

SENATE FINANCE COMMITTEE
MINUTES OF MEETING
MARCH 8, 1977

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

Senator Floyd R. Lamb was in the chair.

PRESENT: Senator Floyd R. Lamb, Chairman
Senator James I. Gibson, Vice-Chairman
Senator Eugene V. Echols
Senator Norman Ty Hilbrecht
Senator Thomas R. C. Wilson
Senator C. Clifton Young
Senator Norman D. Glaser

OTHERS: Ronald W. Sparks, Chief Deputy, Fiscal Analysis
Howard Barrett, Budget Director
Cy Ryan, UPI
Neil Humphrey, Chancellor
Dr. Thomas Tucker, Commissioner WICHE
Dr. Pat Geuder, Commission
Fred A. Anderson, M.D. Commissioner
Dr. Phillip Sirotkin, Executive Director WICHE
Joseph Warsinski, Student
Phil Matthews, Student
Susan Spragens, Student
Theodore Jacobs, M.D., Nevada State Board of Medical
Examiners
George T. Smith, M.D.
Thomas J. Scully, M.D.
DeWitt C. Baldwin, M.D.
Owen C. Peck, M.D.
Andy Burnett, D.V.M.
John Bancroft, Student
Nancy Neddenriep, Student
Mary Jo Antunovich
Dr. Max Milam, President UNR
Dr. Donald E. Pickering, Pediatrician

Senator Lamb said he knew everyone was very much interested in the WICHE program, but in order to get through the hearing in the allotted 45 minutes, he asked them to limit the number of people who would speak.

Dr. Tucker introduced Dr. Pat Geuder and asked her to read her position paper, copy attached.

Susan Spragens, a dental hygienist and a pre-dental student representing the pre-dental students from UNR spoke next, copy attached. She interrupted her presentation to introduce students from Las Vegas and Reno who have received acceptances from dental schools, but they are not in the top ten, and their acceptance is conditional upon receiving certification by WICHE.

Senator Hilbrecht said he noticed a mixture of public and private institutions and asked how they selected schools.

Dr. Geuder said this is done on the basis of equality and their willingness and ability to accept additional students.

Senator Hilbrecht said he was accustomed to having people apply to graduate schools but he understood that the graduate school programs welcomed students from different sections of the country in order to develop a national reputation, an alumni organization throughout the country, and things of this kind. He asked what had happened that they now had to bribe other universities out-of-state to take our people.

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Dr. Tucker said there was so much pressure from home state people and legislators to give priority to their own Senator Hilbrecht said he understood that about the state schools, but he did not understand the problem with respect to private institutions. He said he would think that these institutions would be delighted to get highly qualified undergraduates, particularly from a state like Nevada.

Dr. Tucker said that the broad based factor of getting people from the whole United States had gradually diminished. They will get them from five have-not states in the West, because they contract just as Nevada does.

Senator Hilbrecht said he could not believe that the big universities in the East were not accepting students from Nevada because of the pressures they were receiving in the East.

Senator Lamb said that they were deviating from Miss Spragens' presentation; he asked her to continue.

Senator Young said he was a little disturbed about letters he had received from dental students which intimated there was a breach of contract, something unethical, even to reconsider the possibility of lowering support. He wanted to know if the Legislature took on an obligation to fund a full four years when they started. He had always believed that they budgeted on a two year basis; if they got \$6,000 or \$9,000 for two years they should be thankful for that and not question the integrity of anybody considering a reduction to 75% support.

Dr. Tucker said that had been the practice. Senator Young said he wasn't asking about the practice, he wanted to know if Dr. Tucker felt that, as a Legislature, once they funded for '78-'79 they were committed for '80-'81. Dr. Tucker said he wouldn't say that they shouldn't consider a reduction; he felt the students were basing their comments on practice. He said the students were given the impression that they were being funded for four years. Precedent is one reason. The Commissioners, present at the hearing today, strongly fought the serious increase in fees at the recent meeting in Albuquerque. The Commissioners wanted them to phase it in so it would be much more palatable; then they came back to this, where the students are caught in mid-stream now and some of them will have to come up with \$9,000 in order to save their spots where they have already been admitted; it's just that some of them can't do it. If the state doesn't fund them, then the state is only getting as its professionals the sons and daughters of richer people, because many of these students can't come up with this money.

The state law says (NRS 397.050): "funds to carry out the provision of this Chapter shall be provided by direct Legislative appropriation from the general fund." So even though the student must pay 25% of this, the law would have to be changed and he was not sure that the WICHE commissioners could bring money in from the students and co-mingle it with state funds.

Senator Gibson said that the thing that bothered him was that the Governor and the Legislature are being blamed for this change, but actually it is being caused by the institutions raising their fees. What the Governor has tried to do is to keep the programs viable within the amount of money he feels is available. He said the letters he is receiving all take the attitude that the government has done something to reduce the program, when actually the program is increasing. The problem has come because of the increased fees of WICHE which goes back to the institutions.

Dr. Tucker said that the institutions raising their fees severely, have put WICHE on a cost contract. He said they could not fight that because if a medical school is started Nevada will charge out-of-staters on a cost basis.

Senator Gibson said he would like to see a copy of the letter which was sent to the students because the implications in their letters bothered him.

Dr. Tucker said he had not told them anything. The correspondence had come from the Director of WICHE placement. (One of the students gave Senator Gibson a copy of the letter.)

Senator Hilbrecht asked if Nevada was at the point where our students are not able to obtain access to professional schools in large numbers.

Dr. Anderson said that one of the problems is that state laws have put pressure on the state institutions to take their own residents and they have many more applicants than they can take. He said they have continual calls or contacts from California students that can't get into the schools in their own state and this is true of many other states all across the country. In many states there are state laws requiring them to take their own residents. He cited Arizona where they placed 10 students last year in medicine; now they can't take any. This throws a great many students into having to apply to private schools and the private schools, in turn, have problems too. Tufts University, which has been one of the major acceptors of students, has a very minimal amount of money from which it draws interest, so they are having to raise their fees during the next couple of years to practically cost. They have contracts with other states which will pay costs and they are pushing for that with Nevada. Alabama, which has been the other major school where Nevada students went, has had their number of out-of-state students cut back in two ways. One by its own state legislature and the other by the accreditation committee. They have taken up to 19 to 20 students and now they say they can take practically none.

Senator Lamb asked how they made the decision of who was going to go.

Dr. Anderson said in law, it was the law aptitude test plus the grade point average. In medicine it has been a direct transfer.

Senator Lamb said he did not see why WICHE had to send a wealthy student to school. Dr. Anderson said it was access, they can't get access without certification. Senator Lamb said his question was whether or not WICHE was sending students who could pay their own way. He said the intent of WICHE when it started was to help those students who could not make it on their own financially. He felt that the problem was not that the WICHE budget was being cut, but the costs had increased to a point that it was eating the budget up. Dr. Anderson said that the students had said at the hearing that they could not be admitted without certification from WICHE. Some of the students have agreed to put up the money, providing WICHE certifies them. But they had an opinion from the Attorney General saying they could not do that.

Senator Young asked if they should reduce the number of students in order to take into consideration the rising costs. He said he did not want to be in a position of breaking any moral commitment.

Dr. Tucker said he felt that if a student is supported under WICHE and approved under WICHE, which opens a door for them to receive professional training, then if WICHE breaks that commitment, the odds are that that school won't take a student from Nevada again. He said to his knowledge Nevada is the only state that asks the students to pay one fourth.

He said they had one veterinary student admitted to Davis last year. Davis had two vacancies and Nevada was able to get one.

Miss Spragens said she would like to clear up something with regard to the students on the WICHE program. She felt there had been a

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misunderstanding. They did not feel they deserved to have the money given to them, they felt that maybe there could be an agreement made, a contractual agreement, that the student would repay the money. They realized that if they didn't return to the State of Nevada that this money is leaving the state, so they want to show their good faith. She said it was her understanding that the students who are in school now were not told that they would have 100% support for their entire school years. If they think that, it was a misunderstanding on their part. They may have assumed this, because they have always gotten the money.

Senator Wilson asked if the state or University could guarantee loans to students to help them meet this 25% quota. He was advised that the state could, the University could not. Senator Hilbrecht asked if they had a copy of the Attorneys General Opinion saying that they could not mix the WICHE money with the student's money. Mr. Humphrey said they did not issue an opinion on that. They said if this was to be done, the law should be amended.

Dr. Andy Burnett, Veterinarian, asked if he could enter a statement into the record.

Senator Wilson asked if they could not redesign the program to amend the code if necessary to provide the students under participation with their own resources. Or a student loan program, if that were used, based upon the financial position of the applicant and the certification. Dr. Tucker said if the state established a student loan program, the student could go into that with a contractual agreement that they would pay it back. However, there would have to be a revision in the state statutes.

Senator Wilson said he assumed that that could be done, at least he felt it would be possible. He asked if they could solve the problem of the student who is already in school, or the student who will be applying for WICHE certification in order to go to school by this means. He said he would like to see some numbers, if this was feasible; if it was a workable program he felt it should be explored.

Dr. Anderson said he felt there was a combination of two things that could satisfy it. If there was a loan fund it would accommodate both the middle class and the lower income students, he felt this was much the best way.

Dr. Andy Burnett read from a prepared statement, copy attached.

Dr. Anderson said that in the year they got out of the repayment of loans, as referred to by Dr. Burnett, they had notification from HEW that grants in the health/scientists fields would be severely jeopardized if WICHE maintained that law which provided that the money be repaid within a reasonable time after graduation or that they would go to a town of under 5,000 to practice. He felt that such a law, if put into effect again, would not jeopardize things.

Senator Gibson asked if Wyoming had such a law. Dr. Anderson said that Arizona did and some other states outside the WICHE area.

Senator Lamb said he felt that by doing too much for students that you were taking the initiative away from them. He couldn't believe that anyone at all would not be able to come up with that kind of money.

Joe Warpinski, speaking on behalf of himself and four other students, who have already been accepted at either Creighton or Marquette Universities conditional upon their WICHE certification, spoke very briefly in the interests of time. He gave a copy of his prepared remarks, copy attached, to the Committee.

Phil Matthews, a pre-veterinary student spoke briefly of the financial problems involved. He gave a copy of his prepared speech to the Committee, copy attached.

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Senator Lamb said he did not feel that this Legislature had a commitment, as far as the number of students was concerned. He said the Legislature was responsible for the money and when WICHE or the Chancellor started talking about increasing the budget they knew there would be questions.

Senator Hilbrecht said he felt education was like everything else, there is no free ride.

Dr. Geuder said she thought one point would bear repeating and that is the responsibility of the WICHE student exchange program to provide accessibility to schools. It is not only the money, it is the access. She felt the professional people there would strongly underline the need for accessibility which WICHE can provide that dollars in themselves cannot provide.

Senator Lamb asked how long they had known about this budget. Mr. Barrett said it was made available to the University about December 7 or 8. Dr. Tucker said he had requested that action be delayed until the meeting with all the Commissioners in San Diego in early February. The budget proposed by them originally staggered them, but they had to do it because the other thirteen states went along. Dr. Anderson came up with the idea of the students paying a fourth of it. During the hearings and talking with the students, he understood how it had put some of them behind the eight ball. Senator Lamb said he had a feeling that the Committee was not going to give in very much on the budget.

Senator Wilson said he would still like to have something definitive on the feasibility of a loan program that would satisfy the 25% and whatever supplement would be necessary. He felt they should talk about some practical solutions that are going to be effective by May 1st. He said he would like to have an answer.

John Bancroft, a medical student, spoke briefly of their indebtedness this far in their education. He said it was difficult to get private loans to carry them further in their education. He left a prepared statement for the Committee, copy attached.

Senator Lamb asked him how old he was and when he replied that he was 23, Senator Lamb told him he had no problems.

