONSIBILITY TO THE STATE OF NEVADA. THE PERCENTAGE OF RETURNING STUDENTS IN DENTISTRY IS THE HIGHEST OF ALL THE DISCIPLINES ASSOCIATED WITH WICHE. 50% OF THE DENTISTS RETURN. WE CAN UNDERSTAND YOUR CONCERN AT SEEING THIS MONEY GO OUT OF STATE AND NOT RETURN. THEREFORE WE ARE WILLING TO GIVE, ON A CONTRACTUAL BASIS, SERVICE TO THE STATE OF NEVADA. AFTER GRADUATION WE WILL RETURN AND BE WILLING TO HELP OUT IN NEEDED AREAS.

WE ALSO FEEL THAT THE NEVADA RESIDENT, WHEN HE RETURNS, WILL BE MORE LIKELY TO ESTABLISH PRACTICES IN OUTER AREAS, AS COMPARED TO THE OUT OF STATE DENTIST WHO WOULD BE MORE LIKELY TO SET UP PRACTICE IN RENO OR LAS VEGAS. THEREFORE THE MORE DENTISTS YOU HAVE THAT ORIGINATE FROM NEVADA, THE BETTER THE CHANCE FOR A MORE EQUAL DISTRIBUTION.

WHAT IN FACT ARE THE RAMIFICATIONS OF THIS PROPOSED WICHE BUDGET? FOR ONE THING THE STUDENTS FROM LOW AND MIDDLE INCOME FAMILIES WOULD NOT HAVE A CHANCE TO GO TO DENTAL SCHOOL IF THEY HAVE TO PAY 25% OF THE STATE SUPPORT FEE. ALSO, AND MOST IMPORTANTLY, THE NUMBER OF STUDENTS THAT WOULD BE ABLE TO ATTEND DENTAL SCHOOL WOULD BE LIMITED TO ONLY 10 PER YEAR. THIS MEANS THAT THE THREE STUDENTS FROM RENO AND SOME FROM LAS VEGAS THAT HAVE ALREADY RECEIVED ACCEPTANCES WOULD NOT BE ABLE TO ATTEND DENTAL SCHOOL.

WE FEEL YOU HAVE A RESPONSIBILITY TO US, THE PRE-DENTAL STUDENT OF NEVADA, TO PROVIDE US WITH A WAY TO CONTINUE OUR EFFORTS, NOT TO CUT THEM SHORT JUST AT THE POINT THAT WE HAVE WORKED SO HARD TO REACH. AT THE SAME TIME WE FEEL THAT WE HAVE A RESPONSIBILITY TO YOU, AND WE ARE WILLING TO PROVIDE NEVADA WITH THE NECESSARY SERVICE.

THE NORTHERN NEVADA DENTAL ASSOCIATION STANDS BEHIND US WITH THEIR SUPPORT.

Meyers Animal Hospital
426 Rock Blvd.
Sparks, Nev. 89431
358-6880

Sun Valley Veterinary Clinic
5350 Sun Valley Drive
Sun Valley, Nev. 89431
673-3474

A Professional Corporation

*G. P. Meyer D. V. M.
A. S. Burnett D. V. M.*

March 7, 1977

Mr. Chairman, Members of the Ways and Means Committee:

My name is Andy Burnett, I am a veterinarian in private practice in the Reno-Sparks area. Currently I am also, President of the Nevada State Veterinary Association. It is in that capacity that I speak to you this morning.

The Nevada State Veterinary Association would like to see full (100%) funding remain for the WICHE certified Nevada students attending veterinary school. I realize that the governor has recommended 75% funding, and, at first glance that certainly seems like a fair and equitable approach. Upon close examination though I find that this proposal may create a very severe hardship on WICHE students currently attending veterinary school.

I would like to illustrate my concern by using as an example, students now attending Colorado State University. The reason that I use Colorado State is that traditionally Nevada has more students attending Colorado State than any other school. Under the 75% funding proposal a Nevada Student currently attending Colorado State or a student who may be entering this fall, will have to have on deposit with WICHE \$2,250.00 by May 1, of this year. In addition to the \$2,250.00 he will have to pay between \$800. and \$1,300. which represents the normal in-state tuition that a Colorado resident will pay. The reason that I can't give you an exact in-state tuition amount is because that question is currently being debated in the Colorado Legislature. In recent conversations with Colorado State Veterinary College officials, we are told that the minimum fee will be \$800. and the maximum being considered is \$1,300. per year. What this all means is that a Nevada student with 75% WICHE support will be required to pay \$3,000. to \$3,500. for tuition fees alone. This figure does not represent any of the cost for books, equipment or supplies to say nothing of the usual living expenses. I feel that this will be grossly unfair to those students currently attending school with WICHE certification. I have no idea how a student can manage to come up with \$2,250. by May 1. It appears to me that this proposed action could very well make attending professional school an opportunity only open to the wealthy and may jeopardize those students currently enrolled in professional schools.

(Continued next page)

A Professional Corporation

G. P. Meyer D. V. M.
A. S. Burnett D. V. M.

Page Two.

Ways and Means
March 7, 1977

I have been in contact with Howard Barret, State Budget Director, and he has indicated that there are other sources of funds available for veterinary students. One possible source is the United Student Aid Fund. This fund is a loan program administered by First National Bank of Nevada and carries a federal guarantee to that bank. Basically the fund provides for \$2,500. per year at 7% interest with a maximum of \$10,000. for the four year period. I am told that any student currently enrolled in a veterinary school, or any student with a letter of acceptance may qualify for the loan. Unfortunately this program is not available to Colorado State students, due to technicalities. I am sure that this can be remedied but I am not sure that this program can be geared up by May 1, which is the deadline set by WICHE to have the students share of the out of state tuition on deposit. This program by the way, is only available through the main bank offices in Las Vegas or Reno. In order to qualify a student must come into the bank for an interview and that is going to provide an additional hardship on the already strained budget of the students. Plane fare as an example between Reno and Denver is \$175.00. As I mentioned I feel that something equitable can be worked out but keep in mind that these funds were originally intended to help defer the various book, equipment and living costs that a student in professional school must bear.

Mr. Barret, also informs me that there exists other funds that are administered by Health-Education and Welfare. These funds are provided through the individual states to students, regardless of residency to help defray the aforementioned living costs. Using Colorado State as an example again, there exists a fund amounting to \$140,000. and this money is available to all veterinary students. Dean Tietz at Colorado State tells us there will be \$14,000. available to the incoming freshmen class of 137 students. As you can readily see that amounts to little more than \$100. per student.

I graduated from Colorado State University in 1967. I came from a middle income family and, looking back on my days at CSU I truly doubt that I could have survived without the WICHE program.

(Continued next page)

Meyers Animal Hospital
426 Rock Blvd. ,
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A Professional Corporation

G. P. Meyer D. V. M.
A. S. Burnett D. V. M.

Page Three.

Ways and Means
March 7, 1977

I had signed a contract with WICHE which provided that I should pay back the funds at 4% interest. I had geared myself to do just that. Upon graduation I was notified by the Nevada Legislature via the WICHE program that I would not have to pay back the funds due to action taken by the Nevada Legislature that year. I want to reiterate that I was prepared and had planned to pay back the WICHE monies. I have a strong suspicion students currently certified by WICHE or those prospective students who may be applying in the future would be most happy to participate in the WICHE program under similar circumstances as I did.

As I view the issue, you must decide first as representatives of Nevada taxpayers whether in fact there is a need to educate Nevada students in the various professional schools. If you determine that the need does exist then it seems to be a question of how much support the state wants to provide. I hope you can see your way clear to provide 100% WICHE funding for our Nevada students with or without a payback clause.

Thank You.

Respectfully submitted:

A. S. Burnett, DVM

February 28, 1977

Assemblyman Don Mello
Chairman, Ways and Means Committee
Nevada Assembly
Carson City, Nevada 89701

Dear Mr. Mello:

I am a first year student at Willamette University Law School, attending under a grant from Nevada's WICHE program. I have received a letter from the WICHE commissioners concerning proposed budget changes and the effect such changes would have on current WICHE beneficiaries. According to the report, law students under the WICHE program will be required to place \$650 on deposit with the state treasurer by May 1, 1977, in order to be entitled to 1977-1978 benefits.

This is an unwarranted burden to be thrust upon law students currently under the WICHE program, who qualified for grants under the valid impression that no pay-back requirement existed, and who budgeted accordingly. Law school is an expensive and time-consuming endeavor, calling for strict long-term budgeting, with first-year time restraints that make the prospect of part-time employment unfeasible.

If the Legislature deems such changes in the WICHE program to be necessary, in all fairness and practicality these changes should not be made retroactive, but rather, should apply only to future WICHE students, who would have prior knowledge of the financial details of the program and could budget accordingly.

I sincerely hope that the members of your committee will carefully scrutinize the inevitable problems which will arise if such changes are to have retroactive effect, and act accordingly.

Respectfully,

Patti Burnett

Patti Burnett
272 16th St. SE
Salem, Oregon 97301

permanent address:
1740 Pass Drive
Reno, Nevada 89509

TESTIMONY - PRE-VETERINARY STUDENT
ON BEHALF OF WICHE PROGRAM FOR VETERINARY
MEDICINE

March 7-8, 1977
Phil Matthews

Good morning Ladies and Gentlemen. My name is Phil Matthews. I am a native Nevadan and a pre-veterinary student at the University of Nevada, Reno. I am speaking to you this morning as a representative of the pre-veterinary students at our university and of those Nevada students currently enrolled in Veterinary School. I would like to take a few minutes to talk with you about the proposed reduction in the WICHE subsidation of Nevada students attending professional schools out-of-state.

As you know, the proposed reduction will require WICHE students to contribute 25% of the total support. To veterinary students this will amount to an additional cost of \$2,250. per year. Besides the immediate financial effect that this proposal will have on our Nevada students, we are also very concerned about the many ramifications and long term effects such a proposal, if instituted, will have on Nevada.

Currently there are three veterinary schools in the country that are available to Nevada students; UC at Davis, Washington State University, and Colorado State University. Davis admits only two non-resident students each year, Washington takes only 8. This leaves only one school (CSU) as a Nevadan's only really practical chance for admittance. On top of these difficulties imposed on Nevada students, veterinary school's nationally are the most difficult professional schools to get into. On a national average 33% of the students applying to medical school are accepted, while veterinary schools only accept 17% of their applicants. The student must have approximately a 3.5 grade point or better; At least one summer field experience with a practicing veterinarian, and then must be personally interviewed before he or she

is accepted. Furthermore, the legislatures of those states having veterinary schools have received strong pressure to close their doors to ALL non-resident veterinary medicine students. Two years ago this proposal lost by only a single vote in the Appropriation Committee of the Colorado General Assembly. The western states without professional schools have fulfilled their obligation to provide educational opportunities for their residents through the WICHE program. These professional schools have accepted these WICHE students and their funds and have incorporated them in their long range plans. Professional schools, such as CSU, see this new proposal as endangering the certainty these funds coming from Nevada students, therefore, there is a strong sentiment on the part of CSU to reduce the number of Nevada students they will accept. And as I have already mentioned, Colorado is our only "ace in the hole".

Nevada now has a shortage of veterinarians, and this proposal could only worsen that situation. Since animal related industries contribute a large proportion to Nevada's economy and because veterinarians serve not only the food-animal industry but also contribute to wildlife management, urban animal health and the important area of public health. I feel it is in Nevada's best interest to continue training young Nevadan's in the field of veterinary medicine.

Up to now I have discussed how this reduction proposal will greatly jeopardize the Nevada student from entering the field of veterinary medicine. I feel it is also very important to realize what the purpose of WICHE is and what it means to Nevada.

WICHE was instituted as a means of providing an education to those young Nevadans whom, regardless of their academic success and desires, would be

unable to receive this training due to the fact that Nevada doesn't have these professional schools. By establishing the WICHE program Nevada is still able to guarantee its ambitious young people a high quality of education without the excessive financial burden, of building and maintaining its own professional schools. This is a wise investment for Nevada in so far as it is a virtual guarantee that the people of the State will be provided with the professional people so vital in todays society.

