

**MINUTES OF THE  
SENATE COMMITTEE ON HUMAN RESOURCES AND EDUCATION**

**Seventy-fourth Session  
February 21, 2007**

The Senate Committee on Human Resources and Education was called to order by Chair Maurice E. Washington at 1:38 p.m. on Wednesday, February 21, 2007, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Senator Maurice E. Washington, Chair  
Senator Barbara K. Cegavske, Vice Chair  
Senator Dennis Nolan  
Senator Joseph J. Heck  
Senator Valerie Wiener  
Senator Steven A. Horsford  
Senator Joyce Woodhouse

**STAFF MEMBERS PRESENT:**

Marsheilah Lyons, Committee Policy Analyst  
Joe McCoy, Committee Policy Analyst  
Sara Partida, Committee Counsel  
Patricia Vardakis, Committee Secretary

**OTHERS PRESENT:**

Crystal Abba, Assistant Vice Chancellor for Academic and Student Affairs,  
Director of Public Policy; System Administration Office, Nevada System  
of Higher Education  
Daniel J. Klaich, Executive Vice Chancellor and Chief Operating Officer; System  
Administration Office, Nevada System of Higher Education  
Bill Welch, Nevada Hospital Association  
Marcia Turner, Interim Vice Chancellor and Chief Operating Officer; University of  
Nevada Health Sciences System, System Administration Office, Nevada  
System of Higher Education

Senate Committee on Human Resources and Education  
February 21, 2007  
Page 2

John A. McDonald, Dean, University of Nevada, School of Medicine, Reno;  
Vice President, Health Sciences, University of Nevada  
Fred J. Maryanski, Ph.D., President, Nevada State College

CHAIR WASHINGTON:

We will hear three presentations today: one, concerning Nurse Education Programs within the Nevada System of Higher Education institutions; another concerning the University Health Science System (UHSS) and a final presentation concerning the Nevada State College (NSC).

CRYSTAL ABBA (Assistant Vice Chancellor for Academic and Student Affairs, Director of Public Policy; System Administration Office, Nevada System of Higher Education):

This Committee has requested a measure to support the expansion of nursing programs across the Nevada System of Higher Education (NSHE). We have provided the Committee with a copy of our PowerPoint presentation ([Exhibit C](#), original is on file in the Research Library) and the 2006 Nursing Plan ([Exhibit D](#), original is on file in the Research Library). What I would like you to remember from the presentation about getting nurses into the workforce is that, as a State, we have come a long way, but we still have a long way to go.

The Legislature passed A.B. No. 378 of the 71st Session which mandated the system develop a plan to double the capacity of our nursing programs.

In 2000, the U.S. Department of Health and Human Services did a study to determine the shortages of nurses across the country. It was determined Nevada was the lowest in the country with only 520 nurses serving each 100,000 of population in this State. South Dakota, Massachusetts and Rhode Island were the only states that had more than 1,000 nurses serving each 100,000 of population. The passage of A.B. No. 378 of the 71st Session accomplished two things: first, it mandated that the system develop a plan to double the capacity of our nursing programs and second, it established the baseline year from which we would be doubling nursing.

We developed the 2001 plan with a cost of \$21 million. We learned during the 72nd Legislative Session the plan was too costly. We returned with a new plan at a substantially lower cost. One critical factor to this revised plan was summer school funding. Normally summer school is self-funded, but because of the new plan, we were receiving State dollars for nursing and science-based

prerequisites. This was a critical part of the plan. In order to fast-track these programs, we needed to feed the pipeline of students going into the programs, and make sure they were adequately and quickly prepared. Under the new plan, we committed to double the capacity of our programs during the next interim. This meant that during the 2004 to 2005 academic year, we would increase the capacity of our programs by 650 students.

In the base year of 2000 to 2001, there were 623 students and in the target year of 2004 to 2005, we exceeded the mandate and had 1,570 students enrolled across the system. The mandate was exceeded by 200 students. We were able to accomplish this due to excess capacity in our nursing programs.

The key is the number of students we were able to get into the workforce. In the period of 2004 to 2005, we had a 50-percent increase in our nursing graduates which was a direct result of the 2003 nursing plan. In the following year, the preliminary numbers were increased and we had another 45-percent increase. Since 1999, the capacity of our nursing program has increased over 170 percent.