Eleanor Burnett spoke saying she had three children who had gone to college under the WICHE program and she said she would much prefer that the WICHE program revert to a loan situation whereby the student would repay to the State of Nevada the money the state had loaned them, thereby perpetuating the fund. She hated to see students now in school on the WICHE program have to drop out at this point because they couldn't come up with those monies. Particularly those students who are in the professional schools, two or three years down the road, who cannot meet this new demand and have to drop out at this point. This would mean that all the money they have spent and the state has spent would just be money down the drain. She agreed with Senator Wilson that something could be worked out. She left a letter from her daughter, who is presently in her third year in college under the WICHE program, to be entered into the record, copy attached.

Senator Lamb asked Mr. Barrett if he could put together a cost estimate on the amount of money they have to come up with now, on the basis of a student loan fund.

Miss Spragens asked if the Legislature could fund the 25% which the students need plus a part of the deficit. If more money can be loaned to WICHE, then more students can be certified. Each student could then take out more money in a loan than the 25% presently needed.

Senator Glaser said if he understood Senator Wilson's request, they would ask Mr. Barrett for the costs of expanding the program back to 18. Part would be to use as the loan for the 25% needed and the other for the deficit in their education program for which they had already been certified by WICHE.

Senator Young said he would like to have Dr. Tucker present some alternatives with regard to the students coming back to Nevada in certain areas. He felt the tax payers were entitled to this consideration.

Dr. Tucker said, in terms of an alternative, this is a Regional Compact; Nevada has students from other states and other states have students from Nevada and no doubt some will stay out-of-state to practice. He said he was not sure Nevada could handle all of them if they all came back here to practice.

Senator Young said he still wanted to have some alternatives.

There were no more speakers on the WICHE budget.

Dr. Max Milam introduced George T. Smith, Dean of the Medical Sciences School at the University. He spoke from a prepared statement, copy attached. He introduced Dr. Owen C. Peck, Director of Student Affairs at the University who spoke on the problems of students in transferring to another University. He read from a prepared statement, copy attached. He illustrated some of his points with a slide presentation at the end of his remarks.

Dr. Thomas J. Scully, Associate Dean spoke on the budget for the proposed degree granting medical school. He gave copies of his prepared remarks to the Committee, copies attached.

In reply to Senator Hilbrecht's query about putting medical students in private schools in other states, he said if you are a native of California, your chances are 1 in 14 of getting into medical school there; if you are from Mississippi or Tennessee, your chances are 1 to 2, going to those state schools. This year 44 Nevadans will be accepted from an applicant pool of about 170. He said that 96% of the places in state schools or medical schools today are occupied by residents of those states. This year, nationwide, 15,000 freshmen will be accepted from a pool of 52,000 applicants. The number of applicants has risen rapidly in the past 20 years.

Senator Hilbrecht said that he understood this with respect to state schools. He still felt that those private national universities that have medical schools have a practice of trying to attract people from all the states. He felt that universities such as Harvard had to have a berth or two for somebody from Nevada. He felt this was an essential consideration from a school that was trying to develop an endowment, which is their life blood. He also wanted to know how many positions the state needed to make up their losses each year by attrition. He wanted statistical data to show this. He did not want projections, he wanted figures on this year, the last, or the year before.

Dr. Scully said the net attrition rate in the country now, and they believe it is the same in Nevada, is 3% per year. This is physicians who die or retire. He said he would get definite figures from the Board of Medical Examiners for Nevada.

Senator Glaser asked how many would be needed, based on the growth rate. Dr. Scully spoke from slides to demonstrate the projected growth of the state, the increasing need for physicians based on population growth and attrition.

Dr. Peck said that the state population was much higher medically, due to the number of tourists many of whom are older people, than the true population figures would indicate.

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He also said, in reply to Senator Hilbrecht's inquiry about private schools nationally, they had contacted many schools, 28 recently, and because of the federal law stating they have to take U. S. citizens that have gone abroad, they will not give an answer as to whether or not they will take Nevada students. He said one told him that they might consider taking their top student. He said this did not help much when he had to transfer 48 students. Stanford has never taken a student from Nevada. Many schools in Pennsylvania and Harvard are capitated by their states. They have an incentive to take their own residents within their state borders. These schools are subsidized by the state for the number of residents that they take. Even the private schools are getting subsidies from their states. He said a school may have one place and they will have 200 applicants for that place. He said Utah had three places last year and they had 200 applicants. Nevada got those three places, but the odds are tremendous.

Dr. Scully said that this latest health manpower bill was passed because of the political pressures put on by parents of medical students from the United States that are studying abroad. There are presently 5,000 studying in Guadalajara. In Arizona, the parents of those students who could not get into American medical schools have put tremendous pressures on the Legislature. In New York there are now more physicians who are foreign trained than there are who are American trained. They represent a very large lobbying group. The realities of the situation are such that even the private schools are now, because of political pressures and because of funds from HEW, being pressured. When they transfer from Nevada the state gets no federal funds.

Dr. Peck said one of the best examples that he could give was that at Berkeley where they have a 12-student program, experimental, that is hooked up with San Francisco, they had five students they couldn't transfer.

Dr. Scully said he wanted to make two points: (1) talking about transferring students after they have been at school in Nevada for two years, that is where the competition with the foreign medical graduate is very intense; (2) for the 22 years before the medical school in Nevada opened, from 1950 to 1971, only 104 Nevadans got into medical school, any place; and most of them were in private schools. Now there are some places but not enough to meet the needs of 44 Nevadans a year. That part is very clear.

Dr. Smith introduced Nancy Neddenriep, a sophomore medical student at UNR. She spoke from prepared remarks, copy attached.

Dr. Thomas J. Scully spoke to the budget. He said that the University is proposing that this be a community based medical school. He spoke from prepared remarks, copy attached. He also gave the Committee statistics on the state appropriation request for the next three biennia.

Senator Hilbrecht asked what provision had been made for the costs of medical equipment, of medical services, of facilities necessary to train doctors and the cost of securing qualified physicians and other qualified people to teach.

Dr. Scully said if you look at the budget of medical schools who run University hospitals, that makes up 70 to 80% of the cost. UNR is not in the hospital business. They also expect to utilize as half of their clinical faculty, practicing physicians in the state. They will work part time with the school and be reimbursed on a pro-rata basis. The salary levels that have been used in the projection are not restricted to the \$38,000 salary to which the faculty is now restricted. The salary levels utilized in the program are the mean salaries for all faculty in the Western United States, the 30 schools west of the

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Mississippi. They have taken the mean salary and incremented that by 10% per year over the next six years.

Dr. Pickering spoke of the advantages of the tie-in which the medical school would have with Washoe Medical facilities. He said that he ran the intensive care nursery at Washoe County Hospital. He is a pediatrician. He said the facilities at Washoe are as good as any University Center in the United States. To duplicate the intensive care nursery that is now operated at Washoe would cost about \$1.5 million. From the standpoint of its availability for teaching purposes, it is ideal. He said it was better than the facilities that are now available in San Francisco, California because it is much more applicable as a teaching facility. He outlined the responsibilities of the nursery in taking care of the needs of rural Nevada. He said they could do an infinitely better job in the education field as a University facility at no cost to the University.

Dr. Theodore Jacobs said he would reflect the same thoughts as Dr. Pickering. He said as far as pay-off goes, it works the other way around because of the intellectual environment that is often required with the more sophisticated equipment, the expensive equipment that hospitals have to buy.

Dr. Smith said that with residents in the hospital, you have someone around the clock and they improve the quality of medical care. It is also known that wherever you have educational services within the hospital, patients are talked about more thoroughly, more problems are brought up, more people are brought into the discussions, there is an opportunity for the patient to have more knowledge about his disease. Young students and residents in a hospital continually ask questions, which means that the instructing physician has to continuously read to keep on his toes, and that improves patient care.

In reply to a question from Senator Gibson, Dr. Scully said there are 172 Nevadans in out-of-state schools, in their third and fourth years, many of whom would want to return to Nevada to finish school, as doctors tend to remain where they finish school and do their residency.

Senator Gibson said the Committee had had their staff collect some information from other medical schools in the West, and they projected a student cost in the future of about \$50,000 a year per student. In New Mexico, where there is a 4 year medical school, but does not have a teaching hospital, their cost is \$39,000 per year per student. He said this was considerably more than the costs projected in the figures Dr. Scully had been talking about. He stated that his main problem with the program was to be sure he knew what he was committing the State of Nevada to.

Dr. Scully said that the data Senator Gibson was speaking from was from the Association of American Medical Colleges. The figure Senator Gibson had was right, what it doesn't indicate is that half of that budget is research monies. For every dollar of state operational money that is put into a school, those schools generate about a dollar to a dollar and a half of research money. What has been proposed in the figures presented to the Committee, are the costs for the education. If you add on another \$3, \$4, or \$5. million a year, which the University hopes to generate to bring into Nevada to spend on research, divide that by the number of students, then the cost being projected of \$21,000 per student for next year, would be \$42,000. He said everyone had to be careful in analyzing data from other schools that the research money was separated from the education budget. He said that Senator Gibson's figures were accurate, but you had to cut out the research money to get the state generated dollars. The national figure right now of operating dollars to educate a medical student is \$21,000 per student per year. In Nevada now it is \$20,000, of which 60% comes from the state the other 40% comes from other sources. This will increase in the next six years.

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They discussed the projected increases in population over the next 25 years, with the accompanying projected increase in medical students.

Senator Young said he had a concern for the care of people in rural Nevada. Dr. Smith introduced Dr. DeWitt Baldwin who is a pediatrician and a psychiatrist who is with the School of Medical Sciences. For the past year or so Dr. Baldwin has been involved in a number of studies of rural areas. Dr. Baldwin spoke from a prepared statement, copy attached.

Dr. Smith then introduced Dr. Theodore Jacobs, a practicing internist in Las Vegas, Chief of Staff of Sunrise Hospital '69 to '71 and presently serving as a member of the Nevada State Board of Medical Examiners.

Dr. Jacobs spoke from a prepared statement, copy attached.

Dr. Fred M. Anderson of Reno submitted a statement to the Committee, copy attached. In the interests of time, he did not read it at the meeting.

The meeting adjourned at 10:50 a.m.

RESPECTFULLY SUBMITTED:


MURIEL P. MOONEY, SECRETARY

APPROVED:


FLOYD R. LAMB, CHAIRMAN

WICHE

Dr. Pat. Ouder
WICHE

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. This deadline was to comply with WICHE regulations. On March 4, we were 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 from the bank under the United Student Aid program to comply with the July 1 application.

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 approximately \$1,100 per year in tuition. They will contract for up to twelve places per year. We recommend that you authorize additional places at the same percentage of state support that you authorize for all other programs.

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Northern Nevada Dental Association
Susan Spragens

I am representing the pre-dental students from the University of Nevada, Reno. I am a dental hygienist and a pre-dental student.

The pre-dental students at the University of Nevada 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 to \$7,000 a year. One of the benefits of the WICHE programs is that it enabled students of lower and middle income families to attend dental school. This is because University of Southern California and the University of the Pacific, in San Francisco, apply part of the state support fee. This would add an extra \$2,250 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, but if he also had to pay the 25% state support fee his expense would be \$3,550. If he also had to pay the 25% state support, his expenses would raise to \$4,600. 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 have you fill out a financial statement proving to them that you have enough money to get through school without heavy reliance upon loans. Consequently, asking the student to pay an extra 25% or \$2,250 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 Marquette. Before these contracts, only four or five students a year were accepted.

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 by WICHE. There are two of us from Reno that have received notification and six students from Las Vegas. 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. We have 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 one of the highest of the professions associated with WICHE. 50% of the dentists return to the state. 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.

2.

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 pattern.

What 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. 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 two students from Reno and the six students from Las Vegas that have already received acceptances would be denied entrance.

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 and Southern Nevada Dental Association stand behind us with their support.

Susan Spragens

Nevada Dental Ass

Susan Spragg

I AM REPRESENTING THE PRE-DENTAL STUDENTS FROM THE UNIVERSITY OF NEVADA RENO. I AM A DENTAL HYGIENIST AND A PRE-DENTAL STUDENT.