The WICHE funds also meet a moral obligation of Nevada's state government namely, to provide each young Nevadan with the same educational opportunities regardless of their financial background. Moreover, how can this equality be maintained if the students must pay an additional \$2,250. per year. - A sum which for many would be an insurmountable obstacle in their already difficult path to a career in Veterinary Medicine. I think it can be readily seen that through the attitudes of the out-of-state professional schools towards this proposal and the excessive financial burden it places on our students, that the so valuable and necessary aims of WICHE will all but be destroyed.

The Governor states that all Nevada students going to professional schools out of state should pay 1/4 of their non-resident fees themselves. At first impression one may feel that this is only fair. However, lets look more deeply at what is involved here.

This month alone myself and several other pre-veterinary students are spending almost \$500. simply to travel to other schools for admission interviews, and we are in no way guaranteed admission and will not be reimbursed regardless of the outcome. If accepted to a school, which most likely for most of us would be CSU, there next comes the expense of moving and setting up house 1000 miles from home. Then on top of these costs we must pay resident tuition and fees which amount to over \$900. per year, plus textbooks, a microscope, and naturally, cost of living expenses for four years. I think it can be readily seen that by not paying 1/4 of the WICHE fee we still must absorb a great expense in order to continue our education. All of these costs I have mentioned, except the resident tuition fees and books, would be eliminated if Nevada had its own professional schools, which is specifically why WICHE was established.

A student that has achieved as much as one must academically and in the field to be accepted to a veterinary school - does this student deserve to have one more roadblock thrown in his path? Students that achieve such high marks scholastically are the students that truly use the University system for its designed purpose - to further the knowledge of man. Are these the students that should suffer?

If this proposal is inacted and the expense is to be passed on to the students, I would like to offer some suggestions which would lessen the burden to the students and appease the Deans of the professional schools at least somewhat.

1. The State of Nevada could provide low cost loans sufficient to cover the students needs. Repayment to be made after graduation or waived if the student returns to Nevada to practice.

2. The student could incur a debt for the state's payments which could be waived if the student returns to Nevada to practice or be paid after graduation.
3. The students currently enrolled in veterinary schools did so with the promise from WICHE that their non-resident fees would be paid for the entire four years they were enrolled. It seems only fair that these students be allowed to continue under those same conditions.

In conclusion, I would like to emphasize that although these measures would alleviate somewhat the terrific burden to be placed on the students by this reduction proposal, I am here today making the plea, that in justice to the young people of Nevada, the WICHE program remain at its present status, which is the only way it can function at its full potential.

To the Ways and Means Committee of the Nevada State Assembly:

Fran Gidney, Washoe County, on behalf of the nine students studying veterinary medicine as graduate students at Colorado State University attending under the Western Interstate Commission on Higher Education (W.I.C.H.E.) program.

The budget item before you, if approved, would reduce support of students on this program. Each would be left a deficit of \$2,250 unexpectedly, without resources, and while they are already engaged in a sequential four-year doctoral program. These students and their parents are paying the in-state tuition fees, books, supplies, insurance, and all living expenses away from home and have, in the four years of undergraduate preparation, paid out-of-state tuition and all expenses.

Colorado State University admitted their Nevada students to their highly selective four-year medical degree program only after they had already proved themselves exceptional throughout the pre-veterinary course work and capable of success as a doctoral candidate. The University reserves nine berths for four years among a very limited number of total berths through contract with the State of Nevada W.I.C.H.E. program. No one may be admitted within the four-year sequence. Should our students leave, no one could take over their berths.

Should this happen, at great inconvenience to Colorado State University, it would jeopardize future admission of Nevada students to berths at that institution even though these students have themselves no fault and have been faithful in their dedication and have progressed satisfactorily in this rigorous curriculum. Alternatives for Nevada students in veterinary medicine are practically nil.

You, Legislators, have the opportunity here to show the good faith of our State. The State of Nevada, through the W.I.C.H.E. program, took these students into a four-year degree program. I believe the State should not interrupt, reduce, or go back on its commitment and therefore strongly urge continued full support to these veterinary medical students to the completion of that four-year contract. If you decide to reduce the amount of state money supporting W.I.C.H.E. I respectfully ask that the reduction be phased in as new contracts are made.

I am Dr. Stanton E. Schmitz, a dentist from Las Vegas. I am concerned about the education and educational opportunities of our Nevada students. My first profession was a school teacher in the Clark County School District over 25 years ago.

In order for our students to receive education in any of the dental health fields they are required to go California, Oregon or Washington or east.

The WITCHE Program has been vital to them. We need good dentists and ~~it is~~ we will always have good dentists coming into our ~~communities~~ ^{State} but if our own students are unable to attend dental schools ~~our~~ ~~the~~ people from out of state will fill these positions.

I sympathize with the administration and legislature's desire to keep a balanced fiscal budget and I do not want over spending. ~~This~~ is I feel this is the most important purpose of your committee but I feel ~~we~~ ^{we} should be fair to all areas of education and not eliminate some and continue others.

Looking through the Las Vegas yellow pages there are over 400 listings for attorneys, 370 physicians, 140 dentists. ~~The~~ ^{The} true number is a result of the demand but I ask of you that all fields be treated equally. Please help Nevadans fill the needs of dentistry in Nevada. Thank You



WICHE

Western Interstate Commission for Higher Education
an equal opportunity employer

As a brief profile of several of its programs that benefit Nevada and her citizens, the Western Interstate Commission for Higher Education (WICHE) has prepared this overview for your information and use.

WICHE was founded in the early 1950s by the western governors and legislators as a regional solution to the postwar shortages of professional educated citizens and to help improve western students' opportunities for professional education. The problems that WICHE addressed initially were those of the growth in the demand for manpower and the growth of educational institutions as they responded to society's needs.

Growth is no longer the primary concern because population trends have shifted and because the priorities of western governmental and educational leaders have changed. The principal issues now include determining manpower needs that can be met through higher education, making education more adaptable to the needs of the people, improving access to education, and achieving a more cost-effective use of all educational resources.

WICHE acts as a catalyst and focal point for interstate cooperation in the exchange of the information, talent, and educational opportunities that will help resolve these issues. This approach allows the thirteen western states to share the administrative costs of mutual regional problem solving rather than to attempt to duplicate these costly activities in each state.

WICHE also serves as an umbrella agency for higher education activities that are under the direct control of the governors through their appointed commissioners. Each of WICHE's educational programs--such as student exchange, mental health and human service training, nursing education, minority education, student internships, and manpower planning--was developed in direct response to requests from the states through their governors or commissioners. Each proposed program must demonstrate a relation to the needs and concerns of the people of the West and have the approval of the WICHE Commissioners prior to implementation.

Nevada actively participates in all of WICHE's programs, which include the Student Exchange Programs (SEP), the Resources Development Internship Program (RDIP), nursing education programs, Planning Resources in Minority Education (PRIME), mental health and human services, and the Western Interstate Library Coordinating Organization (WILCO).

Through the Student Exchange Programs, 131 Nevada students currently are enrolled in professional education programs in other western states studying medicine, dentistry, veterinary medicine, dental hygiene, optometry, physical therapy, and law. Six students from the WICHE states of Alaska, Arizona, and Montana are enrolled in Nevada's two-year medical school. The University of Nevada receives \$36,000 in support fees from those three states for the education it provides through its medical school program. For the education of its 131 students in other western states, Nevada's contribution for this fiscal year amounts to \$527,370.

The benefits of the exchange program are not always apparent. In addition to providing the state with an alternative so that it can resist internal pressure to duplicate costly professional postsecondary programs, necessary manpower needs of the western region are being met as a result of SEP efforts. For example, Nevada has sent a total of 26 students through veterinary medicine programs in other WICHE states since the exchange began. Today there are 22 SEP veterinarians and ten graduates of schools in the WICHE states practicing in Nevada, a significant gain in a professional field vital to the needs of the state.

Nevada's nursing care providers participate in a variety of WICHE programs aimed at improving nursing education and nursing service. All three of Nevada's institutions having nursing programs are members of WICHE's Western Council on Higher Education for Nursing. The University of Nevada, Reno, is participating in a project to create models for including cultural diversity in nursing curricula. Several Nevada nurses have received special training in nursing research methods, and others have learned to use analytical techniques for planning the nursing needs of the state. Dr. Vera Brand of the University of Nevada, Reno; Dr. Mary Ann Michel of the University of Nevada, Las Vegas; and Mrs. Bernice Martin of Western Nevada Community College provide Nevada leadership in WCHEN. In addition, five Nevada health service agencies and the University of Nevada are providing data on needs and resources as part of WICHE's study of the feasibility of regional centers for advanced leadership preparation for nurses. The end result of these programs is to help provide improved health care to Nevada's citizens.

Another educational program at WICHE is the Resources Development Internship Program, which provides students with a unique public service work and education experience in their field of study. In the past three years, 20 Nevada students have participated, receiving a total of \$36,000 in stipends as interns. For example, they have, at the request of local communities, completed studies on the industrial potential of Elko County and on the freight rates in the Reno-Sparks-Washoe County area. Also, two interns, working through the University of Nevada, recently helped plan a bikepath system in the Reno-Sparks area.

Nevada's participation in WICHE's mental health and human service training programs has been impressive. Approximately 80 mental health professionals from all segments of Nevada's mental health system were part of a major conference on decriminalization in Reno in January, 1976. Other Nevadans have been involved in an innovative program to bring together state legislators and mental health directors in an effort to identify and resolve problems relating to evaluation and accountability of mental health services. Senator Mary Gojack and Dr. Charles Dickson, Administrator of the Division of Mental Hygiene and Mental

Retardation, were among the legislators and state program directors from 11 states who attended the program's first conference in Denver in 1976.

These are only a few examples of the ways that Nevada participates in WICHE's current programs.

Traditionally when it has been determined that the original objectives of WICHE programs have been accomplished, the programs either have been terminated or have evolved into separate agencies. The recent dissociation of the Mountain States Regional Medical Program is such an example. The National Center for Higher Education Management Systems (NCHEMS) and the Western Interstate Library Coordinating Committee (WILCO) will also separate from WICHE as of July 1, 1977.

As these programs phase out, administrative costs are reduced accordingly because of the decrease in staff. During the past six months, the number of WICHE staff has been reduced from 221 persons to 165. This figure will be further reduced, to 85, on July 1, 1977, when NCHEMS and WILCO part from WICHE affiliation. More than half the remaining staff are working on specific grants or contracts that fully fund the salaries and benefits they receive.

During the Western Governors' Conference held in Denver on December 10, 1976, the governors requested that WICHE conduct a detailed regional assessment of educational needs. WICHE staff is currently evaluating the activities and costs that will be required to accomplish a task of this scope.

An external evaluation of WICHE programs was recently completed by the California Postsecondary Education Commission in terms of their impact on California. Another evaluation of selected WICHE programs, authorized by the WICHE Commissioners, also has been completed. Both of these documents have been transmitted to Governor O'Callaghan by Nevada's Commissioners and are available to other interested persons.

This brief overview attempts to capsulize what WICHE is, what Nevada's involvement in WICHE is, and how Nevada benefits from the involvement. If there are any questions, please do not hesitate to contact any of the three Nevada Commissioners or Phillip Sirotkin, the executive director.

Fred M. Anderson, M.D., Commissioner
Dr. Patricia A. Geuder, Commissioner
Dr. Thomas T. Tucker, Commissioner
Phillip Sirotkin, Executive Director

*Speech of Dr.
George Smith*

PROPOSAL TO CONVERT TO A DEGREE GRANTING MEDICAL SCHOOL

Testimony before the Nevada State Legislature - March 7 & 8, 1977

The School of Medical Sciences is requesting your permission to convert its presently accredited two year basic science curriculum to a four year 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 hospital and clinic based and will utilize facilities and resources throughout the State of Nevada. When 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. Dr. Peck will speak on this point in further detail.
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). Private funds are also available. The Medical School's most recent grant of \$680,000 from the W.K.Kellogg Foundation brings us to a total of over \$3 million at this time. Other Federal and private funds are also available to help us develop the residency programs in primary care which Dr. Baldwin will speak to in some detail.