Ms. ABBA:

In 2004, the U.S. Department of Health and Human Services conducted another study, and we were second from the bottom. There are 1,600 additional nurses serving the public than there were 6 years ago.

There are several reasons for the shortage of nurses: there is a growing and aging population; an increased demand for high quality of care; the nursing workforce is approaching retirement age; there is difficulty attracting new nurses and retaining the existing workforce. The shortages will continue and accelerate in the next 10 to 15 years. As more nurses are coming into the workforce, others are leaving the field because of retirement or other reasons.

The enrollment projections in the 2006 nursing plan cannot be accomplished in a biennium as previously done because there is not the excess capacity in our programs as before. Today, there is no longer space in our labs or classrooms and no room to expand. For the 2006 plan to be successful, we are including projections for undergraduates and graduate students.

The 2006 nursing plan includes tables that provide a summary of the entire plan as well as individual campus budgets. Each is broken out into three areas:

operating and nursing salaries; space and science-based nursing prerequisites. The operating costs which include: nursing faculty salaries, special operating costs and special equipment will be \$13,670,000. The second portion of the budget includes the science-based nursing prerequisites with a cost of \$2,340,000 and finally, the critical issue of space with a cost of \$5,250,000. The plan includes funds to lease space to meet the immediate needs and requirements of the plan.

The Governor's Capital Budget Recommendation for the UHSS is \$110 million to address some of the permanent space needs for nursing. The total cost of the plan for the first biennium is \$21,260,000. I encourage the Committee to read the 2006 Nursing Plan [Exhibit D](#), because it provides the details as to how the numbers were developed beyond what I have provided. It also includes some historical information.

SENATOR HECK:

In what areas did you have excess capacity in 2003 to 2005?

Ms. ABBA:

They were classroom and laboratory space.

SENATOR HECK:

The faculty projections are quite significant. How is this going to bring 67 master-degreed nurse educators in the next biennium?

Ms. ABBA:

We graduated over 100 students from the graduate programs in the 2004 to 2005 school year. This will help feed the pipeline.

SENATOR HECK:

What year are you citing?

Ms. ABBA:

The last year we had numbers for was 2005 to 2006. The total number is 1,717 which is undergraduates only. If you add the graduates, the total is 1,823 students.

SENATOR HECK:

Your workforce development paperwork says you graduated 19 masters of sciences and nursing in 2005 to 2006. The information reported to the Nevada State Board of Nursing which they have in their annual report copies that data.

DANIEL J. KLAICH (Executive Vice Chancellor and Chief Operating Officer; System Administration Office, Nevada System of Higher Education):  
We will look into the discrepancy and explain it to you.

MS. ABBA:

I have the Board of Nursing Report. I will review the numbers.

MR. KLAICH:

We are looking at the salary issue. You are talking about salary parity between nurse educators and nurse practitioners as well as among our institutions. This is difficult in southern Nevada where there are three nursing programs feeding in the same pool. We have made a study of nursing salaries throughout the system and it is in draft form. We are not prepared to make any final conclusions from that study. There is some concern on the campuses whether the methodology and the comparison groups that have been used in the salary study are correct. Our data indicates that our nursing educators are competitively paid and there is relative parity between the institutions. Among the presidents there have been ongoing discussions on this issue because they are not able to handle the recruitment.

We went to our partners at the Nevada Hospital Association (NHA) for comparative data which they provided to us. We have heard from doctors who serve on committees that they have issues concerning hiring and attracting nurses. Our salary study is complete from this standpoint. There is significant discussion continuing internally with our presidents and nursing directors as to whether the methodology has produced the right results.

SENATOR HECK:

My concern is the presentation of a plan that is going to cost \$24 million in the next biennium. The American Association of Colleges of Nursing in their December report states that qualified applicants are being turned away from entry-level baccalaureate nursing programs because of lack of available space. The primary barriers are: insufficient faculty, clinical placement sites and classroom space. The only thing I see concrete in your plan is classroom space.

I do not see a plan to increase full-time equivalents in the next biennium. We are not graduating them or recruiting them. The other critical issue is training sites.