THE PRE-DENTAL STUDENTS AT THE UNIVERSITY OF NEVADA 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 IS THAT IT ENABLED STUDENTS OF LOWER AND MIDDLE INCOME FAMILIES TO ATTEND DENTAL SCHOOL. THIS IS BECAUSE 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 US 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 PACIFIC IF THE STUDENT WERE TO RECEIVE FULL STATE SUPPORT HIS TUITION WOULD BE 2,350.00. IF HE ALSO HAD TO PAY THE 25% STATE SUPPORT HIS EXPENSES WOULD RAISE 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 HAVE YOU FILL OUT A FINANCIAL STATEMENT PROVING TO THEM THAT YOU HAVE ENOUGH MONEY TO GET THROUGH SCHOOL WITHOUT HEAVY RELIANCE UPON LOANS. CONSEQUENTLY, ASKING THE STUDENT TO PAY AN EXTRA 25% OR 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 MARQUETTE. BEFORE THESE CONTRACTS ONLY FOUR TO FIVE STUDENTS A YEAR WERE ACCEPTED.

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 BY WICHE. THERE ARE TWO OF US FROM RENO THAT HAVE RECEIVED NOTIFICATION AND SIX STUDENTS FROM LAS VEGAS. 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. WE HAVE 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 ONE OF THE HIGHEST OF THE PROFESSIONS ASSOCIATED WITH WICHE. 50% OF THE DENTISTS RETURN TO THE STATE. 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 PATTERN.

WHAT 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. 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 TWO STUDENTS FROM RENO AND THE SIX STUDENTS FROM LAS VEGAS THAT HAVE ALREADY RECEIVED ACCEPTANCES WOULD BE DENIED ENTRANCE.

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 AND SOUTHERN NEVADA DENTAL ASSOCIATION STAND BEHIND US WITH THEIR SUPPORT.

SUSAN SPRAGENS

Testimony to the Nevada Senate Finance Committee

March 8, 1977

I, along with four pre-dental students from southern Nevada, am here to urge you, to reevaluate the proposed decrease, in W.I.C.H.E. funding for students in the health care field. Since you have already reviewed the available statistics, concerning this program, I will address myself to some of the problems, that have developed due to the reliance of some students, and contract schools, on the past funding of the program by the state.

In southern Nevada alone, there are five students, who have already been accepted to either Creighton University or Marquette University, for the freshman class of 1977. However, these acceptances have been made conditional on W.I.C.H.E. certification. Especially distressing, is, that as the budget stands now, these students will not be able to attend. There are just not enough slots, allocated to serve these students.*1. It should also be noted, that the two above dental schools, have already filled the available contract seats, and in one case, notified a student

that they were adding the W.I.C. H.E. condition to his unconditional acceptance. The point is, the proposed budget has caught both the prospective student and dental school off guard. In essence then, the students, in reliance on the past history of funding for W.I.C.H.E., have spent at least four years working toward a goal which was apparently attainable, for Nevada residents who were well qualified and who were eligible for W.I.C.H.E. funding. The dental schools, on the other hand, have already made commitments to a number of students, including those with me today, a commitment which has been made in reliance on the past history of state funding support. I do not mean to indicate that only W.I.C.H.E. certified students are accepted to dental schools, but in the four years that I have been in attendance at U.N.L.V., I have not heard of one student who has been accepted and has not had the support of the program. Nor, do I intend to indicate that the state has an obligation to provide its residents with a professional education in dentistry. But, if the state intends to dedicate itself to comprehensive health care, it must recognize the need for competent dental training.

Certainly, a number of questions arise from the basic W.I.C.H.E. funding concept. To what extent should the state support the professional student? How much should the student contribute toward the contract stipend? And most of all, what is the magnitude of the students financial burden?

Hopefully, in answering the last question, I might shed some light on a fair solution for the other two. The average cost of a dental education at the two state contract schools is \$5,500.00/year. This does not include any of the normal living expenses such as food, clothing, and housing. To add to the financial burden, the schools uniformly discourage any part-time work. Of course, there are various government subsidized loans available, but these contribute only \$4,000.00/year. Thus leaving a deficit in the educational expense of \$1500.00/year. So, as can be seen from the figures just presented, the cost of a dental education over a four year period is \$22,000.00 and this doesn't take into account the proposed \$9,000.00 per year stipend payment.

-4-

Even if the student is only required to pay a 25% share[^] of the state support fee, that would raise the total cost of a dental education[^] to \$31,000 over a four year period. And, unfortunately, no one can assure the pre-dental student[^] that this wont be increased.

In conclusion, I would like to submit the following suggestions for a resolution of the funding problem:

1. That the state allow the professional student[^] to secure a state guaranteed loan[^] to defray the cost of the W.I.C.H.E. support requirements; or,
2. That the state support the professional students[^] in return for their future service[^] in areas designated by the state; or,
3. That the state allocate sufficient funding[^] to support an adequate number of professional students[^] as determined by the health care needs of the state.

Thank you for your consideration in this matter.

Respectfully,
Joe Warpinski

on behalf of
Jerry Cansdale
Bob Talley
Tom Daniel
Gordon Murray

TESTIMONY BEFORE LEGISLATURE - March 7-8, 1977
ON BEHALF OF WICHE STUDENTS.

John Bancroft
Medical Student

We, John Bancroft of Reno and Dick Seher of Carson City, are both second year medical students at University of Nevada School of Medical Sciences. We represent four students currently committed to transferring next fall to WICHE schools, others in our class applying for transfer to WICHE schools and ten students from the class ahead of ours who are now attending WICHE medical schools.

The problem we are facing is the recommended requirement that we deposit \$3000 ($\frac{1}{2}$ of our support) with the state treasurer by May 1, a requirement we are unable to meet. This \$3000 deposit is separate from tuition and fees which the student must also pay.

On November 1, 1976, we made application to the University of Colorado. Three factors took part in this decision. First, Colorado is a fine school. Second, because of the WICHE program, we felt it was a school we could afford. Third, Colorado is a western school.

On November 17, 1976, we recieved our certification from the WICHE program. This letter also included a vague warning that students may be required to provide part of their support. We assumed that students in the WICHE program would receive the same funding as in the past (\$6,000 /student/year)

On December 15, we received our acceptance letters from the University of Colorado and entered into a contract with them to attend next year. We did this in good faith that WICHE support would continue as it has in the past.

On February 11, we were informed of the current recommendations for the WICHE program and that we must pay \$3000 by May 1, (less than three months notice).

WICHE has attempted to keep us informed, but no specific information was given to us to help us anticipate this \$3000 requirement for participation in the WICHE program.

The students now in their third year of medical school at WICHE schools are in a particular bind. They entered the WICHE schools in good faith, many of them dependent upon WICHE support. Now their education is in jeopardy because of the requirement to pay \$3000 by May 1.

We have looked into loans, scholarships, and private funds without finding any which can allow us to meet this requirement. Loans and scholarships are dispersed predominantly at the beginning of the school year to meet needs anticipated at that time. Guaranteed bank loans are the principal source of financial aid for medical students and these have a limit of \$2500 per year. Most of us have already used our limit for this year. Higher interest loans such as the AMA-sponsored loan are available at other times but have a yearly limit of \$1500 and take at least three months for processing of an application. We also don't have \$3000 in our savings or available from private funds. We live on very tight budgets and as we near the end of the school year we are all struggling to make ends meet.

The effects of this problem are several. We are committed to attend the University of Colorado. By not meeting the \$3000 requirement we will probably be forced to drop from the WICHE program, pay nonresident tuition (\$5900/year), and incur significantly more financial strain than we anticipated when entering our agreement with Colorado. There is also the possibility that students caught in this bind may have to break their commitments with WICHE schools thus jeopardizing University of Nevada relations with those schools and the transfer of students not yet placed.

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 four veterinary schools in the country that are available to Nevada students; UC at Davis, Washington State University, Colorado State University and Kansas State University. Davis admits only two non-resident students each year, Washington State takes eight and Kansas has taken one student. This leaves only one school, Colorado State University, 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 of 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 today's 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.

Along these same lines I feel it is also important to relate the WICHE budget to the general University budget as a whole. I do not wish to argue with the Governor's proposed reduction in the suggested University budget, and frankly, I am incapable of doing so. However, in making these reductions, is the WICHE program the proper place to make cuts. 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, let's 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.

NEIL D. HUMPHREY
Chancellor

November 17, 1976

Memorandum

To: Persons Applying for WICHE Certification
From: MaryJo Antunovich, Certifying Officer
Nevada WICHE Student Exchange Programs

I am pleased to be able to inform you that you have been certified to receive benefits under the WICHE Student Exchange Program for the 1977-78 academic year contingent upon sufficient funds being made available.

Although full funding for WICHE students has been requested by the Nevada WICHE Commission, it now appears that students may be required to pay a portion of the student support fee. No actual determination of the student contribution has been made; however, we believe that all Nevada certified students should be informed of this possible alternative to full funding. As soon as a decision has been reached and the Nevada WICHE Commission notified, you will be informed immediately.

In order that we may inform the Regional Office of your certification and that they may, in turn, inform the schools you listed on your application form, I am enclosing a consent and waiver form for your signature. Please sign this form, which is required by the Federal Family Educational Rights and Privacy Act of 1974, keep one copy for your records, and return the other three copies to this office as soon as possible.

Pay full
out of state tuition

Mar
&
winter
compact starts
state pays 3/4 of 9000
• plus student pays
in-state tuition

MaryJo Antunovich



MARQUETTE UNIVERSITY

604 NORTH SIXTEENTH STREET / MILWAUKEE, WISCONSIN 53233 / 224-7275

SCHOOL OF DENTISTRY

January 26, 1977

Mr. Robert Talley
1205 N. 21st St.
Las Vegas, Nevada 89101

Dear Mr. Talley:

We are happy to advise you that the Admissions Committee of the School of Dentistry is offering you an appointment to the Freshman class to enroll in August of 1977. This appointment will assure you a place in the class as long as you maintain the fine academic standard you have already achieved and confirm your eligibility for the Nevada WICHE Program.

If you wish to accept this appointment, it is required that a deposit of \$100.00 be made before February 28, 1977 and an additional deposit of \$100.00 be made on or before July 1, 1977. This total amount will be credited to your tuition for the first semester of the school year. In the event you cancel your appointment, it is not refundable. The place in this class will be reserved for you until February 28, 1977.

Sincerely yours,

A handwritten signature in cursive script, reading 'Thomas A. Greulich'.

Thomas A. Greulich
Director, Dental Admissions
Student Records

Enclosures

TAG: bh



MARQUETTE UNIVERSITY

604 NORTH SIXTEENTH STREET / MILWAUKEE, WISCONSIN 53233 / 224-7275

414-224-7275

SCHOOL OF DENTISTRY

February 11, 1977

Mr. Robert H. Talley
1205 North 21st Street
Las Vegas, NV 89101

Dear Mr. Talley:

Regarding your recent appointment to our next incoming freshman class, this letter is to inform you that your appointment is contingent upon your being certified by the State of Nevada for their WICHE program.

We have been notified that there may be some limitations this year as to the number and quality of students certified, and we wish you to be aware of the situation.

Thank you for your indication that you wish to attend our school, and I hope that everything will work in your favor for this coming fall.

Sincerely yours,

A handwritten signature in cursive script that reads 'Thomas A. Greulich'.

Thomas A. Greulich
Director, Dental Admissions
& Student Records

TAG:ljl

NEIL D. HUMPHREY
Chancellor

February 11, 1977

Dentistry # 8 students
Medicine
Optometry (7 to 4)
Vet med -
75/25 effect
all
student

Mr. Robert H. Talley
1205 North 21st Street
Las Vegas, Nevada 89101

Dear Mr. Talley:

In my letter of November 17, 1976, I indicated that you had been certified to receive WICHE benefits in the field of dentistry for the 1977-78 academic year, contingent upon the Legislature appropriating sufficient funds. It now appears that sufficient funds will not be provided for the numbers of students previously requested and certified. Therefore, I regret to have to inform you that you are no longer certified but are alternate number 2 in the field of dentistry. It is still possible, of course, for you to be certified in the near future as students withdraw from the program, are not admitted to professional school, or if additional funds are appropriated. You will be kept informed of any change in your status.

As I stated in my letter there is a possibility that WICHE students will be required to pay a portion of the student support fee. The money committees have not formally acted on the WICHE budget and there is not a final decision on this as yet.