*1003
SPEECH OF DR. George Smith*

WHAT IS INVOLVED IN CONVERSION ?

1. Approval of University Board of Regents; which was given on January 14, 1977.
2. Approval of State Legislature. This is essential because of the need for present and future fund appropriations.
3. Approval of the Liaison Committee on Medical Education which accredits all medical school education in the United States. This is accomplished in 4 steps, Intent, Reasonable Assurance, Provisional Accreditation and Accreditation.

Step 1 "Intent" - A site visit team composed of 4 Medical School Deans and an economist visited our medical school and hospitals throughout the State in December 1976. They reviewed our proposal for conversion and deemed the plan feasible. They stated we have the necessary resources in terms of hospitals, patients, physicians, etc. to do an excellent job and adequate planning. Dr. Terence Rogers, Dean of the University of Hawaii also gave a verbal report to Governor C'Callaghan. Their report was sent to the L.C.M.E. and you have a copy of their report in the Phase II report.

Step 2 - A "Letter of Reasonable Assurance". This requires approval from the University Board of Regents, Governor and State Legislature. In addition, it demands evidence of adequate planning that all essential resources will be available at the time the new program is scheduled to begin. (hospitals space allocations, financing curriculum outlines, staffing patern, clerkships, organization, practice plans, etc.) A second and different group of deans appointed by the L.C.M.E. will visit us in April to review these plans and to visit hospitals throughout the State of Nevada.

Step 3 - "Provisional Accreditation" - This requires a third site visit by another group of medical educators. after the 3rd year program has begun, the purpose is to ascertain that planning was effective and efficient and that 3rd year program has met the same standards of quality as all others in the U.S. This site visit will be scheduled in 1978-79.

provision in the law is an entitlement.

The reasons for proposing conversion and the specifics involved will be presented to you by our students and faculty.

SCHOOL OF MEDICAL SCIENCES

UNIVERSITY OF NEVADA

TRANSFER OF MEDICAL STUDENTS

INFORMATION FOR NEVADA LEGISLATORS

Owen C. Peck, M.D.
Director, Student Affairs
School of Medical Sciences
University of Nevada
Reno, Nevada

March 1, 1977

REASONS FOR DIFFICULTY IN TRANSFERRING MEDICAL STUDENTS

TO DEGREE GRANTING SCHOOLS

1. Low Attrition Rate
2. Limited Clinical Facilities
3. State Laws have been passed, such as in Arizona, requiring the University of Arizona, School of Medicine, to take their own residents that have gone to Foreign schools for their last two years.
4. Special Programs, such as the W.A.M.I. Program, and contracts, such as Wyoming.
5. P.L. 94-484, passed October 12, 1976, which requires U.S. Medical Schools to participate in a program, whereby positions are reserved for the transfer of qualified U.S. citizens, who are students at foreign medical schools. If U.S. Medical Schools do not participate in this program, capitation grants will be withheld.

EXHIBITS

- I. Transfer Schools Accepting Nevada Students
- II. West Coast Transfer Schools And Number Of Acceptances
- III. Other Schools And Number Of Acceptances
- IV. Specific Agreements Concerning West Coast Medical Schools
- V. Clarification Of Future Transfer Status And Supporting Letters
- VI. Federal Legislative Summary - "Transfer Of U.S. Students
In Foreign Medical Schools To U.S. Medical Schools

TRANSFER OF MEDICAL STUDENTS

The purpose of this document is to summarize the transfer history of UNR medical students to 3rd and 4th year clinical schools and briefly describe the future of medical student transfers as indicated by recent federal legislation, as well as, correspondence from medical schools across the nation.

Specifically, the period 1973-1976 saw a total of 4 graduating classes transferred to complete their clinical training. The transfer process involved 172 students who completed their first two years of medical education at UNR. A list of the 32 transfer schools is presented in Exhibit I.

It is of interest to note that west coast schools (those west of the Rockies) have accepted 35% of the total number of transferring students. Their record is shown below:

Transfer School	'73	'74	'75	'76	Total
Washington	0	1	0	0	1
Oregon	2	1	0	0	3
Colorado	6	4	4	2	16
Utah	0	0	0	3	3
New Mexico	1	1	2	1	5
Arizona	0	0	10	0	10
UC Davis	2	2	0	0	4
UC San Francisco	0	0	0	0	0
UC Los Angeles	1	4	1	1	7
UC San Diego	0	0	0	1	1
UC Irvine	0	1	2	1	4
Stanford	0	0	0	0	0
USC	0	1	1	1	3
Hawaii	2	1	0	0	3
	<u>14</u>	<u>16</u>	<u>20</u>	<u>10</u>	Total 60
					60/172=35%

Transfers to these schools and other schools across the nation are presented pictorally in Exhibits II. and III. Data describing the transfer process for the present class are not yet available.

With reference to future transfers, this process will be greatly affected by recent federal legislation. The Health Professions Educational Assistance Act of 1976 authorizes capitation grants to U.S. medical schools that meet certain conditions related to physician training --- one of these conditions being that a school reserve a number of places for selected U.S. students transferring from foreign medical schools. California State legislation will also affect the transfer mechanism in that new intrastate agreements between medical schools will indirectly limit Nevada transfer possibilities. Also, substantial student transfer commitments have been initiated through interstate agreements between such schools as Washington, Colorado, Utah, and Creighton with areas such as Wyoming, Idaho, Alaska, and Montana. These arrangements have also sharply limited Nevada transfer spaces. These considerations are shown in greater detail in Exhibits IV, V, and VI.

In conclusion, it can be seen that the transfer process has been successful to date. However, changes are occurring rapidly implying that Nevada will no longer enjoy the transfer opportunities experienced in the past. Such an assertion is, indeed, communicated by means of correspondence included in Exhibit V.

DEGREE-GRANTING MEDICAL SCHOOLS

The following is a list of degree-granting schools to which students have been transferred:

University of Alabama Birmingham, Alabama	Washington University St. Louis, Missouri
Univeristy of Arizona Tucson, Arizona	Creighton University Omaha, Nebraska
University of California, Davis Davis, California	University of New Mexico Albuquerque, New Mexico
University of California, Irvine Irvine, California	State University of New York at Buffalo Buffalo, New York
*University of California, Los Angeles Los Angeles, California	Mount Sinai School of Medicine New York, New York
University of California, San Diego San Diego, California	University of North Dakota North Dakota
University of Colorado Denver, Colorado	University of Maryland * Baltimore, Maryland
George Washington University Washington, D.C.	University of Oklahoma Oklahoma City, Oklahoma
Emory University Atlanta, Georgia	University of Oregon Portland, Oregon
University of Hawaii Honolulu, Hawaii	Jefferson Medical College Philadelphia, Pennsylvania
Southern Illinois University Springfield, Illinois	Pennsylvania State University Hershey, Pennsylvania
University of Iowa Iowa City, Iowa	Brown University Providence, Rhode Island
University of Kentucky Lexington, Kentucky	Baylor University Houston, Texas
Louisiana State University New Orleans, Louisiana	University of Washington Seattle, Washington
Tulane University New Orleans, Louisiana	University of West Virginia Morgantown, West Virginia
Tufts University Boston, Massachusetts	Medical College of Wisconsin Milwaukee, Wisconsin

* All parts of the Boards must be passed.

1911

WICHE SCHOOLS THAT HAVE ACCEPTED UNR STUDENTS INTO THE 3rd YEAR

WASHINGTON

73-0
74-1
75-0
76-0

MONTANA - N/A

OREGON

73-2
74-1
75-0
76-0

IDAHO - N/A

WYOMING N/A

DAVIS

73-2
74-2
75-0
76-0

NEVADA

UCSF - 0

STANFORD - 0

UTAH

76-3

COLORADO

73-6
74-4
75-4
76-2

(Total of 19 students in 4 years)

UCLA

73-1
74-4
75-1
76-1

USC

73-0
74-1
75-1
76-1

ARIZONA

73-0
74-0
75-10
76-0

NEW MEXICO

73-1
74-1
75-2
76-1

U.C. SAN DIEGO

76-1

IRVINE

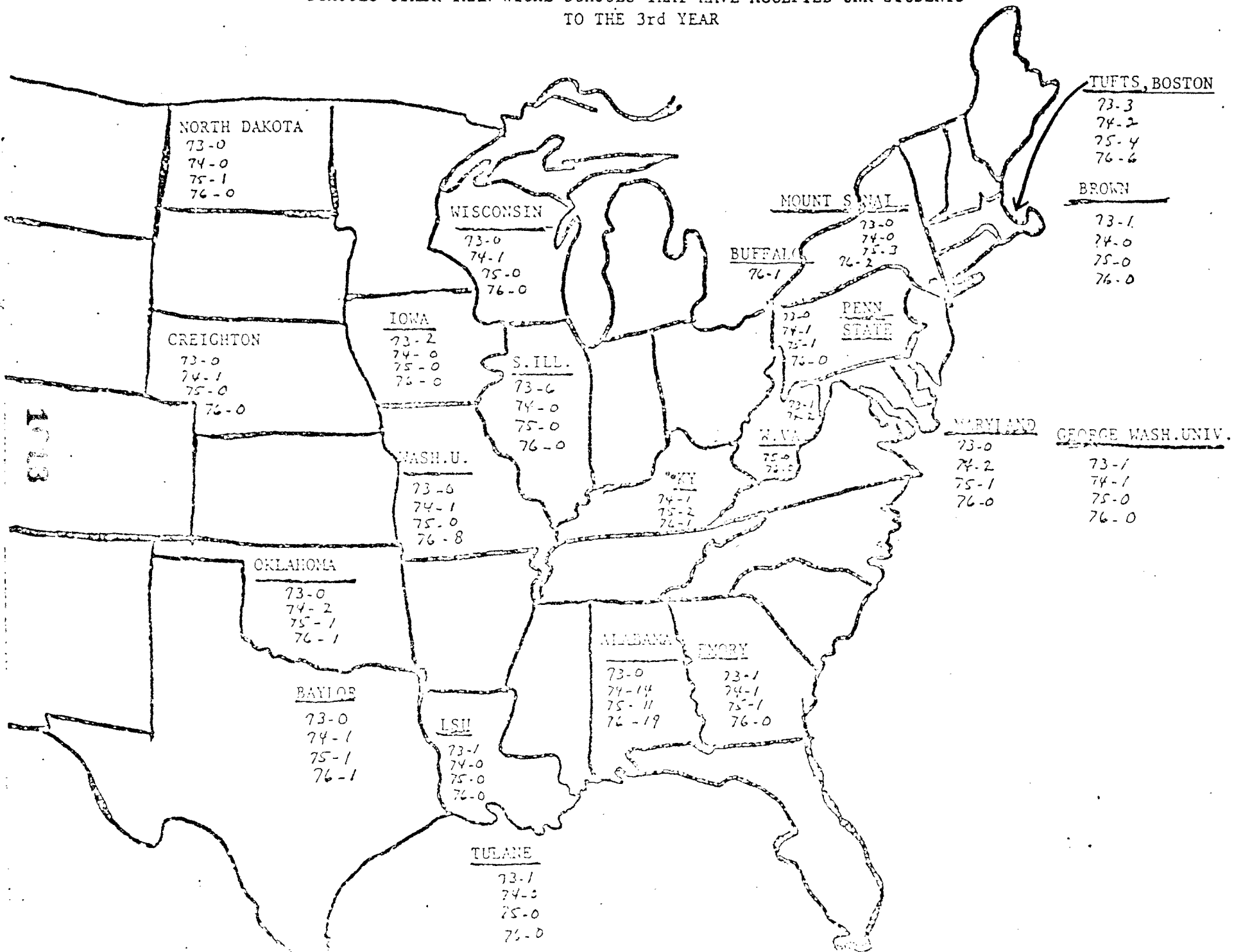
73-0
74-1
75-2
76-1

HAWAII

73-2
74-1

1982

SCHOOLS OTHER THAN WICHE SCHOOLS THAT HAVE ACCEPTED UNR STUDENTS
TO THE 3rd YEAR



Alaska to Washington - 15 Students

AGREEMENTS OF OTHER STATES AND MEDICAL SCHOOLS THAT HINDER UNR TRANSFERS.