MR. KLAICH:

We could not do clinical education without the assistance of the NHA. The difficulty that was emphasized to us during our deliberations was not the availability of clinical sites, but everyone wanted the prime slots. If we were going to utilize our partners in the hospital to get our nurses through clinical rotations, we were going to have to be much more flexible in the future than we have been in the past. The NHA is looking into software to facilitate the placement of clinical rotation. We need to work with our partners to utilize all the capacity and all of the resources available.

SENATOR HECK:

You need to provide more detail in how to overcome each one of these 3 obstacles if you expect \$24 million in the next biennium. We, as a Legislature, need to know what we can do to help you overcome those obstacles.

BILL WELCH (Nevada Hospital Association):

The NHA has been working with the NSHE to have better coordination of the placement of nursing students. We have found that on three particular days a week, most of the programs wanted to have their students in the clinical setting. We would have two different programs showing up at the same hospital and the same department. We surveyed all hospitals in the State, particularly in the south, as to the reasonable time slots available, we determined their needs and set up a coordinated system so the program would call for their placements. The coordinated system has improved the clinical training sites for the nursing programs. Within the next 60 to 90 days, we plan to obtain the software that would make this coordination electronic from the clinical sites and the instruction side.

CHAIR WASHINGTON:

We are in the midst of this process and there are pieces that are missing. If we are to articulate your appropriations, we need all the details now.

MR. KLAICH:

There will come a point when we need to agree if we are going to increase these offerings and increase the classes and pay for more faculty. We have not answered all your concerns but will do so.

CHAIR WASHINGTON:

We can deal with the policy issues, but there needs to be some details to justify the funds.

SENATOR HECK:

My main concern is, are there statutory or regulatory changes necessary to help you meet your goals? If there are, then we need to be made aware of them.

MS. ABBA:

I wish to clarify my earlier statement. The 1,800 number was enrollment and not graduates. The number that was reported to the Nevada Nursing Board for graduates of Masters of Science Degree programs and students is 19. We anticipate under the Nursing Plan [Exhibit D](#) to see the graduate numbers at each institution increase. The 1,800 number is 100 over the undergraduates. There is a safety valve in regulations in respect to qualifications for a nursing faculty that provides, under certain circumstances and with the approval from the Director of the Nevada Nursing Board, we may hire Bachelor of Science in nursing educated faculty, which may be a last resort.

SENATOR CEGAVSKE:

We only have 120 days so time is important. My main concern is your request for space. There are high schools that sit vacant after 3 p.m. located next to community colleges and high school systems in Henderson. They are not utilized. The high schools could use the upgrade of chemistry and biology labs. The community colleges could use those places to educate. I have had numerous calls from parents who were frustrated because their children are in a nursing program and they cannot get the necessary classes or materials. The *Arizona Republic* reported the nursing programs are guaranteeing a four-year nursing degree. A hardship is being put on everyone because we are not providing the courses necessary for them to graduate.

Bonanza High School in Las Vegas is a prime example. Instead of utilizing space in the high school, a new building was constructed at the Community College of Southern Nevada (CCSN). The NSHE Capital Improvement Programs (CIP), which comes before us from higher education keep growing instead of partnering.

The other part is the Western Interstate Commission for Higher Education (WICHE). We could use your help in asking for slots to be used for nursing trainers and teachers.

I do not understand why you cannot differentiate between those that are trainers and the other positions. In government, we define a job's description and pay accordingly.

CHAIR WASHINGTON:

If high schools that are vacant are used, would they be conducive in developing clinical labs? Could they be retrofitted to accommodate the nursing students?

MR. KLAICH:

These are not easy questions to answer. One issue that became evident was space. The partnership issue was addressed but not in the manner Senator Cegavske has discussed today. We discussed this issue in the context of partnership with the NHA. There will never be a successful nursing initiative without the hospitals and the NSHE and the Legislature working together.

We currently have campus-based nursing programs. We do not have community-based programs. Our long-term desire is to maintain a campus-based instructional program while we benefit from our partners.

CHAIR WASHINGTON:

My concern is the retrofitting of those spaces into clinically realistic scenarios.

MS. ABBA:

Classroom space is an easy fix because they do not need to be retrofitted, but the clinical space presents challenges.