If enacted by the Legislature, this will result in the following:

- A. Students admitted to WICHE Compact schools will be required to pay 25 percent of the student support fee. This is, of course, in addition to the in-state or reduced tuition fees charged by the schools.
- B. For those students admitted to contract schools (Marquette University and Creighton University in dentistry) Nevada WICHE will pay the student support fee as long as it is not more than the State's share at WICHE schools. At these schools, WICHE students do not get reduced fees but pay the same tuition fees charged all other students.

Assuming that this method is approved by the Legislature, in the field of dentistry, it would mean that to receive WICHE assistance (for attendance at a WICHE compact school), each certified student

February 11, 1977

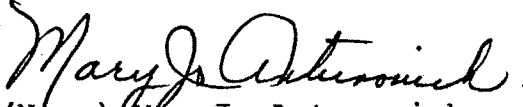
Page - Two -

must deposit with the State Treasurer by May 1, 1977, the amount of \$2,250 and provide this office with a receipt. We will then assure the schools to which the certified student has applied (or been admitted) that the total support fee of \$9,000 is available and committed to the student.

As I previously stated, this budget formula has not been enacted by the Legislature as yet. However, this information is being given you at this time in keeping with the WICHE Commissioners' belief that all applicants, including certified and alternate students, should be kept aware of their possible financial responsibility in order that they may begin their financial planning.

I hope to be in touch with you soon with more favorable news.

Sincerely,


(Mrs.) MaryJo Antunovich
Certifying Officer for Nevada
WICHE Student Exchange Programs

A Professional Corporation

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

March 7, 1977

Mr. Chairman, Members of the Senate Finance 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.
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.*

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.

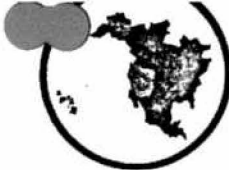
I sincerely hope that the members of your committee will carefully scrutinize the inevitable problems which will arise if such changes are to have retroactive effect, and act accordingly.

Respectfully,

Patti Burnett

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

permanent address:
1740 Pass Drive
Reno, Nevada 89509



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

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.

3. The Western Interstate Commission for Higher Education has requested increased expenditures of State dollars to support future transfer students outside of Nevada. These monies, estimated at \$540,000 annually for support of 30 juniors and 30 seniors, could be retained and expended within the State of Nevada.

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. A copy of the Carnegie Commissioner's letter to Governor O'Callaghan concerning Nevada's need to convert to degree granting status is included in the appendix of our Phase II Proposal (F1-IV).

The School of Medical Sciences, University of Nevada, Reno is the last free standing two year medical school in the United States. When we started in 1969 there were 10 viable two year schools; all except Nevada, have now converted because of changing health care and medical educational trends, increasing difficulty transferring students and the availability of Federal conversion funds.

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.

Step 4 - Full accreditation is granted only after the first class has been awarded the M.D. degree. Student performance including National Board Examination scores, budget and financing, the quality of faculty and staff and many other parameters of the medical school are examined. Following full accreditation, presumably in 1980-81, we would undergo similar scrutiny every 3 to 5 years thereafter. The policy is to establish and maintain high standard of medical education, and therefore, the accreditation process never really ends.

Each of these steps have been accomplished since 1969 for the accreditation of our two year medical school. They require a great deal of time in preparation and review and are extremely thorough.

4. Approval by H.E.W. for award of conversion funds:

On December 10th, 1976 we submitted a provisional application for the \$2.4 million conversion funds for H.E.W., contingent upon legislative authorization. We had a regional H.E.W. site visit in January 1977. The proposal will go to the National Medical Review Committee on March 15th, 1977, where it will be examined by a group of Nationally renowned medical educators. If the legislature authorizes and the L.C.M.E. awards a letter of Reasonable Assurance in April, the United States Commissioner of Education will be notified. (I will be meeting with Dr. Boyer in Washington prior to his receipt of these notices). If he concurs he will then forward his approval to H.E.W. Their National Advisory Council will conduct its own site visit of our program: sometime in May. With H.E.W. approval we would be eligible to receive the conversion funds in July 1977.

Sounds complicated, but it really isn't. Timing and adequate preparation are the most important ingredients in our conversion proposal. We are now planning for these April and May site visits. No two year school has yet been turned down in the conversion process and thus far we have received only green lights. The other two year schools which converted, received the total funding per student for each student entering the 3rd year, since this

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.

A. Cully

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.

F 2

School of Medical Sciences Degree Granting School
Sample Curriculum Schedule: Third and Fourth Years

Academic Year	Month	Track I	Track II	Track III	Track IV	Track V	Track VI	
Third Year	7	IM--A	FCM--A			P--B	IM--B	
	8							
	9	FCM--A	IM--A			IM--B	P--B	
	10							
	11	NP--A	S--A	IM--A	FCM--A	FCM--B	OBG--B	
	12					S--B		
	1	S--A	NP--A	FCM--A	IM--A	OBG--B	FCM--B	
2						S--B		
Fourth Year	3	P--B	IM--B	NP--A	S--A	IM--A	FCM--A	
	4							
	5	IM--B	P--B	S--A	NP--A	FCM--A	IM--A	
	6							
	7	FCM--B	OBG--B				NP--A	S--A
	8	S--B						
Fourth Year	9	OBG--B	FCM--B			S--A	NP--A	
	10		S--B					
	11			P--B	IM--B			
	12							
	1			IM--B	P--B			
	2							
	3			FCM--B	OBG--B			
4			S--B					
Fourth Year	5			OBG--B	FCM--B			
	6				S--B			

Abbreviations: IM=Internal Medicine P=Pediatrics
 FCM=Family & Community Medicine OBG=Obstetrics/Gynecology
 NP= Neuropsychiatry A=Community A
 S = Surgery B=Community B

Blank Spaces: Time blocks for electives and selectives (2 months required and 6 months optional)

Figure 3-

UNIVERSITY OF NEVADA SCHOOL OF MEDICAL SCIENCES
 SUMMARY INCOME AND EXPENDITURE BUDGET
 Conversion to Degree Granting School with Primary Care Residencies
 Six-year (3 biennia), in 1000's of Dollars

(12/22/76)

	1977-78	1978-79	1979-80	1980-81	1981-82	1982-83
(A) INCOME:						
(1) Income 4-yr School						
State appropriation	1,239 (49%)	1,597 (47%)	2,180 (50%)	3,295 (69%)	3,737 (71%)	4,227 (73%) ²
Registration fees	193	318	462	501	539	577
Non-resident tuition	72	108	240	240	240	240
Hughes gift	200	200	200	200	200	200
Federal capitation	118	187	256	262	262	262
Federal conversion	498 (20%)	757 (22%)	804 (18%)	---	---	---
Other; private gifts	200	207	219	300	300	300
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	--	100	70	--	--	--
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
(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	572	855	987	436	479	528
(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	0	180	330	508	717	876
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 senior medical students.

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 STUDENTSTO 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
	14	16	20	10	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.

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

NEVADA

UTAH

76-3

COLORADO

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

AVIS
3-2
4-2
5-0
6-0

CSF - 0

FANFORD - 0

(Total of 19 students in 4 years)

UCLA	USC
73-1	73-0
74-4	74-1
75-1	75-1
76-1	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

RVINE
3-0
4-1
5-2
5-1

AWAII
3-2
4-1
5-76-0

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

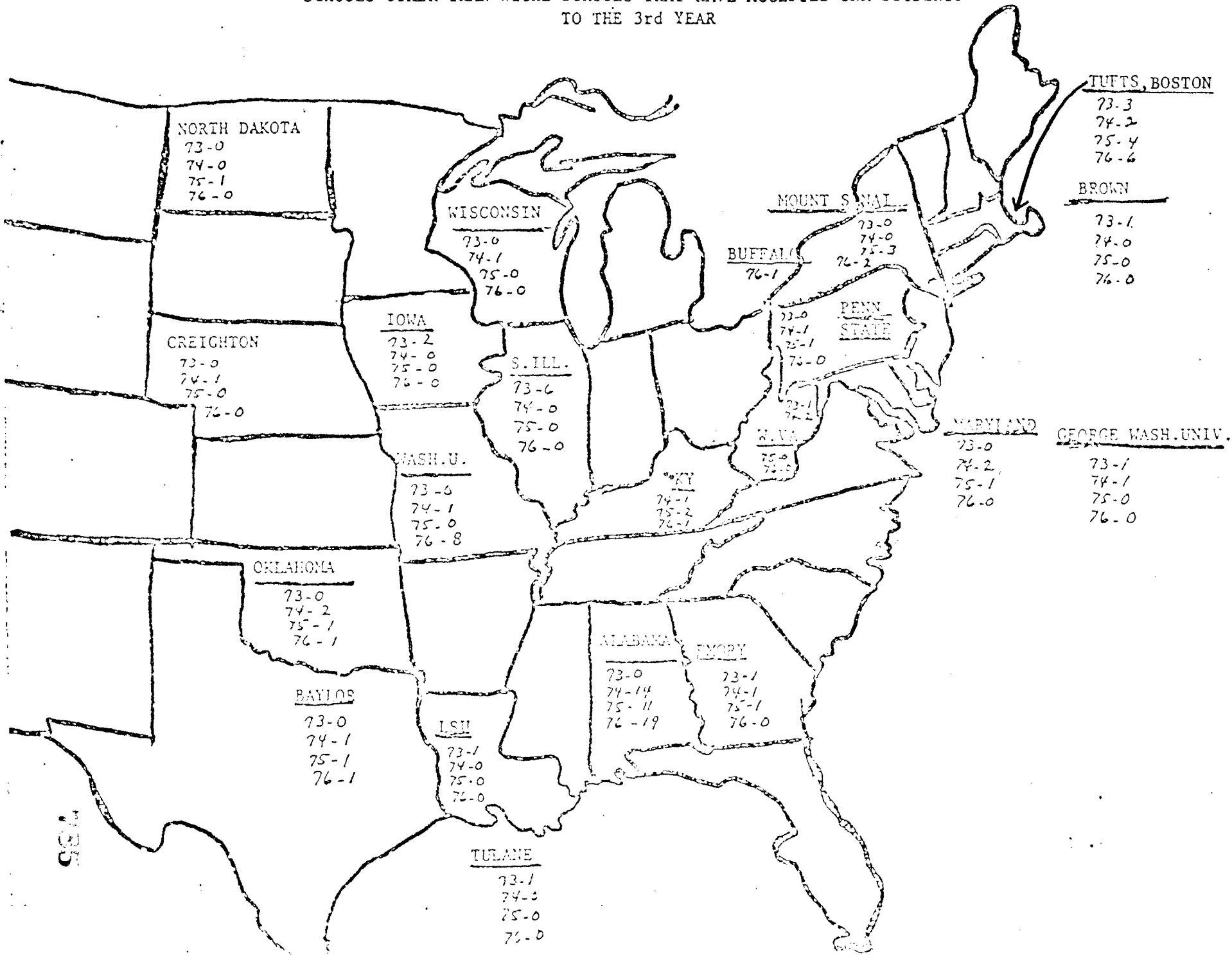


EXHIBIT 111

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

AVIS
(space shortage)

UTAH

BERKELEY - 12
(1 year program)

COLORADO
3 to 5 for
total 3rd year

STANFORD
3rd year from
Berkeley

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

UCLA - 3rd year from
Berkeley and Dart-
mouth

NEW MEXICO -
3rd year mostly
from Mexico

VINE
terans

USC - 3rd year
from Berkeley

ARIZONA
Residents only
Legislative law.

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

737

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.



STANFORD UNIVERSITY MEDICAL CENTER

STANFORD, CALIFORNIA 94305 • (415) 497-6951

Office of Student Affairs
Room M105

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

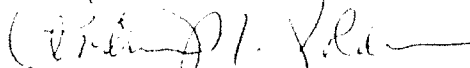
Dr. Owen Peck
Assistant Dean and Director of
Student Affairs
University of Nevada, Reno, School
of Medical Sciences
Anderson Health Sciences Building
Reno, Nevada 89507

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.