MONTANA to Washington
15 Students

OREGON - Instate Residents

IDAHO to Washington
20 Students

WYOMING contracts with Utah, Creighton, and Colorado

UNR 48 Students

UNR (space shortage)

BERKELEY - 12 (1 year program)

STANFORD
3rd year from Berkeley

UTAH

COLORADO
3 to 5 for total 3rd year

RIVERSIDE (New)
2 Year Program
TO UCLA - 20 Students

UCLA - 3rd year from Berkeley and Dartmouth

VINE
terans

USC - 3rd year from Berkeley

ARIZONA
Residents only
Legislative law.

NEW MEXICO -
3rd year mostly from Mexico

LOMA LINDA
7th Day Adventist

UCSD



EXHIBIT V.

OFFICE OF STUDENT AFFAIRS AND ADMISSIONS
SCHOOL OF MEDICAL SCIENCES
MACKAY SCIENCE BUILDING
Reno, Nevada 89557
(702) 784-6007

UNIVERSITY OF NEVADA SCHOOL OF MEDICAL SCIENCES
CLARIFICATION OF TRANSFER STATUS, POST 1976-77

The biggest unknown regarding transfer of our medical students to other medical schools throughout the country is a new law under which certain federal funds would be withheld from institutions that fail to accept, as transfer students, Americans who have studied abroad. The requirement is in the Health Professions Educational Assistance Act, signed into law in October of 1976. Specific regulations governing the provision have not been disseminated, nor has it been announced whether the policy will go into effect in 1977 or 1978.

The legislation provides, in broad terms, that Americans already enrolled in foreign medical schools will be virtually guaranteed admission into schools in the United States after completing two years of studies and passing Part I of the National Board of Medical Examiners Examination. No other aspects of their records matter.

Power is given to the Secretary of Health, Education and Welfare to apportion among the Nation's medical schools the number of places needed to absorb all the students who meet the two criteria. Some demonstrably overcrowded institutions may not have to participate in the program.

Figures provided by the Association of American Colleges show that last year 664 such students took Part I of the National Board Examination. There were 377 who passed, and 271 were accepted by American medical schools. This is in direct competition with the University of Nevada School of Medicine. By this law, the remaining 106 students who passed Part I of the National Boards would be transferred into American medical schools in the third year. This would practically eliminate the chances of the University of Nevada School of Medicine transferring all 48 students to other medical schools to complete their M.D. Degree.

There are many reasons for difficulty in transferring medical students. Because of the selection of medical students, the attrition rate is very low. For example, Stanford University has had almost no transfer spots because their students all seem to do

well, and complete their degree. Secondly, state laws have been passed, such as in Arizona, requiring the University of Arizona School of Medicine to take their own residents that have gone to foreign schools for the first two years. This has also happened at Southern Illinois University, which originally took six of our Nevada students, but now are required to take their own state residents, by law. Some non-traditional students have been given opportunities to repeat years in order to be qualified when they receive their M.D. Degree. Some medical schools have limited clinical facilities and cannot take expanded clinical students. Programs such as the W.A.M.I. Program, at the University of Washington in Seattle, have contracts with the other states to take their students, such as with Alaska, Idaho, Montana. The University of Nevada has only been able to have one student accepted into the W.A.M.I. Program, because he was a W.A.M.I. student from Montana. Wyoming has contracts with Creighton, Utah, and Colorado for 30 transfer students until they develop their own medical school.

These are the basic problems that are confronting our transfer program, and puts us in a precarious position for transferring all 48 students. Enclosed are letters from medical schools stating reasons they have trouble accepting our medical students.



Office of Student Affairs
Room M103

4 January 1976

Owen C. Peck, M.D.
Director, Student Affairs
School of Medical Sciences
University of Nevada, Reno
Reno, Nevada 89507

Dear Dr. Peck,

I am responding to your enquiry about the possibility of Stanford accepting as transfer into the clinical years of training students who have completed their basic science education at your institution. Unfortunately, we do not anticipate seriously considering any requests for transfer into the clinical years here for the next two or three years, at least. The reason for this is simply that the size of our entering class in Medicine is just the number we can accommodate in basic clinical clerkships in medicine, surgery, and pediatrics. Since the attrition is essentially zero, we are not in a position to accept transfer students without jeopardizing the clinical opportunities of our own students. We hope over the next several years to increase the utilization of our affiliated hospitals and thereby increase the number of clinical students we can accommodate.

I am sorry to respond so negatively, but our clinical facilities at the present time simply do not permit us to increase the number of clinical students at Stanford. We hope this will change in future years. Let me remind you that we can, and do, accommodate many "visiting clinical clerks" from other medical schools who come for individual clerkships. These are, however, more specialized clerkships (e.g. nephrology) that are not filled by Stanford students.

I hope this responds adequately to your enquiry.

Most respectfully,

John P. Steward, M.D.
Associate Dean

JPS/r1h



THE UNIVERSITY OF ARIZONA

ARIZONA MEDICAL CENTER
TUCSON, ARIZONA 85724

COLLEGE OF MEDICINE
STUDENT AFFAIRS OFFICE

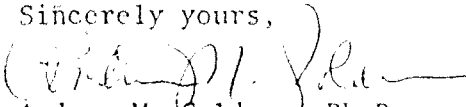
January 5, 1977

Dr. Owen Peck
Assistant Dean and Director of
Student Affairs
University of Nevada, Reno, School
of Medical Sciences
Anderson Health Sciences Building
Reno, Nevada 89507

Dear Dr. Peck:

I am writing you in order to inform you of the transfer policy of the University of Arizona College of Medicine. In the past, i.e., two years ago we were able to take thirteen transfer students from the University of Nevada. This past year we were unable to do so and in the projected future we do not think that we will be able to take many if any transfer students. The University of Arizona has committed itself to take only state residents as their first priority for transfer. Obviously, any Arizonians enrolled in your school will be given highest priority. Thereafter transfer slots will be filled by Arizona residents who are presently going to medical schools outside the continental United States. At the present time the facilities here at the University of Arizona College of Medicine are being utilized to their maximum capacity and until more clinical facilities are available it is doubtful that we will be able to meet any more than our statewide commitments.

Our experience with students from the University of Nevada, Reno, School of Medicine has been excellent. The thirteen individuals who came here in 1975 have done an excellent job and received very good evaluations from all the clerkships in which they have participated. From this limited experience we feel that your institution is doing an excellent job in teaching the students the basic sciences as well as the fundamental clinical skills in physical diagnosis and history taking. We feel that these students are very well prepared to handle the clinical situation. If we had space we would be happy to consider them as transfer students.

Sincerely yours,

Andrew M. Goldner, Ph.D.
Associate Dean

AMG:cm



the University of Alabama in Birmingham / UNIVERSITY STATION / BIRMINGHAM, ALABAMA 35294

the Medical Center / SCHOOL OF MEDICINE / OFFICE OF THE DEAN / August 26, 1976

Dr. George T. Smith, Dean
University of Nevada
School of Medicine
Reno, Nevada

Dear George:

As you know, the projections for the medical students in the entering class (i.e., students entering the first year of medical school here in Birmingham) have taken us to the following levels:

1974	125
1975	145
1976	165

In addition to the above increases, the projection will take us to about 200 by 1979 or 80, and to 210 following that. Governor Wallace has quoted even higher figures. The pool of applicants for our medical school from within the State of Alabama is such that we will have, according to present numbers, sufficient applicants to reach this entering class size.

In addition, we have had problems with the accreditation involving the new programs in Huntsville and Tuscaloosa to such an extent that these will not be expanded beyond 24 students per year (the original estimate) and they may very well be restricted to a much lower level. For example, at the present time Huntsville is restricted to 22 students and Tuscaloosa is restricted to 12 students per year.

The summary of all these numbers is very simple: We will be unable to continue accepting students in transfer to the third year from the University of Nevada School of Medicine. We may be able to accept some students in 1977, and it is remotely possible that we may accept a few in 1978. However, I think it is very unlikely that we would be able to accept any after 1978, and we probably will not be able to accept any that year. The LCME has restricted our total class size (including all three campuses) to 165. That means that in 1978 the present entering class of 165 will enter the third year, thus filling totally the capacity for that year. Thus, we will be unable to accept any students from Nevada in 1978.

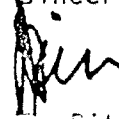
I regret our inability to accept your students, because we have been impressed that they have been fine young people. In addition, we particularly appreciate the capacity of WICHE to provide \$4500 per

Page 2
Dr. Smith
8/26/76

year per student, in addition to their tuition and fees, during their period here in Alabama.

I hope you do not find this change too disruptive. Unfortunately we have no alternative.

Yours sincerely,



James W. Pittman, Jr., M.D.
Dean, School of Medicine



UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER

February 8, 1977

Dr. Owen Peck
University of Nevada,
School of Medicine
Mackay Science Bldg.
Reno, Nevada 89507

Dear Owen:

This letter is a follow up of our recent phone conversation regarding transfer to our 3rd year class. Placements available at said level are few since it is rare that this institution loses students during the first two years; hence, placements available number 1 - 2 per year. Also, as a state institution, priority is extended Oregonians attending medical schools elsewhere who are desirous of returning to this state school. This especially applies to Oregonians in attendance at foreign medical schools. With the increase of applications from the aforementioned, applicants for advanced standing who are other than Oregonian are at a disadvantage when applying here.

Hope all is progressing nicely for you; contact me if I can be of further service.

Respectfully,

Dick B. Speight
Director of Admissions
and Registrar

DBS:bls

THE UNIVERSITY OF UTAH

MEDICAL CENTER
COLLEGE OF MEDICINE
OFFICE OF THE DEAN

February 1, 1977

Dr. Owen C. Peck
Director of Student Affairs
University of Nevada
School of Medical Sciences
Reno, Nevada 89507

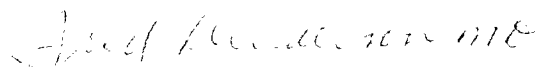
Dear Dr. Peck:

I am writing this letter in response to your recent request for information concerning transfer opportunities for your present 2nd year class.

Due to an unusual excess of students in the present sophomore class, we do not anticipate having any positions to offer transfer applicants this year.

I regret this situation as I know you have a number of students who would be interested in completing their medical education at the University of Utah College of Medicine. If any changes develop during the next few months, I will promptly contact you.

Sincerely,



Fred L. Anderson, M.D.
Assistant Dean - Admissions

FLA:lk



SCHOOL OF MEDICINE
OFFICE OF THE DEAN

SAN FRANCISCO, CALIFORNIA 94143

February 18, 1977

Dr. Owen Peck
Director of Student Affairs
University of Nevada School of Medicine
Sciences
Reno, Nevada 89507

Dear Dr. Peck:

I am writing concerning the difficulties encountered by students enrolled in 2-year undergraduate medical programs finding transfer slots in M.D.-granting medical schools in the United States. Until recent years the University of California San Francisco School of Medicine has accepted transfers and our admissions policy gave preference to such applicants for the few openings which occurred in our third year class. However, the Joint Experimental Program in Medical Education which we have undertaken with the University of California at Berkeley since 1974 has made it impossible for us to take any transfer students from other medical schools. Not only does this commitment absorb any openings which might occur from attrition, personal problems, changes in rate of academic progress etc., but it represents a net increase in our third year classes.