CHAIR WASHINGTON:

Perhaps we need a cost-benefit analysis between the actual classrooms spaces for instructional purposes versus space retrofitted for clinical purposes.

SENATOR CEGAVSKE:

The main reason for suggesting using the space in the high schools is for recruitment. Having the programs in the high schools would benefit the students aspiring to medicine or teaching because the programs would be in place. The partnership idea was to benefit the students in the high school and to use the



biology and chemistry equipment that the colleges also need, then we would be getting dual utilization of that equipment.

MR. KLAICH:

We will report to the community colleges. We have passed policies that make classes available at the high schools for reduced fees. We are aware that engaging high school juniors and seniors in college-level courses is a valuable recruiting tool.

SENATOR WIENER:

Other than a Bachelor of Science degree, what additional courses are needed?

MS. ABBA:

The regulations are specific in reference to clinical and laboratory sections. The faculty would only teach clinical and laboratory sections, not theoretical courses. I can provide data to you. To a certain extent, the institutions are utilizing that option, but it is as a safety valve only.

SENATOR WIENER:

Even with those methods, we are struggling with competitive recruitment issues.

MS. ABBA:

Correct.

SENATOR WIENER:

We still do not have the faculty to meet the needs of this State.

MS. ABBA:

We are anticipating through the doctor of philosophy program at the University of Nevada, Las Vegas, that will feed the pipeline of faculty that is available. It is not a complete fix. It is a matter of juggling resources.

SENATOR WIENER:

Just because a student has a degree does not mean they are in a position to teach.

Ms. ABBA:

The regulation also specifies a person must have recent experience. I will send you a copy of the regulation.

SENATOR WIENER:

The facilities in high schools and community colleges would serve a dual function.

SENATOR HORSFORD:

Was a space-needs assessment done at the university level of school district resources and community-based resources before arriving at your financial request?

Ms. ABBA:

For the space numbers that are included in this plan and given the time constraints that we faced, we went to the institutions and asked them for their needs.

SENATOR HORSFORD:

We need to know what is available and be assured that every space is being utilized before we further commit to the plan. To achieve the goal of increasing the undergraduate enrollment in nursing from 1,500 to 3,100 students, I agree we must utilize the high school level for recruitment. I have seen programs across the country of the dual-enrollment program at the high school level where students are graduating from high school with a minimum of an associate's degree. The school districts must play a role in this situation. Utilizing the campuses in the afternoons, evenings and weekends is important, but so is what is happening during the school day for those students.

Ms. ABBA:

This will become a recruiting tool for our nursing directors. Our ultimate goal is to graduate qualified nurses. We must look not only at senior, but junior and sophomore students for recruitment. The types of partnerships we enter will enable this type of recruiting.

SENATOR HORSFORD:

Our high schools need the resources of the mathematics and science capabilities. There are five new technical schools being built in southern Nevada, and one in northern Nevada. We need to ensure that the

schools being built accommodate the needs of these positions that are in demand.

SENATOR CEGAVSKE:

It would be beneficial for the staff to get any information that is provided to the Committee.

SENATOR HORSFORD:

The community college pilot in the schools is directed at college entrance courses in mathematics, English and remediation rather than the specialty courses for dual credit.

MS. ABBA:

The way the policy is written, it is specific to remedial and 100-level courses only.

MR. WELCH:

The hospital industry is concerned with this problem. The NHA is supportive of this initiative. We want to do whatever is necessary to facilitate this process. There is interest about this problem from many sides, and it would be beneficial to have all the parties meet. Children are graduated from high school and do not meet any of these prerequisites for the health and science degrees. This causes a problem because the student needs to invest an additional two years before they can even get in the career path.

CHAIR WASHINGTON:

Throughout all the professions everyone agrees that dual courses are necessary to prepare our students to enter into the various fields. There is a bill currently being drafted by the Nevada P-16 Council. I am not certain the hospital or the University is a part of that Council. This would be a valuable avenue to pursue.

I am concerned with the NSHE CIP. There is a request for \$49,250,000. Is that part of the State Public Works Board budget and the \$110 million? Is it all part of the CIP or are there two separate requests?