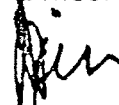
I regret our inability to accept your students, because we have been impressed that they have been fine young people. In addition, we particularly appreciate the capacity of WICHE to provide \$4500 per

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
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,

A handwritten signature in black ink, appearing to read "John A. Watson".

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

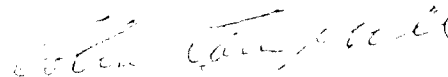
January 24, 1977

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.

•
•

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,

800

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:

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

February 4, 1977

**DEPARTMENT OF UNDERGRADUATE
EVALUATION**

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

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 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

- 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 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 the Nevada State Legislature
on the Conversion of the School of Medical Sciences

March 7-8, 1977

by

Thomas J. Scully, M.D.
Associate Dean

Income and Expenditure Budget

Assumptions used in the development of the budget

- Community based; statewide school
- Mixed full-time/part-time faculty
- U.N. System formulae for classified personnel and benefits
- Western Region AAMC Mean Salary Scale for Professional Rank
- National norms for faculty/student ratios
- Availability of federal conversion dollar expenditures over three year period
- No additional state general fund dollars in the 1977-79 biennium
- Availability of WICHE funds reallocated to School of Medical Sciences when Nevada transfers cease
- Availability of Federal Capitation dollars
- Continued ability of School of Medical Sciences to attract private, foundation and Federal dollars
- Step-wise conversion over three years: 1977-80

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

Supplementary Statement on the Impact of
the Conversion on Rural Health

By

DeWitt C. Baldwin, Jr., M.D.
School of Medical Sciences

March 7 & 8, 1977

Basically there are three approaches to improving health care in the rural areas:

1. To increase the numbers of physicians and other health personnel willing to live and work in rural areas by a variety of educational and other inducements (Recruitment).
2. To develop a support system which provides ongoing medical consultation, continuing education, and relief to those health professionals who choose to live and work in these areas (Retention) and, finally,
3. To help create a system of health care delivery, or possibly a network of rural health centers, for those communities unable to attract or support such health professionals on a permanent basis (Direct Service).

It must be obvious to all of us, as it is throughout the world, that the first method, that of encouraging health care practitioners to settle in rural areas has not been overwhelmingly successful. Studies in nearly every state and nation in the world have shown that highly educated people with high income and cultural needs do not usually find it desirable to live for long in remote, isolated communities. In addition, it must be evident that the economic base in many of these communities simply cannot support a physician. On the other hand, we have found our Nevada students to be more interested in small town, rural practice than medical students in most other schools. Partly, this is because of our own concern with this problem, which has led us to accept a high percentage of qualified applicants from rural areas, since it is well known that physicians tend to practice in communities which are like those in which they are reared (Appendix D). However, this is also due to the unique character of our educational program, which features early clinical teaching and experiences in primary care and rural practice. At any rate, we know of a number of our students who already have indicated a decision to practice in several smaller Nevada communities.

At this point, I would like to mention a couple of conceptional limitations which may have been hindering our efforts in recruiting personnel for rural areas.

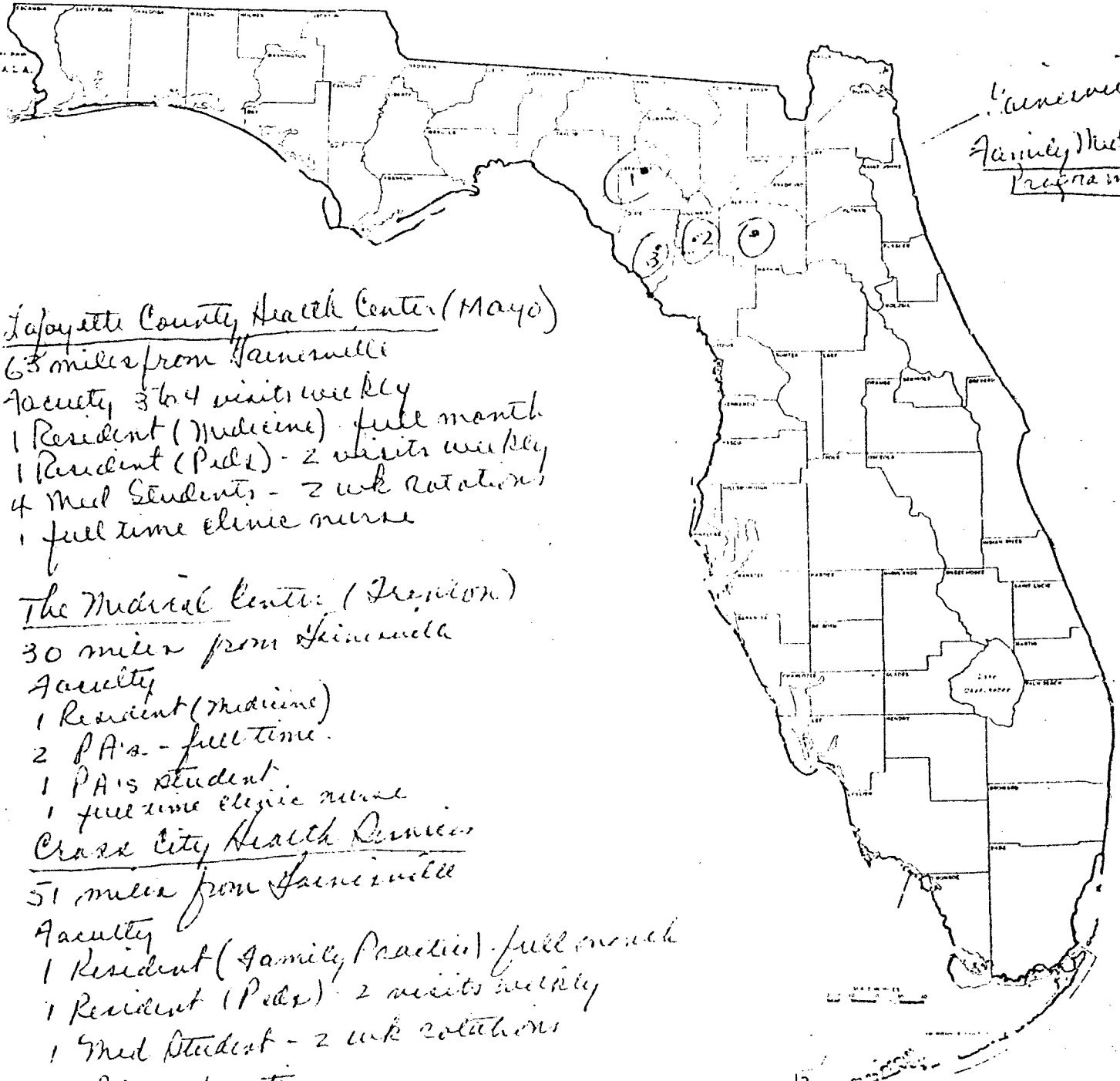
First, in the past, we have tended to think that the solution was to find a person with a lifetime commitment to rural practice, without realizing that changing life patterns and needs play an important role in determining the career choice of physicians and other allied health personnel. What might be quite acceptable for a five or ten year period early in one's life, when one is physically active and idealistic, with very young or no children, may not be a desirable financial, social and educational alternative as children approach school age or the family increases in size or one gets older and less physically active. Indeed, rural health practitioners are frequently in the first or last decades of their professional careers. I think we must change our ideas to more realistically fit the changing needs and desires of health care personnel if we are to attract them to rural areas. Therefore, we must promote a system which thinks in terms of five to ten year commitments rather than looking only for the few individuals willing to devote an entire lifetime to a small community. Relatively few people are drawn to a lifetime career in the military service, yet many have served a brief period without regret and frequently with genuine appreciation. Second, we have tended to think that the solution to every small community is a physician. Quite apart from the cultural and personal factors involved, many sparsely settled areas cannot effectively utilize or economically support the services of a physician. A number of such communities are now finding that with proper back-up, a physician extender (physician assistant, nurse practitioner, etc.) can fulfill most of their needs at a cost more within their capability.

The second alternative, that of providing an ongoing educational and consultation support system for isolated physicians and other health care providers is eminently feasible and is described in the formal testimony included in your packet. Basically, there include: (1) the added manpower and services provided by students and resident physicians who will be assigned to rural communities; (2) appointing interested and qualified rural practitioners to our faculty, both to include them "on the team" and to provide effective role models for our students and residents; (3) a physician-exchange program, where residents temporarily substitute for local physicians who wish to return to Reno and Las Vegas for updating medical knowledge and teaching our students; (4) faculty consultation to rural practitioners on regular "circuit riding" visits or via telecommunications; (5) an expanded program of continuing medical education conducted at regional sites on problems of interest to rural practitioners; and (6) aiding state and local agencies to plan grants and programs, to recruit needed health personnel and to conduct staff training. Such a system must enable a health professional to gain

some adequate measure of economic return as well as a reasonably comfortable and satisfying life style, including the opportunity to leave from time to time to maintain or advance clinical skills, as well as to participate in the social and cultural activities of urban life.

The third alternative, that of providing some form of direct health care services or possibly a network of ambulatory health care centers which will enable residents of underserved rural areas to receive regular, ongoing health care can be observed in a number of European countries, as well as a few places in this country and is a possibility for those communities unable to attract or support physicians. Basically, this approach consists of creating a system or network of ambulatory health care personnel and facilities in outlying communities such as the University of Florida has done (see Appendix A). Working closely with local citizens, the University of Florida Medical Center has supplied faculty, residents and students to a number of outlying communities, with the latter coming up with facilities, supplies and local staff. This system is cost-effective, provides quality care and supplies the kind of 24 hour, 7 days a week, 365 days a year care that people seem to want, but which has driven so many idealistic rural practitioners away from primary care and into the more comfortable and remunerative life of the urban or suburban specialist.

In conclusion, we believe 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 and these new programs will enable us to take a significant step in the direction of meeting our primary goal.



Lafayette County Health Center (Mayo)
63 miles from Gainesville
Faculty 3 to 4 visits weekly
1 Resident (Medicine) - full month
1 Resident (Peds) - 2 visits weekly
4 Med Students - 2 wk rotations
1 full time clinic nurse

The Medical Center (Dunedin)
30 miles from Gainesville
Faculty
1 Resident (Medicine)
2 P.A.'s - full time
1 P.A.'s student
1 full time clinic nurse

Crass City Health Services
51 miles from Gainesville
Faculty
1 Resident (Family Practice) - full month
1 Resident (Peds) - 2 visits weekly
1 Med Student - 2 wk rotations
2 P.A.'s - full time
1 full time clinic nurse

um: Health Care Delivery in Rural Areas (AMA, 1976)

A backup being provided by the Utah Valley physicians, a nurse practitioner, or both. This plan has recently become a reality in Castledale where a part-time physician has replaced the three days a week doctors visit to the area. He will have a busy practice as a normal patient load averages 1,000/month — about twice an average practice load. Utah Valley physicians provide backup for vacations and perhaps take over one day each week for a new physician.

In the future, it is hoped that each clinic will attract a physician. There is a advisory board for local input that coordinates with medical and administrative support to deliver care to these previously underserved areas.

THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE PROGRAM FOR RURAL HEALTH: A PARTNERSHIP WITH RURAL COMMUNITIES—Educational experiences for medical students and residents in rural health have traditionally been based in preceptorships with physicians living and practicing in those areas. The College of Medicine at the University of Florida has established and maintained such programs for medical students for the past decade. Because of the marked disparity in the ratio of physicians in cities to those in smaller towns in Florida, it has been difficult to find suitable preceptors for the number of students electing these experiences without seriously inconveniencing the limited number of physicians practicing in small towns.

One of the largest medically underserved areas in Florida lies just to the west of Gainesville, the home of the Medical School. It encompasses four counties in which the population is widely dispersed, access to the few physicians practicing in the area is limited because of distances, and the economic resources of the population are low. The area has 25,000 people scattered over 1,000 square miles. People living in the area had traditionally come to Gainesville for hospitalization and for medical consultation, so that the referral pattern was established. The geographic relationships of the four counties to Gainesville and to each other are shown on the accompanying map. In addition to the limited number of rural physicians available to serve as preceptors, several faculty members in the medical school felt the need to gain direct experience in providing primary health care in rural areas in order to be more effective teachers and eventually to participate in research in rural health care.