It is my understanding that a large number of U.S. medical schools have undertaken similar commitments, thus making it difficult for students enrolled in programs such as the University of Nevada School of Medicine to complete their medical education. I sincerely regret that UCSF will not be able to assist your second year students and hope that they will be successful in their efforts.

With kindest regards,

John A. Watson, Ph.D.
Chairman
School of Medicine

JAW:cj

THE UNIVERSITY OF MICHIGAN
MEDICAL SCHOOL
ANN ARBOR, MICHIGAN 48109

OFFICE OF ADMISSIONS
4303 MEDICAL SCIENCE BUILDING

TELEPHONE:
313-764-6317

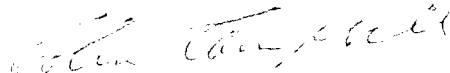
January 24, 1977

Owen C. Peck, M.D.
Director, Student Affairs
Office of Student Affairs and Admissions
School of Medical Sciences
Mackay Science Building
Reno, Nevada 89557

Dear Dr. Peck:

In response to your recent letter, the University of Michigan does not have any places available for students wishing to transfer into the Medical School.

• Very sincerely yours,

• 

Colin Campbell, M.D.
Associate Dean
for Student Affairs

CC:ejc

EXHIBIT VI.

TRANSFER OF U.S. STUDENTS IN FOREIGN MEDICAL SCHOOLS TO U.S. SCHOOLS

Under a Provision of
The Health Professions Educational Assistance Act of 1976
(P.L. 94-484, October 12, 1976)

Interest has been expressed in a provision of the recently enacted health manpower training law concerning the transfer into U.S. medical schools of U.S. students attending foreign medical schools.

The law, the Health Professions Educational Assistance Act of 1976 (Public Law 94-484), authorizes capitation grants to U.S. medical schools of \$2,000 per full-time student enrolled in the academic year 1978-79, \$2,050 per student in academic year 1979-80, and \$2,100 per student in academic year 1980-81. To be eligible to receive such grants, a school must meet certain conditions related to the accomplishment of national purposes in the training of physicians. One of these conditions is that the school reserve a number of places for U.S. students transferring from foreign medical schools.

The provision containing this condition, Section 771(b)(3) of the Public Health Service Act as amended by P.L. 94-484 (See copy attached), sets forth requirements for students and schools as well as duties of the Secretary of Health, Education, and Welfare (HEW). Many questions as to the intent of the law and methods of administering it must be resolved before the provision can be implemented. There is a possibility that the provision will be amended before it goes into effect.

STUDENTS

To be eligible for transfer into a U.S. medical school under this provision, a U.S. citizen must have:

1. Been a student at a foreign medical school before October 12, 1976, the date on which the law was enacted;
2. Completed at least two years of study in a foreign medical school;
3. Passed Part I of the National Board of Medical Examiners' (NBME) Examination.

MEDICAL SCHOOLS

To be eligible for a capitation grant, a U.S. medical school must assure the HEW Secretary that it will reserve positions for the transfer of qualified U.S. citizens who are students at foreign medical schools. Schools must give this assurance in applying for capitation grants in fiscal year 1978, fiscal year 1979 and fiscal year 1980. (All U.S. medical schools participated in the capitation grant program in fiscal year 1976.)

Although there is need for further clarification, it appears that qualified students could occupy reserved places beginning in the 1978-79 school year.

The law does not specify the class-year in which a qualified student from a foreign school would be placed.

A school would not be required to enroll a student if:

- (i) the individual does not meet, as determined under guidelines established by the Secretary by regulation, the entrance requirements of the school (other than requirements related to academic qualifications or to place of residence), or
- (ii) enrollment of such individual will, as determined by the Secretary after consultation with the appropriate accreditation body, result in the school's not meeting the accreditation standards of such body.

The HEW Secretary may waive the requirement for reserving places for a school if, because of the inadequate size of the population served by the hospital or clinical facility in which the school conducts its clinical training, compliance would prevent it from providing high quality clinical training for the transfer students.

HEW SECRETARY

The HEW Secretary, who administers Federal health manpower training programs through the Bureau of Health Manpower, is required to identify students who are eligible for transfer, i.e., were attending a foreign medical school prior to the date of enactment of this legislation, have completed at least two years at such a school, and have passed Part I of the National Board of Medical Examiners' Examination. The first list of eligible students must be prepared not later than August 15, 1977; the second list, August 15, 1978; and the third list, August 15, 1979.

The Secretary also must "equitably apportion" among U.S. medical schools a number of positions "adequate to fill the needs" of the students listed by HEW as eligible for transfer.

UNRESOLVED ISSUES

A number of unresolved issues exist relative to the manner in which these provisions would be administered. Regulations are being developed. Detailed guidelines and instructions also must be prepared before the Department of HEW can accept applications from individuals wishing to be considered as eligible students, advise schools on the number of positions to be reserved for transfers, and provide information on the various provisions for waiver of requirements, among other matters.

Pending clarification of requirements, it appears that a student identified by the Secretary as eligible for transfer would NOT be ASSURED of a position in a U.S. medical school, at least not in any given year.

COMMENT

The capitation condition requiring medical schools to accept a certain number of U.S. students from foreign schools was added when the proposed health professions educational assistance legislation was at the conference stage in the Congress, i.e., when House and Senate conferees were attempting to resolve differences between the House and Senate versions of the bill. The requirement had not appeared in any bill prior to that time. It had not been considered in hearings or other previous discussions of the legislation.

In signing the legislation, the President expressed "reservations" about the provision. "Not only does this requirement potentially create administrative problems," he stated, "but, equally as important, it undermines our medical schools' admission policies by imposing Federal law to override an individual school's admission criteria." Because of his concern about the potential impact of this and certain other provisions of the legislation, the President said that he intended to submit legislative recommendations to remedy such problems as soon as Congress reconvenes in January 1977. It is possible, therefore, that the provision could be amended before it takes effect.

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Bureau of Health Manpower
9000 Rockville Pike
Bethesda, Maryland 20014

November 1976



association of american medical colleges

January 17, 1977

Dr. George T. Smith, Dean
School of Medicine
University of Nevada, Reno
Reno, Nevada 89507

Dear Dean Smith:

In response to your recent letter of inquiry, I am furnishing certain information which touches the problem of transfer of students between the 2nd and 3rd year of a conventional four-year curriculum leading to the conferring of the M.D. degree.

1. Attrition of entering medical students

For the 15,351, students enrolled in the 1975-76 entering class, only 355 students have been counted as withdrawing from sequential enrollment and promotion for all possible reasons. This current level of 2.31% attrition in the first year is a sharp and striking contrast to the much higher rates of attrition which were experienced in the aggregate of medical schools nationally in the 1940's and 1950's etc., where the attrition rate ran in the order of 12 to 14% nationally, which meant that in some schools attrition was more than 20%.

Some of those students who were counted in the attrition data for 1975-76 cited above withdraw from medical school enrollment in order to do special graduate study, following which they cycle back into medical school enrollment. Thus, their predecessors through the prior two or three years have done a similar detour in their medical studies, with the result that going into the third year of the curriculum the expected national class size may approach the par number in the class which was enrolled in the first year of the sequence of studies. Other students repeat the first year and then proceed on schedule. In other words, very few first year students are totally lost from enrollment.

Additionally, there is a pool of students who have qualified in graduate study for part of the medical curriculum, and who can be appointed for advanced standing into the medical curriculum. Indeed, in 1975-76, a total of 97 graduate students were appointed to advanced standing in the latter phase of the first year of medical studies. When this sizeable group is accounted for against the modest losses from attrition, it is easy to conclude that there are relatively few empty spaces in any of the medical schools going into the third year,

Dean George T. Smith
Page Two
January 17, 1977

unless there be special circumstances which provide one year only opportunity for enrollment. An illustration of this sort may be found when a new medical school is expanding in enrollment and which has been judged by the Liaison Committee on Medical Education to have the constellation of resources necessary for its third year to accommodate a larger number of students than may have been enrolled in the charter class in the new school. A second possibility would be when a medical school stretches from a three year to a four year curriculum. This would mean that somewhere in the three year sequence, there would be no clinical clerks in residence in the normal third year of a four-year curriculum. A medical school in the City of Chicago presents this situation during the 1977-78 session, and approximately 50 spaces are available for transfer students in this institution. It should be noted however, that this is a one year, one shot only, situation.

2. Transfer from Foreign Medical Schools

In 1975-76, 297 American Citizens enrolled in foreign medical schools were accepted for transfer into the third year of the medical curriculum in the medical schools of the USA. In some states the Legislature has mandated that the state supported medical schools make every effort to enroll state residents who have been enrolled in the preliminary portion of the medical curriculum in a foreign medical school. This trend seems likely to continue - with the result that many schools are squeezed for new spaces in the third year.

3. New Statutory Provisions for Transfer Student Assignment by the Secretary of HEW in the Health Manpower Act of 1976

As of the date of this writing, the Department of HEW has not prepared any guidelines for the schools of medicine in the USA to follow. However, the Manpower Act of 1976 makes provision for the Secretary, DHEW, to "assign American citizen-foreign students for transfer into the third year of the medical curriculum of USA Medical Schools who seek to receive federal capitation payments under the provisions of the same law". There is probably a tendency of the Deans of the Medical Schools in the USA at this time to husband available spaces in the third year very cautiously until the guidelines are printed, and opportunity can be developed for exploration of the effect of "assignment of transfer students by the Secretary, DHEW,".

Conclusion:

1029
The conclusion which obviously must be drawn from the display of data reviewed above, is that the plight of the U.S.A. students seeking transfer from a two-year School of Basic Medical Sciences

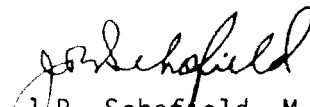
Dean George T. Smith
Page Three
January 17, 1977

into a four-year Medical School is generally fraught with considerable hazard. It was the realization that this hazard would occur which led the LCME several years ago to adopt a policy which would avoid recognition of any additional new two-year Schools of the Basic Medical Sciences, unless such schools had been able to develop a contractual relationship with a four-year, M.D. degree granting medical school for the orderly and automatic transfer of students from the two-year to the four-year school.

Enclosed is a chart entitled "Comparative Availability of Places for Transfer Students" which covers the experience of the USA Medical Schools in the period of 1971 to 1976. While it is difficult to be certain about the future, it nonetheless must be accepted that the trend of availability of spaces for transfer students is decidedly downward, and that there is an increasing number of students competing for this diminishing number of transfer spaces; the competition includes not only the students finishing the University of Nevada School of Basic Medical Sciences, certain students left over from North Dakota and South Dakota and Rutgers Medical School, but also includes graduate students in the Basic Medical Sciences, students transferring from Osteopathic Schools of Medicine, and a voluminous large pool of American Citizens who are enrolled in foreign medical schools.

I trust that this review of data will be of help to you as you engage in discussions about the future planning for the University of Nevada School of Medicine.

Sincerely,


J.R. Schofield, M.D.
Director
Division of Accreditation

JRS:jrm
Enclosure:



AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

DIVISION OF EDUCATIONAL
STANDARDS AND EVALUATION

RICHARD L. EGAN, M.D.
Director

DEPARTMENT OF UNDERGRADUATE
EVALUATION

EDWARD S. PETERSEN, M.D.
Director
(312) 751-6304

February 4, 1977

Dr. George T. Smith, Dean
School of Medicine
University of Nevada, Reno
Reno, Nevada 89507

Dear Dr. Smith:

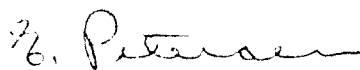
I have had an opportunity to review the letter sent to you on January 17, 1977 by Dr. J. R. Schofield, concerning the medical student transfer situation.

Dr. Schofield has included all pertinent data very thoroughly.

The only point to add, is that in many instances, schools have shown preference for the acceptance of transfer students from medical schools abroad who are residents of the same state, over transfers from American medical schools who are residents of other states.

Thus, it may be expected that you will have extreme difficulty transferring your students elsewhere hence forward.