MR. KLAICH:

The building referred to on page 5 of [Exhibit D](#) is a nursing building at Nevada State College. It is a high priority of the Board of Regents, not recommended by the State Public Works Board and not in the Executive Recommendation. Within

the University of Nevada Health Sciences System's recommendation there are space allocations for nursing education, but are limited to the University of Nevada, Reno and University of Nevada, Las Vegas. It is in the Regents recommended budgets, but is not recommended for funding by the State Public Works Board or by the Governor.

SENATOR HORSFORD:

Is there a State Public Works Board list of recommendations?

CHAIR WASHINGTON:

Yes. This committee should receive the State Public Works Board's budget and the Board of Regents' budget.

MR. KLAICH:

I can provide a chart that contrasts what the Board of Regents, the Governor and the State Public Works Board recommended.

CHAIR WASHINGTON:

Is the \$5,250,000 for leased space at \$2 a square foot?

MS. ABBA:

Correct.

CHAIR WASHINGTON:

Does that include maintenance and operations?

MS. ABBA:

Maintenance and operations are included in the \$2 a square foot.

CHAIR WASHINGTON:

How much footage does that provide?

MS. ABBA:

The square footage is indicated in the budget for each campus on pages 10 through 18 of [Exhibit D](#).

MARCIA TURNER (Interim Vice Chancellor and Chief Operating Officer; University of Nevada Health Sciences System, System Administration Office, Nevada System of Higher Education):

I will give an overview presentation to inform the Committee as to the University of Nevada Health Sciences System's program ([Exhibit E](#), original is on file in the Research Library). Formerly, we were known as the Nevada Health Sciences Center. There are eight institutions within the NSHE. We estimate there are 150 different programs situated throughout these institutions. The concept of the University of Nevada Health Sciences System (UNHSS) is to work with all the programs and the administration of the various schools to help coordinate and collaborate the program. Page 13 of [Exhibit E](#) details the inventory and assessment of the NSHE Health Science Program.

On page 3 of [Exhibit E](#), the Committee will see the various components necessary for dramatic change in the system. Nevada has profound shortages of all health care providers and these are listed on page 4 of [Exhibit E](#). There are many solutions to this problem, but what we can do to help resolve the problem is to increase our programs to attract and produce more professionals. Page 5 of [Exhibit E](#) shows where Nevada ranks as far as the physicians in the "pipeline" compared to other states. The graphs on pages 6 and 7 of [Exhibit E](#) depict the existing residency and fellowship programs. This information demonstrates how few programs we have in place and the opportunities available for expanding our programs. Each of the programs is trying to educate students. Many are heavily involved in research, community health, public outreach, education to our community and training. The UNHSS is trying to pull together all these educational components to better meet the needs of our community and the students. One thing that can enhance these programs is the partnerships with outside stakeholders who are also trying to address the health care needs.

On page 10 of [Exhibit E](#), there is a list of health benefits that Nevadans will realize from a health sciences system. We are able to enhance the level and focus of our program. When we look at the economic benefits of increasing the health professional programs on page 11 of [Exhibit E](#), there are high returns on the investment. For the \$110 million in the Governor's proposed budget, the UNHSS has committed to raise \$147 million to help with the construction of buildings needed. There is an opportunity as we build more infrastructures in supporting our professors to do more research to bring in more federal and private funds. We can also attract more biomedical industries and other businesses to Nevada as well as expand the access to health care.

The mission of UNHSS is explained on page 12 of [Exhibit E](#) and shows what we can do to foster the development of these programs and help bridge gaps among the different programs to encourage and facilitate collaboration within the NSHE. We started a private foundation and need to promote external collaboration with outside partners.

The chart on page 13 of [Exhibit E](#) shows the NSHE Health Science Program as it exists today. We are trying to inventory and assess the programs which are in place.

JOHN McDONALD (Dean, University of Nevada, School of Medicine, Reno; Vice President, Health Sciences, University of Nevada, Reno):

In order to be a practicing physician, a residency must be completed. The same is true for fellowships which are the second postgraduate experience. This is what leads to subspecialists. For example, I am trained in internal medicine but also in pulmonary and critical care medicine. One focus is growth for the University of Nevada, School of Medicine (UNSOM). We looked at what is the best way to spend funds to increase the impact of the UNSOM on the public's health. Our first step was to increase the faculty number so we could mount the residencies and fellowships that are necessary to train physicians. Last year, almost half of the graduating seniors had to leave the State to train in the specialty area of their choice. We have started a new emergency residency program at the University Medical Center (UMC), but we have more holes to fill. The only way to accomplish this is to continue to increase our faculty, increase programs to support residencies and fellowships and add to class size.