For these reasons the Chairmen of the Departments of Medicine and Community Health and Family Medicine began contacting leaders from communities in the four county area who might be interested in a joint venture in health care delivery and medical education. The first site developed was in the county seat of Lafayette County. Eight years ago the Lafayette County Health Center began its operation housed in a modern facility which was initially as the County Health Department. It continues to serve both traditional health functions and those of a doctor's office. The center is staffed by a medical resident who spends one month in the community. He is supported by four medical students and four student nurses who share the responsibility for 24-hour a day, seven days a week coverage for the county's 10,000 residents. Some 7,000 patient visits a year are provided by this unique facility, either for treatment of intercurrent or chronic illness, for the preven-

tive and health maintenance programs of the Health Department or for home visits.

Five years ago the second program was begun in a retirement community and nursing home situated 15 miles north of Mayo, at Dowling Park, Florida. This community of 300 residents, operated by the Advent Christian Church had experienced difficulty in providing adequate medical services for its residents because of its rural location. Faculty from the College of Medicine began making regular visits and initiated an educational program by having the residents from Mayo along with medical students visit the facility one day a week. The resident also provided emergency services to the nursing home. With this nucleus of personnel to supplement the full time staff of the nursing home, additional faculty from the College of Nursing and Health Related Professions have developed demonstration and service programs in this facility. Currently the site is being used for the training of physician's assistant students, medical students, residents, and physical therapy students. Medical faculty visit the facility three days a week for teaching and to provide direct medical care. An expanded program of geriatric medicine is planned for this site.

A third site was developed five years ago in Trenton, the county seat of Gilchrist County, Florida where there had been no private physician in practice for four years. Citizens in the community expressed interest in working with the medical school to develop a clinic which would be staffed by physician's assistants, supervised by attending physicians from the medical school. This experiment in rural health care was designed to answer three questions. First, would the residents of this community accept physician's assistants as the primary person in providing health care? Second, would the physician's assistant be sufficiently comfortable in providing primary care with supervision by physicians who were not immediately available in the office for most of the day? Third, would the physicians responsible for the work of the physician's assistant be satisfied with the quality of health care rendered in this setting? The answers to all three of these questions were shown to be in the affirmative over the first three years of operation. The physician's assistants have continued to function well in this setting. They have become accepted and valued by the community. Utilization of The Medical Center in Trenton has steadily increased over the years. Over 6,000 patient visits were recorded during the last full year of operation. The office facility has recently been remodeled and expanded with the assistance of Hill-Burton funds. The additional space and more efficient layout has resulted in another increase in patient visits which is now averaging 30 per day. The Medical Center is now being used for the training of physician's assistant students, and a resident in medicine is assigned for a one month rotation throughout the year.

One year ago the program instituted still another primary health facility in Cross City, the county seat of Dixie County. An active and well organized citizens group in this community had been working for years to attract a permanent physician to the county of 6,000 population. A Sears Foundation office building was constructed in the late 1950's and the community was successful in getting an osteopathic physician who has served the community for over a decade. The National Health Service Corps provided a physician and a dentist through the actions of this community group but it was not possible to replace the physician after his two year tenure was ended. One year ago the

committee invited the participation of the medical school in taking over the practice established by the National Health Service Corps physician. Based on his previous experiences in Lafayette and Gilchrist Counties, the model of a physician's assistant living in the community with residents to be assigned on a one month rotation basis was chosen. Medical students were assigned to this facility as part of their experience in community medicine and family practice. About 20 patients per day are using the facility, and the physician's assistant provides emergency services at night and on week-ends, with the assistance of the medical student.

A quite different, and more traditional, model has been in operation for the past year in Williston, Levy County, Florida, a community of 1,600 people. Medical students and residents are assigned on a rotating basis to a physician in this community who has shown particular interest and skills as a preceptor. Because of its proximity to Gainesville, the students and residents can participate in a busy rural practice without having to move from their homes in Gainesville. They share the "on call" schedule with the physician. This practice provides another perspective on rural medical care because the community has a 30-bed hospital where patients from the preceptor's practice are frequently hospitalized. This is in contrast to other rural sites in this program where patients requiring hospitalization must be referred to Gainesville or other larger communities which are still farther away.

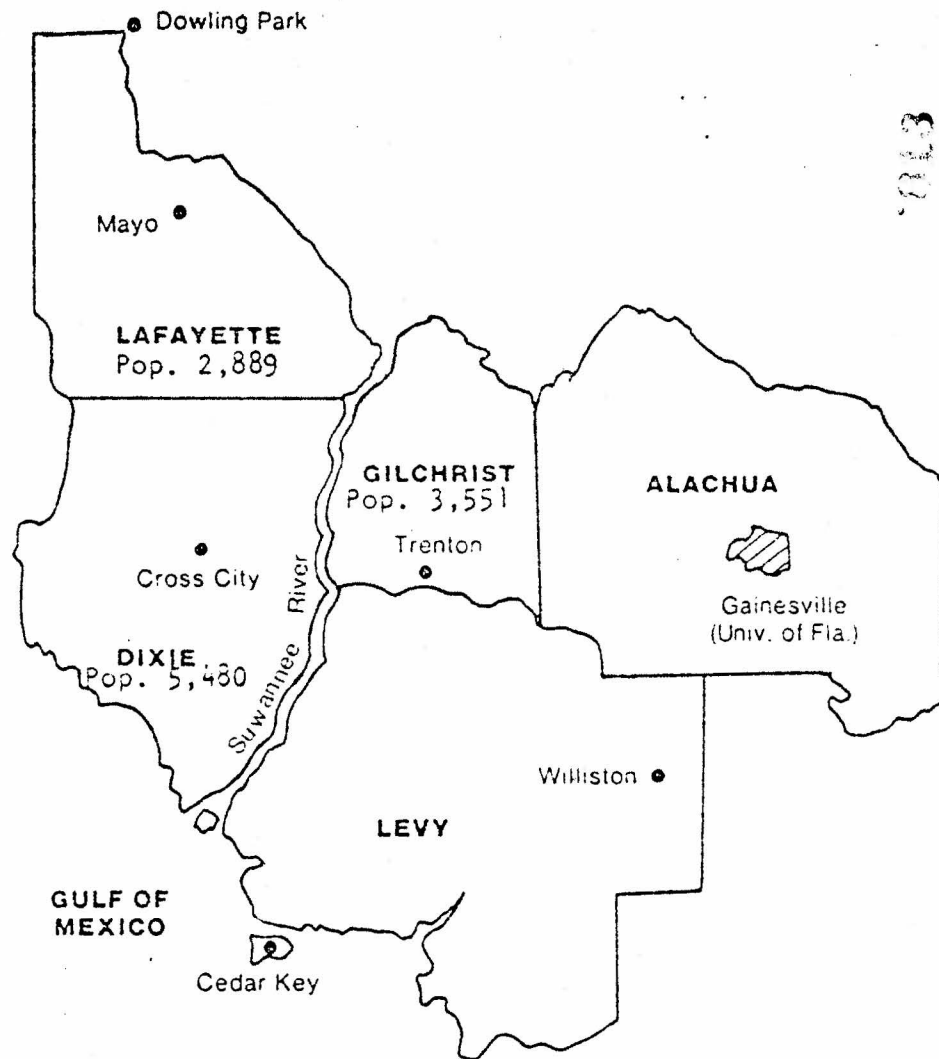
Currently 40 residents from the Department of Medicine, Pediatrics and Community Health and Family Medicine participate in one month rotations each year. Eighty medical students have two week assignments to one of the sites during their first clinical year. Longer assignments are provided for senior medical students as an elective.

Computer facilities in the Department of Community Health and Family Medicine are used to summarize the 30,000 patient visits recorded each year at the rural clinics. Monthly summaries are provided for each clinic with information on patient demography, procedures performed, and diseases diagnosed and medications prescribed. This information provides a basis for further planning of the educational thrust of the program, for management of the facilities. An extensive evaluation of the educational impact of the program on medical students and residents is under way. Further evaluation of the effect of both patients and community leaders who participate in the management of the clinics are planned.

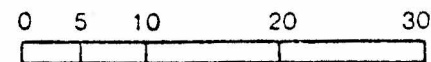
~~WAMI PROGRAM - WAMI is a University of Washington program which is training more physicians by decentralizing medical education through the sharing of exciting facilities and personnel in universities and communities in Washington, Alaska, Montana and Idaho.~~

~~The only medical school in the four states, the University of Washington organized WAMI in 1970 to train more physicians and to encourage them to practice in rural, underserved areas where the need is greater. Called WAMI an acronym for Washington, Alaska, Montana and Idaho - the program's goals are to enable more students from these states to attend medical school, without building more schools or expanding the teaching facilities at the University of Washington School of Medicine; to increase the number of primary care physicians; and to bring the resources of the school of medicine~~

Relationship of Four Rural Counties to Alachua County and the University of Florida



SCALE OF MILES



One inch equals approximately 15.7 miles

Lafayette County Health Center (Pop. 2,889)
Mayo, Florida (Pop. 687)

Registered Patients 4,632

Summary of Year (Nov. 1975 - Oct. 1976)

	<u>Business</u>	<u>Expenses</u>	<u>Cash Income</u>
Nov.	\$ 5,006.70	\$ 4,781.41	\$ 4,135.00
Dec.	3,150.86	3,086.94	4,884.31
Jan.	4,311.05	6,818.68	3,822.06
Feb.	4,153.60	6,078.98	4,156.18
March	4,043.00	5,075.69	4,661.51
April	4,660.68	4,701.56	5,016.50
May	4,214.36	5,098.30	5,933.85
June	4,019.68	5,899.19	3,917.22
July	4,508.44	7,423.12	12,165.61
Aug.	6,330.70	5,621.38	5,589.70
Sept.	6,022.33	6,592.96	5,744.80
Oct.	5,097.85	5,890.79	4,659.75
	<hr/>	<hr/>	<hr/>
	\$ 55,519.25	\$ 67,069.00	\$ 65,686.49

The Medical Center
 Gilchrist County (Pop. 3,551)
 Trenton, Fla.

Registered Patients 3,852

Summary of Year (Nov. 1975 - Oct. 1976)

	<u>Office Visits</u>	<u>New Patients</u>	<u>Business</u>	<u>Expenses</u>	<u>Cash Income</u>
Nov.	312	41	\$ 2,793.00	\$ 5,025.02	\$ 3,030.20
Dec.	385	60	3,414.00	5,970.36	3,470.81
Jan.	395	48	3,156.72	5,551.69	3,434.00
Feb.	530	69	6,942.00	6,079.07	5,667.47
Mar.	531	82	7,578.00	5,490.81	5,992.00
Apr.	436	75	5,858.00	5,144.33	5,383.42
May	424	65	5,997.00	5,854.34	4,863.62
June	455	61	6,354.00	4,537.60	6,623.85
July	411	56	5,622.23	4,314.93	5,177.86
Aug.	436	60	5,746.00	5,672.56	5,012.70
Sept.	426	65	6,440.00	4,823.83	6,133.40
Oct.	384	71	6,154.00	4,672.07	5,593.70
	<u>5,125</u>	<u>753</u>	<u>\$ 66,054.95</u>	<u>\$ 63,136.61</u>	<u>\$ 60,383.03</u>

NEGATIVE FACTORS AFFECTING CHOICE
OF

Appendix D

RURAL PRACTICE LOCATION
(AMA STUDY)

ASPECTS OF MEDICAL PRACTICE	COUNTIES ADJACENT TO METROPOLITAN AREAS (N=825)	ISOLATED SEMIRURAL 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%	23%	35%	49%

816

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

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	POPULATION	DISTANCE TO NEAREST M.M.F. ¹	TIME UNDER NORMAL CONDITIONS TO NEAREST M.M.F.	SECONDARY SERVICES ²	AVAILABLE PUBLIC TRANSPORTATION	VISITATION BY PUBLIC HEALTH NURSE	AVAILABLE PHARMACY FACILITIES	VOLUNTEER HEALTH ORGANIZATION FORMED	OPERATING CLINIC	AVAILABLE EMERGENCY MEDICAL SERVICES ³
MOHAVE VALLEY	2,000	65 mi.	65 min.	Yes	No	Yes	Yes	Yes	Yes	Yes
PARIAH VALLEY	1,500	90 mi.	95 min.	No	No	Yes	No	No	Yes	Yes
JEAN-GOODSPRINGS SANDY VALLEY	500	45 mi.	45-60 min.	No	No	Yes	No	No	No	No
MT. CHARLESTON-LEE CANYON	2,000	45 mi.	45 min.	No	No	Yes	No	No	No	No
INDIAN SPRINGS ⁴	850	45 mi.	45 min.	No	No	Yes	No	No	No	No
SEARCH LIGHT	500	75 mi.	75 min.	No	No	Yes	No	Yes	No	Yes
DAVIS DAM-SOUTH POINT ⁵	400	120 mi.	120 min.	No	No	No	No	No	No	No

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.