Sincerely,


Edward S. Petersen, MD

ESP;lh

Testimony Before the Nevada State Legislature
On The
Conversion of the School of Medical Sciences

Impact of the Conversion on Health Care

By

DeWitt C. Baldwin, Jr., M.D.

March 7 & 8, 1977

There is little need to document Nevada's problems in the health field. While our problems in the rural counties are clearly evident, even our urban areas have significant shortages of primary care personnel (appendices A,B & C).

The fundamental purpose and goal of the School of Medical Sciences is to better serve the health care and health manpower needs of the state. We perceive these needs to be most pressing in two areas, rural health and primary care*. As a two year medical school, with no state-funded clinical faculty positions at present, we can only aid the state and its citizens by occasional consultation to agencies and service on planning boards. Expansion of our current two year program in basic medical sciences to a four year, degree granting, clinical program, with opportunities for advanced residency training in the primary care specialties of family medicine, internal medicine and pediatrics will bring about the addition of some 40 (FTE) new clinical faculty members and 54 resident physicians at full strength. This additional manpower will enable us to take a significant step in the direction of meeting our primary goal.

Current planning is for the primary care residency training programs to commence as soon as approval can be secured, hopefully, by July of 1978. Third year students will begin their study in September of that year. By the following year (1979), we will have resident physicians in advanced training as well as fourth year medical students who will be expected to spend some part of their education and training at sites in rural Nevada under supervision of the faculty of the School of Medical Sciences. Such a program will provide additional health manpower as well as serve to acquaint our residents and students with practice opportunities in these sites.

* Statement from AMA Council on Medical Service: "Primary care is medical care delivered by physicians which emphasizes first contact care and assumes ongoing responsibility for the patient, both self-maintenance and therapy of illness. It is personal care involving a unique interaction and communication and includes the overall coordination of the care of the patient's medical problems, with the appropriate use of consultants and community resources."

1. Primary Care Residency Programs

- a. Family Medicine: During their second or third year of training, each family medicine resident physician will be expected to spend a total of three to four months in a rural setting working with one or more rural physicians who are members of our faculty. Such a resident physician already has his M.D. and license and will be able to accept considerable responsibility. Indeed, it is hoped that he or she might be able to take over the rural physician's practice for a period of time, enabling the latter to spend some time at our Reno or Las Vegas hospital programs for the purpose of supplementing or updating knowledge and skills. During this period, the physician also would spend time teaching our medical students about rural problems and practice. When such a third year resident physician serves as a temporary replacement ("local tenens"), he or she would be closely supervised by physician faculty from the Medical School, via telecommunications and on-site consultation visits.
- b. Pediatrics: A residency training program in Pediatrics also is scheduled to begin in July, 1978. Once again, the resident physicians will be expected to spend a portion of their advanced training in rural communities, either with local physicians or attached to a local hospital.
- c. Internal Medicine: It is anticipated that the residency training program in Internal Medicine will follow the same general format.

2. Medical Students

All fourth year medical students will be expected to serve a six week period (clerkship) with a rural physician or physician group. Although not as well trained or experienced as resident physicians, fourth year medical students can accept considerable responsibility under supervision. They are capable of making initial assessments and routine follow-up of both ambulatory and hospital patients, thus relieving the rural physician of some routine activity, while providing the latter with educational stimulation and satisfaction.

3. Medical Faculty

The clinical faculty of the School of Medical Sciences can provide service and consultation in a variety of ways.

- a. Our AMA approved program of Continuing Medical Education for health professionals throughout the State can be systematically planned and expanded

to meet the special needs of various community and professional groups. Hopefully, a number of these can be conducted in regional locations throughout the State to better serve the rural areas.

- b. The medical faculty will be available for consultation on difficult medical problems, either in person, on regularly scheduled "circuit riding" visits or instantly via a statewide telecommunications system. Since our students and resident physicians will be placed in a variety of settings throughout the State, faculty members will need to visit a number of rural communities and will be available to consult with local physicians at those times.
- c. Certain members of the faculty are expected to have specific knowledge of the problems of health care delivery in rural areas and how to institute planning and management systems to deal with them. These might include the increased use of paraprofessionals, telecommunications, practice management systems, preventive medicine and health education.
- d. The School of Medical Sciences has had a number of informal consultations with a variety of state, local and public agencies to discuss how we can work cooperatively to improve health care. These include the Department of Human Resources, the Division of Mental Hygiene and Mental Retardation, the Division of Rehabilitation, the Division of Health, the Division of Welfare, the Bureau of Alcoholism and Drug Abuse and the Rural Clinics Program. On our side, we see such cooperation as leading to increased educational and service opportunities for medical students throughout their four years of education, as well as for post-graduate resident physicians in primary care. These divisions and agencies, for their part, have indicated that they can see the usefulness of consultation with the faculty at a variety of levels: staff training programs, conjoint planning, delivery of some health care services by medical students, resident physicians and faculty. The School also can aid these groups in recruiting superior medical personnel at various levels, since it usually is an attractive inducement to offer conjoint appointments in the Medical School to well-qualified staff.

We also see the possibility of cooperating with extension agents from the College of Agriculture around ecological, environmental and consumer health problems.

By way of summary, then, in response to the perceived health needs of Nevada, an expanded four year medical school would promote and support a major effort in continuing medical education programs for physicians throughout the State, including the rural areas. In addition, since physicians tend to settle in the kind of communities in which they were reared, we will continue to accept a high percentage of qualified applicants from rural Nevada (Appendix D). Finally, we hope that our expanded program emphasis on primary care, offering complete residency training in family medicine, internal medicine and pediatrics, will continue to produce a high percentage (currently nearly 80% in our first two classes) who will select careers in these needed medical fields.

NEVADA

County Practicing Physician Ratio

County	Population	Total No. of Active Physicians	Ratio
Carson City	21,800	27	1:807
Churchill	12,200	5	1:2440
Clark	306,100	302	1:1014
Douglas	9,600	4	1:2400
Elko	15,300	13	1:1177
Esmeralda	800	0	0:800
Eureka	800	1	1:800
Humboldt	6,700	3	1:2233
Lander	2,600	1	1:2600
Lincoln	2,200	1	1:2200
Lyon	10,200	2	1:5100
Mineral	6,700	2	1:3350
Nye	5,000	2	1:2500
Pershing	2,600	2	1:1300
Storey	800	0	0:800
Washoe	134,300	216	1:622
White Pine	10,000	5	1:2000
State Total	548,000	586	1:935

Source: available information for 1974 - updated to 1975 where information was available.

Nevada State Plan for Health, July, 1975
Vol I, State Comprehensive Health Planning

Practicing Physicians by Category & Geographic Area

	Clark	Washoe	Rest of State
Allergy	4	4	
Anesthesiology	24	16	
Cardiology	8	2	
Dermatology	5	4	
Family & General	72	31	40
Gastroenterology	1		
General Surgery	27	24	6
Internal Medicine	20	19	4
Neurology	4	2	
Neurological Surgery	4	6	
OB/GYN	27	15	3
Ophthalmology	10	12	1
Orthopedic Surgery	18	13	1
Otolaryngology	8	8	
Pathology	9	9	1
Pediatrics	12	10	
Plastic Surgery	5	2	
Psychiatry	5	13	2
Pulmonary Disease	1	0	
Radiology	14	14	1
Thoracic Surgery	2	0	
Urology	5	8	2
Type Unknown	17	4	7
Total	302	216	68

Sources: Clark County Plan for Health, 1974 and available information for 1974.

Nevada State Plan for Health, July, 1975
Vol I, State Comprehensive Health Planning

SUMMARY OF AVAILABLE RURAL HEALTH SERVICES

	POPULATION	DISTANCE TO NEAREST M.M.F. ¹	TIME UNDER NORMAL CONDITIONS TO NEAREST M.M.F.	SECONDARY SERVICES ²	AVAILABLE PUBLIC TRANSPORTA- TION	VISITATION BY PUBLIC HEALTH NURSE	AVAILABLE PHARMACY FACILITIES <i>Original document is of poor quality</i>	VOLUNTEER HEALTH ORGANIZATION FORMED	OPERATING CLINIC	AVAILABLE EMERGENCY ³ MEDICAL SERVICES ³
MOHAVE VALLEY	2,000	65 mi.	60 min.	Yes	No	Yes	Yes	Yes	Yes	
INDIAN VALLEY	1,800	87 mi.	90 min.	No	No	Yes	No	Yes	Yes	
JEAN-BUCKSPRING DANBY VALLEY	100	15 mi.	15-60 min.	No	No	Yes	No	No	No	
MT. CHARLESTON-LEE CANYON	2,000	45 mi.	45 min.	No	No	Yes	No	No	No	
INDIAN SPRINGS ⁴	850	45 mi.	45 min.	No	No	Yes	No	No	No	
SEARCH LIGHT	500	75 mi.	75 min.	No	No	Yes	No	Yes	Yes	
DAVIS DAM-SOUTH POINT ⁵	400	120 mi.	120 min.	No	No	No	No	No	No	

10-35

1. Major medical facilities include: Sunrise Hospital, Rose De Lima Hospital and Southern Nevada Memorial Hospital.
2. Secondary services include: dental, optometry- psychiatric and mental facilities.
3. Emergency medical services include: trained volunteer ambulance drivers and attendants.
4. Indian Springs has limited access to nearby military facilities.
5. Davis Dam-Southpoint has access to the Mohave Power Plant Complex and its limited emergency facilities.

School of Medical Sciences
University of Nevada, Reno

SUMMARY OF THE PROPOSAL TO CONVERT
TO A DEGREE GRANTING MEDICAL SCHOOL

INTRODUCTION

The School of Medical Sciences proposes to convert its presently accredited two-year basic science curriculum to a four-year 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 hospital and clinic based and will utilize facilities and resources throughout the State of Nevada. When conversion is completed, students will be able to complete their medical education within the state and meet the requirements for licensure.

A. 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).
3. The Western Interstate Commission for Higher Education will request increased expenditures of State dollars to support future 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.

B. Resources Available:

Consistent with the "Community Based Medical School" model presently being implemented in 25 of the 115 American medical schools, there are sufficient clinical facilities and resources within Nevada to conduct an excellent third and fourth year medical education program for 48 medical students per year and selected residencies in primary care. These resources include:

1. 2,400 hospital beds for general medical and surgical care;
2. 400 hospital beds for mental health care;
3. 765 practicing physicians;
4. A Veterans Administration Hospital in Reno and Clinic in Henderson, both

available for teaching programs; both have significant plans for expansion;

5. Sufficient numbers and distributions of patients with all varieties of health care problems and illnesses;

6. Well developed state mental health and public health systems available for conjoint service and educational programs;

7. Several rural communities in which primary care could be enhanced in ways to meet approval of accrediting bodies and so qualify for education of medical students and residents.

C. Proposed Educational Programs: Undergraduate-Graduate-Postgraduate:

1. A complete four-year medical education program will be developed for 48 medical students per year. The focus of the last two clinical years will be clerkships in clinical settings. Physicians now practicing in Nevada will be asked to participate and will be paid in proportion to their time commitment. They will supervise students in such clinical settings as hospitals, clinics, and offices. Full-time faculty will develop, supervise, and evaluate the educational programs. Some future faculty members may presently be in private practice in Nevada and might wish to associate with the Medical School. There will be no University hospital. Existing Hospital and Clinic facilities will be utilized in the Reno-Sparks, Carson City and Las Vegas areas, and also in rural communities throughout the State.

2. Primary care residencies will be established and developed in appropriate sequence. Residents would provide service and assistance to the physicians in the medical care of their ambulatory and hospitalized patients. The care of the medically underserved and unserved population groups within the State would be emphasized. Because of the present national emphasis on primary care, it is anticipated that significant private foundation and Federal support would be available to help supplement the necessary legislative support for residency programs.

3. Continuing medical education will be provided to all physicians in Nevada at cost and conducted in the physicians' own professional community.

4. Equally important is the student and resident stimulus to the clinical faculty to remain current in their knowledge and skills.