Another need is in nursing. Nevada, as well as other states, is experiencing a nursing shortage. We cannot rely on importing nurses from other states. We need to look internally because we will be competing for the same manpower pool.

Dental health is tied to overall health. Poor dental health is linked to cardiovascular risk. It particularly affects the underserved, the elderly and the poor. The School of Pharmacy produces not only dispensing pharmacists, but research scientists and skilled pharmacists that are in short supply in the hospital setting. Limited investments in key areas of public health are specifically related to either increased prevalence in Nevada of such programs as addiction, trauma and radiation exposure or that tie in with some of our

neurodegenerative disease. Diabetes is increasing every year in our country and is increasing morbidity and cardiovascular mortality.

With respect to the growth plan, it will add 83 faculty and staff. The faculty is tied to needed programs for new residencies. After the initial start-up, these faculty are largely self-supporting, using revenue from clinical operations and research.

It is critical for the Committee to understand the UNSOM, unlike a number of formula-supported schools, is really on its own. We get approximately 18 percent of our support for our overall revenue from the State. All the rest we generate. We provide vital service to the State. In the past year: we delivered 5,500 babies; we had 120,000 outpatient visits; attended 35,000 patients in the hospital; provided approximately \$10 million in indigent care; provided another \$10 million in residency education, which is not reimbursed; took care of 14,500 trauma visits and we play a vital role in rural medicine as well. We are not only about education but service to the community and the underserved population.

DR. McDONALD:

The last program we have proposed is a beginning of a new initiative which focuses on molecular and predictive medicine. In the next several years, we will be able to predict the risk of disease in populations based on their genotype. The items listed on page 18 of [Exhibit E](#) are UNHSS multi-professional initiatives. Wendover has a population of over 14,000 on the weekends, half of whom are from outside the State and have no physicians or medical care. These programs are keyed to significant problems for Nevada.

On page 19 of [Exhibit E](#), you will find initiatives and key outcomes for the School of Dental Medicine which will help the underserved areas and underserved patient populations in rural Nevada and the urban poor.

The School of Pharmacy and Pharmaceutical Sciences is depicted on page 20 of [Exhibit E](#). It will include not only dispensing pharmacists, but train pharmacists for hospitals, management and dispensing of medications, management of chronic disease and will have a research faculty involved in drug development.

In reference to UNHSS infrastructure and integration, there is a funding request for administration, program and faculty development, technology development and a shared clinical skills laboratory.

The summary of operations enhancement is listed by category on page 22 of **Exhibit E** with a biennium total of \$73 million.

MS. TURNER:

It is important to note these operational requests are not currently included in the Governor's Budget. What is included is funding for the CIP request. On page 23 of **Exhibit E** is a summary with a total CIP request of \$157 million, which is before the Legislature. Of that amount, \$110 million is in the Governor's Budget. The remaining \$47 million UNHSS has committed by doing fund-raising to look for private or other sources to provide the 30 percent of the funding.

A third is spent at University of Nevada, Reno (UNR) campus and the remaining portion is spent in Las Vegas. There will be three new buildings and three renovated buildings. On the Reno campus, the proposal includes the construction of a new facility and renovation of two buildings. The School of Nursing will relocate into expanded, renovated space. The vacated nursing space would be filled by the School of Public Health. The new building would accommodate the School of Medicine expansion and would expand into Savitt Hall which is renovated space.

In the Las Vegas area, it would be the construction of two new buildings and the renovation of one building. The map on page 27 of **Exhibit E** shows where the Dental School is located on the Shadow Lane Campus. The Clark County building is located in the upper right of the map. Proceeding north of that location are the 61 acres donated by Las Vegas. On the lower left of the map, there is space to build a new structure, and there is also building "B" which came with the purchase of the land. There is need for some renovations, but this is a good opportunity to use existing structure.