NEGATIVE FACTORS AFFECTING CHOICE
OF

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%

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.

A FEASIBILITY REPORT ON THE UNIVERSITY OF NEVADA,
RENO'S PROPOSAL FOR THE DEVELOPMENT OF A DEGREE-
GRANTING MEDICAL SCHOOL WITH PRIMARY CARE RESIDENCIES.

by M. Roy Schwarz, M.D.

Karl H. Wegner, M.D.

W. Donald Weston, M.D.

Terence A. Rogers, Ph.D., (Chairman)

A Report To The President of University of Nevada, Reno

This report was prepared for the President of the University of Nevada, Reno, at the request of Dean George T. Smith. It presents the views of a four-person committee on the feasibility of expanding the present "two-year medical school" at the University of Nevada to a full, M.D. degree granting program. The feasibility was assessed particularly in the context of a December 1, 1976 document prepared by the School of Medical Sciences entitled "A Proposal for the Development of a Degree Granting Medical School with Residencies in Primary Care." The committee included:

Terence A. Rogers, Ph.D., Dean, University of Hawaii
School of Medicine, (Chairman)

M. Roy Schwarz, M.D., Associate Dean, Academic Affairs
and Director WAMI Program,
University of Washington School of
Medicine

Karl H. Wegner, M.D., Dean, The University of South
Dakota School of Medicine

W. Donald Weston, M.D., Acting Dean, Michigan State
University College of Human Medicine

The on-site visit was conducted between December 2 and 8,
1976.

Three members of the committee have extensive experience with existing four-year medical schools based entirely in community hospitals, and two of these have recent experience in converting two-year to four-year schools. The fourth has unparalleled experience in developing a regional program.

Sections of Report

I.	Feasibility baseline	4
II.	Feasibility assessment	6
III.	Budget and timetable	8
IV.	Cautionary notes	10
V.	Summary and conclusions	13
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I. FEASIBILITY BASELINE

The task of the committee was substantially simplified by several factors:

1. The June, 1976 accreditation of the existing two-year program for a four year period by the Liaison Committee on Medical Education was solid evidence of the quality of that basic program. It was, therefore, unnecessary for the committee to consider basic science teaching resources except for the extent to which they would need to be strengthened to support clinical instruction - and the extent to which they would be enriched by fully developed clinical programs.

2. The proposal developed by the School of Medical Sciences is for clinical instruction to be conducted in existing community hospitals and does not involve construction, by the University, of any clinical care space. The simplification referred to lies in the fact that the committee, therefore, had no need to assess the intricate socio-economic impact of the construction of such a facility upon the State and especially on the medical community.

3. The present two-year medical school had already been particularly energetic in establishing relationships with five major hospitals, and so the committee was able to get a clearer impression of future cooperativeness than if the prospect of affiliation agreements had been brought up de novo at the time of the committee's visits to those hospitals.

4. One of the five hospitals referred to, the Veterans Administration Hospital in Reno, has already moved far down the path of mutual dependency with the Medical School and can be absolutely counted upon as a major clinical teaching resource. A further extremely favorable factor is that the Medical School faculty can strongly influence the quality of the learning environment in the V.A. Hospital

5. Another simplifying factor is that the University has already received assurance of the continued availability (within the proposed timetable) of a Conversion Grant under the Health Manpower Training Act of 1971.

II. FEASIBILITY ASSESSMENT

The committee reviewed their observations on December 7th and immediately and unanimously agreed that the broad thrust of the proposal is well conceived and entirely feasible. The committee were especially impressed by the following:

1. The availability of the V.A. Hospital, its plans for immediate expansion, and its future expansion contingent upon the establishment of a four year medical school. The importance of this resource can hardly be exaggerated

2. The outstanding quality of the facilities and staff at Washoe Medical Center, St. Mary's Hospital in Reno, and of Sunrise Hospital and Southern Nevada Memorial Hospital in Las Vegas. The total bed capacity of these institutions is more than necessary for the proposed program.

3. The medical school has already assumed the major continuing medical education responsibility in the State.

4. The energy and enthusiasm of the present medical faculty and administration.

5. The high level of interest displayed by well qualified members of the medical community in serving as part-time faculty as described in the proposal.

6. The support of members of the Medical School's Advisory Board and other leading citizens.

7. The six year budget projection is realistic and makes abundantly clear the fact that the Conversion Grant will diminish

the budgetary impact for the first three years only.

8. The timetable is realistic.

9. Library development is well in hand.

10. The program is aimed at Nevada's needs - the provision of more and better distributed primary care physicians.

11. The current students met by the committee appear bright and also enthusiastic about their School.

III. BUDGET AND TIMETABLE

The supportiveness of the University's administration and faculty is, of course, variously tempered by budgetary considerations. The proposed expansion of the Medical School could be regarded as a classic problem in setting priorities in the allocation of public resources. It is the opinion of the committee that the benefits to the State of Nevada and the imminent (1977) phase-out of the availability of a Federal Conversion Grant make the strongest case for moving ahead with the expansion according to the timetable proposed (1976-77 first year class to graduate with the M.D. degree in 1980). The committee are also cognizant of ever-increasing difficulties for students endeavoring to transfer for their third and fourth year training, and that this is also supportive of the medical school's proposed timetable.

The medical school's proposal describes the increased educational opportunities for young citizens of Nevada and the enhanced probability of graduates' practicing in Nevada. The committee agree that these are major advantages which are obvious almost beyond discussion.

The bias of the committee in favor of medical education may be regarded as offset by their well-informed perception of the potentials of the medical school's proposal. It is not just another expensive academic program; it is rather a plan for regional development and an instrument by which the whole of health care delivery in the State can be woven into a network for the benefit

of all. The benefit would be particularly notable in the vitalizing effect on health care delivery in underserved areas and in the public sector concerned with mental health, child health and protection, and family planning. This kind of integrative role is beyond the capacity of a two-year medical school.

Clark Kerr once commented, "In the modern university, the health sciences form the interface with the community that the colleges of agriculture did in the earlier years of this century."

IV. CAUTIONARY NOTES

The following observations are presented as advice to our colleagues at the University of Nevada rather than as specific criticisms of elements of the proposal. We are also aware that these points are probably all too well recognized already, but our listing them here, in approximate order of our perceived priorities, may be helpful in the next stage of planning.

1. The potential difficulties in conducting clinical training in widely separated urban complexes are extensive. It is important that the organizational structure take into account the potentials for cleavage, "branch office syndrome," the development of independent power bases, etc. It was agreed that rather than formulate a detailed critique (or start designing administrative models) the committee should simply advise emphatically that this area be given some renewed planning attention. One detail on which there was complete unanimity, however, was the need for an Associate Dean with broad authority in the Las Vegas area.

2. The present faculty salary ceiling will, of course, be a serious problem in recruiting full-time faculty in the clinical disciplines. Legislative support should be sought for changing the present law in this context and simultaneously a system of supplementation (through a faculty practice plan, for example) should be worked out.

3. The committee sees it as inevitable that the Reno V. A. Hospital will rapidly become a major clinical base, and so careful attention will need to be paid to the other hospitals' sense of partnership and participation.

In this same context, the distribution of 96 medical students among the several large hospitals, preceptorships, rural units, vacation periods, etc. will mean that they will be more thinly spread than cooperative hospital staffs are expecting. This too can lead to a sense of non-participation.

4. Many academic clinicians have qualifications not congruent with the criteria for appointment and promotion elsewhere in the University. For example, a clinician heavily involved in patient care and teaching may not have published as much original work as would ordinarily be commensurate with his or her rank. This will need some tactful attention before recruitment begins.

5. The committee wishes to draw attention to the necessity of maintaining clear and continuous lines of communications with private physicians. Many who are currently neutral or even disapproving of the School's expansion can become supportive as the program gets under way. Full-time faculty should be encouraged to join the county and State organizations.

6. The School should develop a governance document which addresses, among other things, the governance role of part-time faculty .

7. The committee recognizes several important questions that will need to be dealt with regarding students' experiences in Las Vegas.

- a. Will they have short rotating periods ora full year in Las Vegas?
- b. How will the departments standardize student (and faculty) evaluations between Reno and Las Vegas?

V. SUMMARY AND CONCLUSIONS

1. The proposed program is both feasible and highly congruent with Nevada's needs.
2. The proposed schedule is realistic and, in fact, almost imperative in consequence of the Federal funding pattern and transfer difficulties.
3. The available clinical facilities are outstanding in quality and quantity.
4. The proposed budget is realistic with the exception that the present salary ceiling is inadequate for recruitment of senior full-time clinicians.

VI. ACKNOWLEDGEMENTS

The committee were struck by the high level of interest in the Medical School and the proposed expansion. We noted a concomitant frankness about the potential difficulties and a singular lack of acrimony. We are especially indebted to Dean George T. Smith and Associate Dean Thomas J. Scully for their total cooperation and unfailing courtesy and hospitality. We also greatly appreciated the helpful frankness of all the other people in the University, the hospitals and the government with whom we came into contact.

Terence A. Rogers (Chairman)

- c. Will the students in the Las Vegas area be helped by having a formal relationship to UNLV (student services, housing, etc.)?

TESTIMONY BEFORE THE
NEVADA STATE LEGISLATURE
MARCH 7 and 8th, 1977
FRED M. ANDERSON, M.D.

A GREAT MANY CHANGES HAVE OCCURRED SINCE THE 1969 LEGISLATIVE SESSION DURING WHICH I APPEARED BEFORE YOU TO RECOMMEND BEGINNING A SCHOOL TO ACCOMMODATE THE FIRST TWO YEARS OF MEDICAL EDUCATION.

Before 1969 NEVADA HAD AVERAGED LESS THAN 8 STUDENTS GETTING INTO MEDICAL SCHOOL EACH YEAR, EVEN WITH THE HELP OF THE WICHE PROGRAM.

WE STARTED IN NEVADA WITH A CLASS OF 32 IN 1971 BUT THE NEXT FEW YEARS FOUND SO MANY QUALIFIED NEVADA STUDENTS APPLYING THAT WE INCREASED IN THE SECOND YEAR TO 45, AND TO 48 IN THE THIRD YEAR. WE HAVE EXCEEDED OUR ^{original} CLASS SIZE BY

50% ~~50%~~ BECAUSE OF THE LARGE APPLICANT POOL. PRESENTLY WE HAVE PRESSURE TO INCREASE THE CLASS SIZE EVEN FURTHER.

WE BELIEVE WE CAN INCREASE THE CLASS SIZE BY 4 TO 5 STUDENTS *within the budget as presented today,*

NOW THIS YEAR WE FIND 164 NEVADA RESIDENTS APPLYING, PROBABLY OVER 50 OF THEM GOOD ACCEPTABLE STUDENTS. IN ADDITION, THERE ARE 653 APPLICANTS THAT ARE NOT NEVADANS.