D. Undergraduate Medical Student Curriculum:

1. Design and Implementation: A review of curricula in other U.S. medical schools shows that the clerkship is the format for clinical medical education and that four content areas are basic.

- a. internal medicine and its subspecialties
- b. general surgery and its subspecialties
- c. pediatrics
- d. obstetrics and gynecology

Two other content areas are regularly included as required clerkships or electives

- e. psychiatry
- f. family and community medicine.

The clinical curriculum is detailed in Figure 1 by content areas, time allocations and teaching sites.

FIGURE 1
Clinical Curriculum

Content Area	Site			Total Time in Months
	Community A	Community B	A or B	
Internal Medicine	2 months	2 months		4 (22%)
Surgery	2	1		3 (17%)
Family & Community Medicine	2	1		3 (17%)
Pediatrics		2		2 (11%)
Psychiatry	2			2 (11%)
Obstetrics-Gynecology		2		2 (11%)
Selectives (Required)			2	2 (11%)
Electives (Optional)			(0-6)	
Total Required Months	8 (44%)	8 (44%)	2 (12%)	18 (100%)

2. Time Allocations: A total of 18 months is allocated for the clinical core in two academic years which would be completed across a period of 24 months, thereby providing genuine flexibility in scheduling.

3. Teaching Sites: Nevada has two major urban communities, Reno and Las Vegas, where clinical teaching facilities are available. Each teaching site offers possibilities of experience to meet all the needs of students: inpatient and outpatient settings, private and public facilities, rural and urban populations. One difference is that the basic science faculty is in Reno. However, since every student will spend at least eight months in Reno, the need for basic science integration can be fulfilled.

4. Curriculum Specifics: The curriculum is an integrated continuum for the clinical study of medicine. There is no distinction between the junior and senior years. Instead, each clinical content area (or module) is of equal importance. Because of the diversity of clinical medicine, it is not mandatory that any one part precede another. Furthermore, the nature of the School's two-year basic science curriculum is such that it prepares students very well for their clinical years of study. Thus, a clinical student may enter and leave after any module, and may take the curriculum in practically any sequence. What is important is that each student complete the entire content and fulfill all educational objectives.

Each module will include explicit goals and precise objectives for its completion. Students will be evaluated by demonstrating their knowledge and skills through objective means for each module. At the conclusion of the required content, students will be adequately prepared to pass Part II of the National Boards, be awarded the M.D. degree, and be accepted into graduate residency programs.

Other content areas will be covered by necessity during the required clerkships. That is, related pathology and radiology will be taught in each module. Students will also have two months of required selectives and six months of optional electives in which to obtain experience in other areas such as the surgical

subspecialties and laboratory medicine.

Every student will be required to have experience in alternative settings and facilities. These would include the following:

- a. inpatient/outpatient/emergency room
- b. public/private institutions
- c. urban/rural environments.

Since 18 months of credit are required during 24 calendar months, students would have choices about how to spend the remaining six months, as:

- a. additional clinical clerkships
- b. basic science review or research
- c. clinical research
- d. enter junior year at a later time
- e. finishing required clinical time as early as possible and beginning a residency several months early.

5. Curriculum Scheduling: Figure 2 illustrates one option for scheduling. The 48 medical students will be divided into six tracks with eight students per track. The groups vary in such dimensions as the content area first entered, the site of entry, the sequence of content, vacation times, elective times and completion dates. This schedule also provides maximum distribution of students throughout all clinical facilities of the State so that no one facility is overloaded.

E. Cost of Conversion Versus Continuing Two Year School:

1. The cost of continuing the present two year school, projected over the six year period, 1977-83, will be \$1,948,000 in 1977-8 and \$3,138,000 in 1982-3. The State would expend \$1,239,000 (65%) in 77-8 and \$2,098,000 (67%) in 82-3. In addition, the State WICHE support would have to be continued for transferred junior and senior medical students.

2. The cost for conversion to a degree granting program in the same period would be \$2,520,000 in 1977-8 and \$5,806,000 in 1982-3. The additional cost, therefore, of a four year over the two year program would be \$572,000 in 1977-8 and \$2,668,000 in 1982-3. Federal conversion dollars would offset most of this additional cost during the first three years of conversion (1977-80).

3. Anticipated State appropriation for the total four year program in 1977-8 would be \$1,239,000; in 1982-3 it would be \$4,227,000 representing 73% State support of the total cost.

Figure 3 summarizes an income and expenditure budget for the six year period (three biennia) 1977-83.

Testimony before the Nevada State Legislature
on the Conversion of the School of Medical Sciences

May 7-8, 1977

Thomas J. Scully, M.D.
Associate Dean

(A) The Educational Program

(1) Community Based Medical Education

- . 25 of the 114 accredited U.S. medical schools

Definition:

- No university owned nor operated hospitals
- Utilize existing hospitals, clinics and other health facilities including physicians' offices throughout the state
- Utilize part-time paid and volunteer clinical faculty and their patients as the major clinical teaching resources
- Utilize full-time medical faculty as the major administrative, planning, evaluation and research resources
- Focus on the education and training of primary care physicians

(2) Resources in Nevada

- . 9 affiliated hospitals; 2,400 beds
- . 800 Nevada physicians; 200 with faculty appointments at School of Medical Sciences
- . Cooperative relationships with state, county and private health and related agencies

(3) Educational Program

3rd year:

- . Community hospital base for clinical clerkships
- . Learning at the bedside and in the clinic
- . Joint faculty supervision :
 - full-time: focus on education
 - part-time: focus on patient care
- . 48 weeks of study:
 - medicine, surgery, pediatrics, OB, psychiatry and family medicine with basic science correlations
- . Distribution of students depending on particular clinical strengths and availability of patients in affiliated hospitals :
 - approximately 50% in Las Vegas
 - approximately 50% in Reno

4th year

- . Hospital - clinic - office based statewide
- . Medical and Surgical subspecialty experience
- . Rural experience
- . Research experience
- . Elective experience

(4) Faculty

- . Combined full-time/part-time
- . 43 additional clinical faculty
 - approximately 50% full-time positions
 - approximately 50% part-time clinical faculty at 0.1 - 0.3 FTE time
 - continuation of volunteer clinical faculty

Full-time faculty

- . Establish educational goals and objectives
- . Detail curriculum
- . Develop academic schedules, conferences and seminars
- . Evaluate student and faculty performance

Part-time faculty

- . Pro-rate pay for rank and time commitment

(5) Timetable:

March 1, 1977 - June 30, 1977

- . Legislative authorization
- . Accreditation "Letter of Reasonable Assurance"
- . HEW allocation of \$2,400,000 conversion funds

July 1, 1977 - June 30, 1978

- . Recruit faculty
- . Develop curriculum
- . Finalize affiliations
- . Develop student/faculty schedule

July 1, 1978 - June 30, 1979

- . 3rd year class in studies
- . Begin Family Medicine and Pediatrics residencies

July 1, 1979 - June 30, 1980

- . 4th year class in studies (first M.D. degree granted)
- . Begin Internal Medicine Residency

NEGATIVE FACTORS AFFECTING CHOICE
OF

Appendix D

RURAL PRACTICE LOCATION
(AMA STUDY)

ASPECTS OF MEDICAL PRACTICE	COUNTIES ADJACENT TO METROPOLITAN AREAS (N=325)	ISOLATED SEMI-RURAL COUNTIES (N=908)	ISOLATED RURAL COUNTIES (N=104)
LACK OF OPPORTUNITY FOR PROFESSIONAL GROWTH	21 %	22 %	48 %
LACK OF ACCESS TO CONTINUING MEDICAL EDUCATION PROGRAMS	27 %	32 %	48 %
LONG HOURS OF PRACTICE	24 %	27 %	40 %
LACK OF MEDICAL FACILITIES	14 %	11 %	35 %
LACK OF AVAILABILITY OF CONSULTIVE SERVICES	13 %	15 %	36 %
LACK OF FACILITIES FOR HANDLING EMERGENCIES	16 %	14 %	35 %
LONG DISTANCES TO HOSPITAL	12 %	6 %	32 %

*OVER 2,500 POPULATION

RELATIONSHIP OF SIZE OF COMMUNITY WHERE REARED
TO SIZE OF COMMUNITY WHERE PRACTICING
(AMA STUDY)

SIZE OF COMMUNITY WHERE REARED	SIZE OF COMMUNITY WHERE PRACTICING			
	LESS THAN 2,500 (N=296)	2,500- 9,999 (N=477)	10,000- 24,999 (N=466)	25,000 OR MORE (N=584)
LESS THAN 2,500	49%	27%	19%	21%
2,500 - 9,999	14%	34%	23%	16%
10,000 - 24,999	9%	10%	23%	14%
25,000 OR MORE	28%	29%	35%	49%

Revised per Chairman Mello's request

SCHOOL OF MEDICAL SCIENCES - UNIVERSITY OF NEVADA, RENO

STATE APPROPRIATION REQUEST FOR THREE BIENNIA

1977-79 / 1979-81 - 1981-83

YEAR	PRESENT 2-YEAR PROGRAM (Col. #1)	ADDITIONAL FOR 3rd-4th YEAR PROGRAM (Col. #2)	ADDITIONAL FOR GRADUATE RESIDENCY (Col. #3)	GRAND TOTAL FOR YEARS 1 & 2 YEARS 3 & 4 RESIDENCY (Col. #1,2+3)
1977-78	\$1,109,646	-0-	-0-	\$1,109,646
1978-79	1,193,858	\$270,000	-0-	1,463,858
1979-80	1,460,210	720,000 *	-0-	2,180,210 *
1980-81	1,606,231	1,689,150 *	\$169,400	3,464,781 *
1981-82	1,831,897	1,904,904 *	239,140	3,975,941 *
1982-83	2,097,947	2,128,256 *	292,210	4,518,413 *

*NOTE: This includes \$720,000 which would otherwise need to be appropriated and expended out-of-state to support 80 WICHE transfer medical students per year @ \$9,000 each.