The other new construction included in the CIP request has been donated by the City of Las Vegas for the expansion of the UNHSS in the Union Park Site near downtown Las Vegas as shown on page 28 of **Exhibit E**. Sites A-2 and K are the sites that have been offered. We envision putting in this new building the "Center for Healthy Aging." This is in partnership with the activities going on in the Ruvo (Lou Ruvo Brain Institute) site. The School of Medicine is



involved in the clinical and academic aspects that will be happening in the Institute and the building has been gifted to the UNHSS once it is owned free and clear. The other opportunity we have in this building is to relocate the system offices. This is in addition to and separate from our State request.

Other UNHSS key activities are outlined on page 30 of [Exhibit E](#). We are looking into expanding our partnerships and working on a local, State and federal level. We have started our foundation and have over \$1 million in the bank and other funds committed.

SENATOR NOLAN:

How many of the residents who go out of state to complete their residencies return to practice in this State?

DR. McDONALD:

We have looked at a 10-year window of graduates of the UNSOM and found that approximately 50 percent of our graduates return. There are two sources of data that do not agree about the retention of individual physicians.

SENATOR NOLAN:

Of those students, how many were residents of this State, and how many enrolled from other states?

DR. McDONALD:

The vast majority are residents of Nevada. We accept five students a year from the WICHE states which do not have their own medical school.

SENATOR CEGAVSKE:

In the WICHE category, there are numerous slots for dentists. Our main concern is the rural areas. Is there a way for us to alleviate some of those slots and look at other needs? I am not looking for additional slots, but redefining some of the existing ones.

MR. KLAICH:

I do not know the answer. We will look into that situation with the WICHE commissioners.

SENATOR CEGAVSKE:

What is generally omitted in financial presentations is the ongoing operation and maintenance of these programs. This information would be helpful.

MR. KLAICH:

Today, Dr. McDonald talked about the first phase of a multiyear project. The numbers you are seeking will be provided Friday.

CHAIR WASHINGTON:

When you provide those numbers to the Senate Committee on Finance, please provide them to this Committee also.

SENATOR CEGAVSKE:

In a prior Legislative Session, there was a classroom-utilization study which showed classrooms were underutilized. Could we have an update?

MR. KLAICH:

We have an update on the space inventory and classroom-utilization study which we will make available to the Committee.

SENATOR CEGAVSKE:

Is it recent?

MR. KLAICH:

The study was done six to nine months ago.

SENATOR HECK:

I have four concerns that I want to place in the record:

The first one is the name. I know we have had some very volatile interactions in some of the meetings over the name. My concern with the name itself is that it is the University of Nevada Health Science System as opposed to a Nevada Health Science System, which implies to those of us from down south, that this is a northern event, because the University of Nevada is based in Reno. Also, I believe that because it says University of Nevada as opposed to Nevada Health Sciences System, it doesn't give enough emphasis on the private-sector involvement of our private-sector partners, of which we are growing many. Whether it's the Cancer

Institute, the Whittemore Peterson Institute or the RUVO Institute is going to be providing valuable treatment and services and obviously will become part of this system.

The second concern I have, which still has not been clearly delineated to me, is the governing structure. Ms. Turner and I have had multiple discussions and multiple mapping and diagrams on how this may evolve. My major concern with that is the new position, Executive Vice Chancellor. Does that person have ultimate budgetary authority over all aspects of the Health Sciences System? We have heard from the Chancellor that everybody is playing nice with each other now and that there is really no need to go into that much level of detail, but as recent actions show the Chancellor may be here one day, may not be here the next day and may be back the third day. So, if the Chancellor is no longer part of the system or if the presidents of the respective universities change again, who has ultimate budgetary authority? Who is setting the strategic vision for the Health Sciences System? Understanding that every one of these programs will remain in their locations, that daily operational control will remain with the respective university president, but when it comes to this much money, I want to know who has the final say. And that still has not been clearly delineated.

The other part about governance to me and this goes specifically more to the medical school. We had multiple discussions on the practice models that may evolve and the involvement of community physicians and how that may offset the need for full-time faculty? I haven't seen whether or not a decision has been made. We talked about bringing some people of a group on as full-time faculty and utilizing the rest of the group. I would like to see how that is played out so that the community physicians, which have carried the bulk of medical, clinical education in our State, since the dawn of creation, remain involved and help offset some of the costs associated with growing the faculty.