NEVADA HAS DEVELOPED THIS SCHOOL FOR HER YOUNG PEOPLE TO PURSUE THEIR CHOSEN CAREER OF MEDICINE. MEANWHILE UNPREDICTABLE

CIRCUMSTANCES, ALL BEYOND OUR CONTROL, HAVE OCCURRED THAT SHARPLY LIMIT THEIR ABILITY TO GET THE LAST 2 YEARS BY TRANSFER TO OTHER SCHOOLS.

TO INSURE GRADUATION WE MUST CONVERT TO THE FULL 4 YEARS. FORTUNATELY CONSIDERABLE SUMS OF MONEY ARE AVAILABLE TO HELP WITH THIS CONVERSION, AS NOTED BY DEAN SMITH.

BEYOND THIS, ECONOMICAL PLANS FOR THE ADDITIONAL 2 YEARS WILL ALLOW USE OF SPACE IN ALREADY EXISTING COMMUNITY AND STATE AND VETERANS HOSPITALS, SO THAT NO CAPITAL CONSTRUCTION WILL BE NECESSARY FOR ~~AT LEAST SEVERAL YEARS~~ *Now*

ONE POSITIVE RESULT OF LOCATING THE LAST 2 YEARS IN THESE HOSPITALS IS THAT IT WILL PERMIT CLOSE AND CONTINUING RELATIONSHIPS BETWEEN MEDICAL SCHOOL FACULTY AND STUDENTS, WORKING WITH THE PRACTICING DOCTORS OF THE STATE IN THEIR HOME BASES OF PRACTICE. THIS WILL SERVE AS A SIGNIFICANT STIMULUS FOR LEARNING AND IMPROVEMENT OF ALL PARTIES CONCERNED.

THE MORE THAN 200 PRIVATE PRACTITIONERS WHO WILL PARTICIPATE IN MEDICAL SCHOOL TEACHING WILL BRING THEIR KNOWLEDGE AND PRACTICAL SKILLS TO THE STUDENTS, WHILE THE STUDENT CONTACTS AND QUESTIONS WILL BE A CONTINUING STIMULUS TO THE DOCTORS FOR LEARNING AND SELF-IMPROVEMENT.

RESULT -- A MUTUALLY ADVANTAGEOUS SITUATION THAT WILL PROVIDE EDUCATIONAL OPPORTUNITY FOR OUR YOUNG PEOPLE IN MEDICINE AND OTHER HEALTH SCIENCES AND ALSO IMPROVED MEDICAL CARE FOR NEVADANS.

Fred M. Anderson, M.D.

March 3-8, 1977

IN 1969 WE PROMISED TO DEVELOP A COMPREHENSIVE HEALTH CARE EDUCATIONAL SYSTEM.

WE NOW HAVE 8 PROGRAMS IN HEALTH SCIENCES (PRE-MEDICINE, PRE-ODONTOLOGY, PRE-PHARMACY, PRE-PHYSICAL THERAPY, HEALTH EDUCATION, MEDICAL TECHNOLOGY, SPEECH PATHOLOGY, AND AUDIOLOGY.

WE STATED IN 1969 THAT THERE WOULD BE 700 STUDENTS OTHER THAN MEDICAL STUDENTS TAUGHT BY MEDICAL SCHOOL FACULTY. THAT NUMBER IS AT PRESENT 1,404 STUDENTS.

of these THERE ARE 654 UNDERGRADUATES DECLARED AS HEALTH SCIENCE MAJORS IN THE MEDICAL SCHOOL AND THERE ARE AN ADDITIONAL 299 UNDERGRADUATES IN THE ORVIS SCHOOL OF NURSING, TAKING ~~CARE~~ COURSES TAUGHT BY THE MEDICAL SCHOOL.

INDEED, UNDERGRADUATE STUDENT MAJORS IN THE HEALTH SCIENCE PROGRAM HAVE TRIPLED SINCE 1971 AND COURSE ENROLLMENT INCREASED BY SOME 36% PER YEAR BETWEEN 1973 and 1976. IN ADDITION, UNDERGRADUATE HEALTH SCIENCE COURSES NOW SERVE OVER 300 STUDENTS EACH SEMESTER FROM OTHER COLLEGES AND SCHOOLS ON THE CAMPUS.

THE MEDICAL SCHOOL ALSO OFFERS A 4-YEAR NATIONALLY ACCREDITED LABORATORY TECHNOLOGY COURSE, WITH 107 STUDENTS ENROLLED (SUPPORTED BY A \$500,000, 5-YEAR GRANT FROM THE VETERANS ADMINISTRATION) AND A BACHELOR'S AND MASTER'S DEGREE PROGRAM IN SPEECH PATHOLOGY AND AUDIOLOGY THAT ENROLLS 44 STUDENTS AND HAD 13,000 PATIENT CONTACTS LAST YEAR, A

Fred M. Anderson, M.D.

3/7-8-/77

VALUABLE RESOURCE THAT IS THE ONLY ONE OF ITS KIND IN
THE STATE. *in addition to the Medical Student program*

THUS WE HAVE DEVELOPED A TRULY COMPREHENSIVE HEALTH SCIENCES PROGRAM
THAT ENROLLS 805 STUDENTS UNDER THE MEDICAL SCHOOL AND
GIVES COURSES TO 599 STUDENTS FROM OTHER COLLEGES.
IT HAS ACHIEVED NATIONAL RECOGNITION AND SUPPORT, AS
~~FURTHER~~ EVIDENCED BY A \$1 MILLION DOLLAR GRANT FROM THE
ROBERT WOOD JOHNSON MEDICAL FOUNDATION AND AN EQUAL
AMOUNT FROM H.E.W.

#

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 ¹						
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	324	362	219	300	300	300
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	--	100	70	--	--	--
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

(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	572	855	987	436	479	528
(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	0	180	330	508	717	876
TOTAL Annual Cost 4-yr School + Residency	2,520	3,555	4,692	5,306	5,995	6,682

1. 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.

2. 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 senior medical students.

SCHOOL OF MEDICAL SCIENCES - UNIVERSITY OF NEVADA, RENO

STATE APPROPRIATION REQUEST FOR THREE BIENNIA

1977-79 / 1979-81 - 1981-83

100

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	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	1,004,904		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	259,509	1,064,021												
3. Other Revenue & Private	250,531	74,032		324,563	354,907	7,199		362,106	219,195			219,195	285,548	14,452		300,000	300,000			300,000				300,000
Sub-Total - Increment for Conversion	(1,948,305)				(2,143,133)				(2,358,445)				(2,593,187)				(2,852,505)			300,000	(3,137,755)			300,000
B. GRADUATE RESIDENCY PROGRAMS		(572,132)				(1,232,262)				(2,003,552)				(2,205,010)								(2,668,064)		
1. State Appropriation																								
2. Professional Fees																169,400	169,400			239,140	239,140			292,210
3. Hospital Reimbursement																169,400	169,400			239,140	239,140			292,210
4. Other Revenue - Private							100,000	100,000			70,491	70,491								239,140	239,140			292,210
Sub-Total Residency							(180,000)	(180,000)			(330,000)	(330,000)			(508,200)	(508,200)			717,420				(876,630)	
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 ²	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 ²	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 Salaries²								90,000				90,000				326,700				479,160				658,830
2. Residency Administration								60,000				60,000				72,600				79,860				
3. Residency Operating								30,000				30,000				108,900				158,400				217,800
Sub-Total Residency								(180,000)				(180,000)				(508,200)				(717,420)				(876,630)
Sub-Total - 2 Year School	1,948,305				2,143,133				2,357,445				2,593,187				2,852,505				3,137,755			
Conversion Increment Per Year		572,132				854,960				986,600				436,200				479,820				527,802		
Sub-Total - 4 Year School		2,520,437				3,375,397				4,361,997				4,798,197				5,278,017				5,805,819		
Residency Total Per Year							180,000				330,000				508,200				717,420				876,630	
C. Total - 4 Year and Residency				2,520,437				3,555,397				4,691,997				5,306,397				5,995,437				6,682,449
SUMMARY																								
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		
Cost Per Med. Stud. & Resident		26,254					23,702				23,000				25,268			27,756				30,101		

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.

(Please Print)

Name	Organization	Address	Phone
DR. Pat Geuder	WICHE	UNLV Dept. of English →	739-3533
Joseph Warpinski	- So. Nev. Pre Dental Students	3159 E. Sahara #109 L.V. 89104	457-6056
Phil Matthews	Pre-vet. student	11575 Old Virginia Rd. Reno, NV.	826-6227
Eddie McCay	on Lehalz of Student	1733 London Cir, Sp	358-0423
Susan Spragens	No. Nevada Dental Students	6555 Plumas #113 Reno	826-4283
THOMAS DANIEL	SO. NEV. PRE-DENTAL STUDENT	4091 E. Royal Hill Ave. LAS VEGAS, NEV 891 21	458-1874
Robert H. Talley	UNLV Pre Dental Student	1205 N. 21 st St. Las Vegas, Nev. 89101	642-2070
Jeffrold P. Cansdale	UNLV Pre Dental Student	3139 E. Sahara #60 L.V., Nev. 89104	457-5194
Rick Kuhlmeier	Pol. Action Comm.	3104 Demetrius, L.V.	642-5856
GERALD LENTON	OPTOMETRY	2227 Rizzo SPARKS	358-6997
GORDON J. MURRAY	Uof N-Las Vegas Pre Dental Student	2112 Jeanne Dr. L.V. 89108	647-2346
Travis Titlow	UNR - Pre-dental	3500 Quilici Rd. Reno, NV. 89511	825-1789
DONALD K. PENNELL	UCLA 4 th YR. MEDICINE	5401 W. CHARLESTON, LAS VEGAS	870-1406
Joe Dobson	UNR Pre-Dental	PO. Bx 5105, Stateline, NV. 89449	784-4230
cliff Chapin	Pre dental UNR	1266 N. Sierra St	329-9072
Theodore Jacobs, M.D.	Practicing Physician + Member, Advisory Board To Dean of Medical School	3196 - Maryland Pkwy., Las Vegas	735-0258
George T. Smith MD	Dean Sch of Medical Sciences	UNR - Reno	784-6001
THOMAS J. SCULLY MD	Sch of Med. Sciences	UNR - Reno	784-6001
DEWITT C BALDWIN MD.	" " "	" "	784-4984
Beverley D. Rowley	" " "	" "	"
Phil Sirotkin	WICHE	BOULDER, Colo.	
Neil D Humphrey	UNS	Reno	784-4901
I. J. Burnett DVM	State President Veterinarian	5305 Wedekind - Sparks	358-6880
Cleaver Burnett	Parent of I. J. Burnett	1740 Cass Ave - Reno	373-7137
RITA SMITH	SCHOOL OF MEDICAL SCIENCES	UNR, RENO, NV.	784-6007
DWEN C PECK, M.D.	SCHOOL OF MEDICAL SCIENCES	UNR, RENO, NV.	784-6007
J. MATTHEWS	SCH. MED. SCI.	UNR - Reno	784-6017

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3/8/77

(Please Print)

Name	Organization	Address	Phone
Matthews	UNR - Sch Med Sci	735 TOIYABE ST. UNR Reno	784-6017
Rita Smith	SCHOOL OF MEDICAL SCIENCES	UNR, RENO	784-6007
Edna Brigham	School of Med. Sci.	160 Westview Pl.	825-8746
Nelson S. Hoff	Sch. Med. Science	575 Reno Ave Reno	323-2101
W.D. Humphrey	UNS	Reno	784-4901
Bryce Wilson	(None)	Glenbrook	749 5667
JERRY R. MAY	UNR - School of Med. Sci.	UNR RENO	784-4917
Rich Loehn	" " "	2401 Cannan Reno	359-1663
Max Midam	UNR	Reno, NV	784-4805
Ind. Advisor MD.	Regent UNS	Reno	322-2161
Kathy Gieseking	WMC - RICH	Reno	785-5885
Ronald Stuber MD	WMC INDEPENDENT CONSULTING PODIATRICALS	Reno	785-5885
D.C. Ballman MD	UNR. Med School	"	784-4984
Beverly D Rowley	" "	"	"
Nancy Maddams	" "	329 Brett harte ave. Reno	323-4802
PHILIP J. GILLETTE	" "	Reno, NV.	784-4851