SCHOOL OF MEDICAL SCIENCES PHASE II CONVERSION PROPOSAL

3/7/77

DEGREE GRANTING WITH PRIMARY CARE RESIDENCIES

INCOME AND EXPENSE BUDGET FOR BIENNIA 1977-79, 1979-81 and 1981-83

BUDGET ITEM	1977-78				1978-79				1979-80				1980-81				1981-82				1982-83								
	2 Year Sch.	4 Year Sch.	Residency	Total	2 Year Sch.	4 Year Sch.	Residency	Total	2 Year Sch.	4 Year Sch.	Residency	Total	2 Year Sch.	4 Year Sch.	Residency	Total	2 Year Sch.	4 Year Sch.	Residency	Total	2 Year Sch.	4 Year Sch.	Residency	Total					
Students ---->	(96)	(0)	(0)	(96)	(96)	(48)	(6)	(150)	(96)	(96)	(12)	(204)	(96)	(96)	(18)	(210)	(96)	(96)	(24)	(216)	(96)	(96)	(30)	(222)					
I. INCOME BUDGET - Revenue by Source																													
A. DEGREE GRANTING SCHOOL																													
1. State Work Program																													
a. State Appropriation	1,109,646			1,109,646	1,193,858	270,000		1,463,858	1,460,210	720,000		2,180,210	1,606,231	1,689,150		3,295,381	1,831,897	1,904,904		3,736,801	2,097,947	2,128,256		4,226,203					
b. Registration Fees	173,568			173,568	173,568	86,784		260,352	231,168	231,168		462,336	250,368	250,368		500,736	269,568	269,568		539,136	288,768	288,768		577,536					
c. Non Resident Tuition	96,000			96,000	96,000	48,000		144,000	120,000	120,000		240,000	120,000	120,000		240,000	120,000	120,000		240,000	120,000	120,000		240,000					
d. H.R. Hughes Contract	200,000			200,000	200,000			200,000	200,000			200,000	200,000			200,000	200,000			200,000	200,000			200,000					
2. Federal Funds																													
a. Capitation	118,560			118,560	124,800	62,400		187,200	127,872	127,872		255,744	131,040	131,040		262,080	131,040	131,040		262,080	131,040	131,040		262,080					
b. Conversion		498,100		498,100		757,879	80,000	837,879		804,512	1,064,021																		
3. Other Revenue & Private																													
Sub-Total - Increment for Conversion	(1,948,305)	74,032		324,563	(2,143,133)	7,199		362,106	219,195		219,195		285,548	14,452		300,000	300,000		300,000		300,000			300,000					
B. GRADUATE RESIDENCY PROGRAMS																													
1. State Appropriation																													
2. Professional Fees																													
3. Hospital Reimbursement																													
4. Other Revenue - Private																													
Sub-Total Residency							100,000	100,000			70,491	70,491				169,400	169,400		169,400	169,400	239,140	239,140		292,210	292,210				
C. TOTAL - 4 Year and Residency																													
				2,520,437					3,555,397					4,691,997					5,306,397					5,995,437					6,682,449
II. EXPENDITURE BUDGET - Allocation of Resources																													
A. 1. Professional Compensation	1,184,786	448,932		1,633,718	1,303,264	673,960		2,307,678	1,433,590	779,418		3,087,096	1,576,949	308,710		3,395,806	1,734,644	339,581		3,735,387	1,908,108	373,539		4,108,925					
2. Classified Compensation	339,541	91,200		430,741	373,495	91,200		521,941	410,844	91,200		613,141	451,928	61,314		674,455	497,120	67,446		741,900	546,832	74,190		816,090					
3. Operating	205,965	32,000		237,965	226,561	68,000		305,965	249,217	92,000		397,165	274,138	39,797		437,762	301,552	43,776		481,538	331,707	48,154		529,692					
4. Plant Maintenance & Oper.	137,314			137,314	151,045	13,731		151,045	166,149	15,105		166,150	182,763	16,615		182,765	201,039	18,276		201,042	221,143	20,104		221,147					
5. Library	80,699			80,699	88,768	8,069		88,768	97,645	8,877		97,645	107,409	9,764		107,409	118,150	10,741		118,150	129,965	11,815		129,965					
Sub-Total 4 year sch.				(2,520,437)				(3,375,397)				(4,361,197)				(4,798,197)				(5,278,017)				(5,805,819)					
B. 1. Residency Salaries																													
2. Residency Administration																													
3. Residency Operating																													
Sub-Total Residency								90,000	90,000				198,000	198,000				326,700	326,700				479,160	479,160				658,830	658,830
C. Total - 4 Year and Residency																													
				1,948,305					2,143,133					2,357,445					2,593,187					2,852,505					3,137,755
SUMMARY																													
Conversion Increment Per Year																													
Residency Total Per Year																													
				2,520,437					3,555,397					4,691,997					5,306,397					5,995,437					6,682,449
Cost Per Medical Student	20,294	26,254			22,824	23,440			24,556	22,718			27,012	24,991			29,713	27,489			32,684	30,238							
Cost Per Resident								30,000				27,500				28,233				29,892				29,221				30,101	
Cost Per Med. Stud. & Resident				26,254				23,702				23,000				25,268				27,756									

1. Amounts shown on this line are analogous to current appropriation request for 1977-79 biennium.
2. Includes fringe benefits.
3. Applies only to 4 year school.

SUMMARY INCOME AND EXPENDITURE BUDGET

Conversion to Degree Granting School with Primary Care Residencies
Six-year (3 biennia), in '1000's of Dollars

*Includes \$270,000, Governor's Request

(3/7/77)

	1977-78	1978-79	1979-80	1980-81	1981-82	1982-83
(A) INCOME:						
(1) Income 4-yr School						
State appropriation	1,110 (44%)	*1,464 (43%)	2,180 (50%)	3,295 (69%)	3,737 (71%)	4,227 (73%) ²
Registration fees	174	260	462	501	539	577
Non-resident tuition	96	144	240	240	240	240
Hughes gift	200	200	200	200	200	200
Federal capitation	118	187	256	262	262	262
Federal conversion	498 (20%)	758 (22%)	804 (18%)	---	---	---
Other; private gifts	<u>324</u>	<u>362</u>	<u>219</u>	<u>300</u>	<u>300</u>	<u>300</u>
SUB-TOTAL, 4-year	2,520	3,375	4,362	4,798	5,278	5,806
(2) Income Residency						
Federal conversion	--	80	260	--	--	--
State appropriation	--	--	--	169	239	292
Professional fees	--	--	--	169	239	292
Hospital reimbursement	--	--	--	170	239	292
Other; private	--	<u>100</u>	<u>70</u>	--	--	--
SUB-TOTAL, Residency	--	180	330	508	717	876
TOTAL: 4-yr and Residency	2,520	3,555	4,692	5,306	5,995	6,682

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(B) EXPENDITURE

(1) 1977-78 two year school base	1,948	0	0	0	0	0
(2) Previous years cost of 4-yr school		2,520	3,375	4,362	4,798	5,278
(3) Incremental cost of conversion per year	<u>572</u>	<u>855</u>	<u>987</u>	<u>436</u>	<u>479</u>	<u>528</u>
(4) Annual cost of 4-yr school	2,520	3,375	4,362	4,798	5,278	5,806
(5) Additional cost of residency per yr	<u>0</u>	<u>180</u>	<u>330</u>	<u>508</u>	<u>717</u>	<u>876</u>
TOTAL Annual Cost 4-yr School + Residency	2,520	3,555	4,692	5,306	5,995	6,682

- To the extent that Nevadans would stay in Nevada for the third and fourth years of their medical education, out-of-state appropriation through WICHE would not be required. This is presently set at a maximum of \$12,000 per student per year for approximately 80 students per year.
- Without conversion the School of Medical Sciences two-year basic science program in 1982-3 would cost \$3,138,000 of which the state would need to support 67% or \$2,098,000. In addition, the state WICHE support would have to be continued for transferred junior and

Testimony to the Nevada State Legislature on Conversion of the School of
Medical Sciences

Nancy Neddenriep, Sophomore Medical Student

Conversion of the UNR School of Medical Sciences to a four-year school will have a great impact on its students. Both our medical education and plans for the future will be affected. I would like to describe this impact, supplementing my remarks with those submitted in writing by students who have previously attended medical school here and are further along in their careers.

I. Impact on medical education

A. The student will be able to complete his/her medical education at one institution, and will not have to involve himself with a transfer process.

1. The influence of the current transfer process on medical education.

a. The application process actually begins during the first year of medical school

1. The new student doesn't understand the process

- a. Attempt to seek information
- b. Anxiety

2. With some students, the upcoming transfer process encourages an unhealthy competition with colleagues

b. A description of the transfer process proper:

1. Summer after first year

a. Student sends recommendation letters, transcripts (medical school and college) to student affairs office

b. Student seeks advice on what schools to apply to:

1. Schools which might be interested in him
2. Schools he is interested in

- a. Academic approach
- b. Location
- c. Tuition

2. Fall and winter of second year

- a. Applications submitted
- b. Acceptances and rejections are received between December and July

3. Summer after second year

- a. Student moves to new location
 1. Involves long-distance arrangements for housing, financial aid, spouse jobs.

c. Specific problems caused by the application process

1. Academic

- a. Disrupts studies

2. Emotional
 - a. Strain
 1. Wondering where you will be in nine months
 2. There is no guarantee you will find a place and be able to continue your medical education.
3. Financial
 - a. Every application costs approximately \$20.00
 1. Multiple applications can cost up to \$250.00 or more
 - b. Travel to see schools and be interviewed.
- d. Specific problems caused by changing schools
 1. Academic
 - a. The confusion of the move impairs the ability of the student to concentrate on academics
 - b. Student cannot participate in summer preceptorship program if moving
 - c. Student must adjust to the specific demands of a new academic environment
 1. Curriculum sequences may be misaligned
 - d. Student usually has to leave colleagues he is used to studying and consulting with
 - e. The National Board Examination Part I is given in June; a move often interferes with performance on this exam.
 2. Emotional
 - a. Student must leave support systems he has built over two years
 1. We realize that people are often required to do this, but do not feel that the middle of medical school is a good time to do so
 - b. Student experiences stress in getting to know a new city and find a new living situation
 - c. Most students are Nevadans, and therefore must leave their families.
 3. Financial
 - a. Moving is very expensive
 - b. Tuition
 1. UNR--\$2,200/year
 2. Representative transfer schools:

- a. Alabama -- \$4,000/year
- b. Washington University -- \$4,400/year
- c. New Mexico -- \$750/year (with WICHE)
- d. U. of Chicago -- \$1,250/quarter
- e. Tufts Univ. -- \$4,400/year
- f. U. of ^{Colorado}London -- \$1,476/year (with WICHE)

II. Impact on students' future plans

- A. Students find it harder to practice in the State of Nevada
 - 1. Statistically, doctors settle where they do their residencies
 - a. Marriage
 - b. Know other physicians in area

III. Comments from previous students at UNR School of Medical Sciences

- A. On the preparation afforded them by education at UNR
- B. On plans for returning to Nevada to practice medicine

IV. Conclusion

TESTIMONY BEFORE LEGISLATURE, March 7-8, 1977

School of Medical Sciences
Dr. Theodore Jacobs, Member
State Advisory Board

I should like to re-emphasize nuances of two of the spin-offs of this proposal before you. The first two years of a medical school are primarily didactic and in the classroom, learning the basic fundamentals and principles of medicine. This is virtually a totally parasitic existence for the student from an intellectual point of view. However, with expansion to four years, we would now have our students during their 3rd and 4th years which are primarily the Clinical Years. It is during those years that the student is beginning to be of some help and to be of some assistance in the care of patients while at the same time partaking in the learning experience. Thus, they would provide some Community Service which they are incapable of doing during their first two years of medical school.

The next point is probably one of the most, if not the most cogent reason for expanding the medical school along with its attendant residency programs in various specialties. This provides the necessary environment and climate for establishing a perpetual Continuing Medical Education program for practicing physicians. It is difficult to realize what degree of self-discipline it take for practicing physicians, like myself, to come home at night after seeing patients in the office and hospital for 11-12 hours with oftentimes little or disturbed sleep the night before to sit down and try to read in order to maintain your proficiency and keep current. However, concomitant with the expansion of the school there is automatically set up an intrinsic, built-in program for Continuing Medical Education. Exposure to the probing,

incisive fertile mind of a student almost insures that you do your homework. I feel that one needs the presence of a teaching environment to have a viable CME program.

Let us go one step further and bring that to its next logical conclusion. If I, as a practicing physician, am exposed to a teaching and learning experience, I categorically state that the next result will be better care for my patients. All of my patients and all of the patients of physicians exposed to this experience will benefit by it. Thus, I feel that expansion of the school will upgrade medical care for virtually every citizen in the State of Nevada. Looking at it even purely from a dollars and cents point of view, for only \$3.00 per Nevada resident you can hopefully predict better medical care for everyone.

I arrive at the figure of \$3.00 per resident by looking at the proposed 1981-82 budget which shows that in that year the State is requested to allocate 3.7 million dollars as a 4-year school as opposed to 1.8 million dollars as a 2-year school. This represents a difference of 1.9 million and this divided by approximately 600,000 residents equals \$3.00 per resident - for improved medical care.

Next, let me pose a rhetorical question. Will the practicing physicians of the State respond? I think YES.

In the 300's B.C. Hippocrates required his students to take an oath. Today, graduating doctors still repeat this ~~Now~~.

In the very first paragraph of the Oath of Hippocrates it states, "I Swear By Apollo the Physician and Aesculapius to Reckon Him Who Taught me this Art Equally Dear to Me as My Parents and 'to teach others this art if they wish to learn it'."

So inherent in this oath lies the dedication to teach and disseminate what knowledge we acquire over the years.

It is my fervent hope that in June 1980 we will be able to hear the revered words of this Oath resounding within the boundaries of the State of Nevada for the very first time, when we can bestow the Doctor of Medicine degree to our very own.