SENATOR HECK:

The third concern is how we're selecting — I don't know if the consultant study has been completed yet. I know there is the

ongoing study of which Graduate Medical Education (GME) programs we are going to start when, so, I take it that it is still a work in progress.

The last, as you well know is my concern about the Pharmacy School. Not that I am not supportive of a Pharmacy School as part of the system, but it is just the prioritizing of our needs and when we are 47th in 'docs' and 49th in nurses and 31 in pharmacists, I'd say we're probably doing okay in pharmacists. Now, like I said before, I'm just happy we broke 30 in something. We have 72.8 pharmacists per 100,000 which is higher than the rest of region 9, which is only 64 and is only 2 short of the U.S. number. While we are 3, that is because everybody is clustered around that national average of 75 per 100,000. We also have a private pharmacy school now in southern Nevada that is graduating roughly 100 'Pharm Ds' a year that are competent and capable, not only dispensing pharmacists, but research pharmacists. So, the need of the publicly funded school this quickly I just don't accept.

In addition, when you look at the \$6.8 million combined operating and 'one-shots' for the pharmacy school, using my round numbers of \$100,000 per GME slot or nurse educator, you just funded your 67 nurse full time equivalent educator requirements without putting the Pharmacy School into this proposal at this point in time.

CHAIR WASHINGTON:

What would be the role that UMC would play in this UNHSS? What relationship would they have with the University?

DR. McDONALD:

The UNHSS will be an integral part of our operation. We will support the institution to the best of our ability. We have indicated to UMC that we will partner with them at every opportunity. We are totally supportive of their mission.

CHAIR WASHINGTON:

What about the increase as you expand the GME and the fellowship programs and the relationships creating slots at UMC?

DR. McDONALD:  
They are capped.

CHAIR WASHINGTON:  
I understand there are two congressional representatives looking to expand the cap.

DR. McDONALD:  
That is correct. There are two bills introduced by U.S. Senator Reid and Congressman Porter to do away with the cap in states having a low number of graduate medical trainees.

In answer to Senator Heck's third question concerning where the GME will be carried out: we have had a series of meetings with the NHA. The dialogs are open and we are getting at some of the critical issues. We all look at this issue from a different perspective, but are making substantial progress at arriving at a solution which will fit the needs of all parties.

In answer to Senator Heck's first question concerning private versus public medical doctors: as we have approached certain groups and groups have approached us, we have found there is general interest in whole groups joining the UNSOM, it may reflect the issue that community physicians have played an extraordinary important role in educating the 1,600 physicians we have trained. In certain specialties, it is difficult for physicians to teach and maintain a patient practice. We have found that compensating physicians for teaching is necessary. We have had dialogs with groups that are gravitating toward us. In addition, there are specialty groups in Las Vegas that we are close to merging with and two other groups in Reno.

MS. TURNER:  
As the governing structure of the UNHSS continues to evolve, we can provide Senator Heck with updates. I will get back to you on the specific questions concerning the budget authority and the strategic vision. The strategic vision needs to be a collaborative effort to define the vision. At present the Executive Vice Chancellor would be the convener of the discussions to determine the academic vision and work with all the different programs. If a conflict would arise, it would be worked out with the presidents and would go to the Chancellor. The Board of Regents would be the arbiter of any major conflict in the academic vision.

CHAIR WASHINGTON:

There is fervor amongst the Legislators as to the governance and the vision of the UNHSS. We see the request for \$110 million and \$47 million by contributions. The concern is: what is the vision; the structure; or the governance of the UNHSS. Who is responsible? How are you going to collaborate and bring the School of Medicine and the other satellite colleges into one organization? Are the funds for capital improvements or for reorganization?

MR. KLAICH:

What has been presented to the Committee is a long-term vision. We are talking about the first phase of the long-term vision. We are talking about doctors and nurses. We are talking about the critical needs for Nevada to provide pipelines for more physicians and nurses. "Where the buck is going to stop" with the doctors, will be with Dr. Milton Glick of UNR on the advice of Dr. John McDonald. The nursing programs will continue as they are and those are the programs that are going to occupy the structures that have been described today. We will be discussing how overall health care delivery can be improved in Nevada in the biennium.

CHAIR WASHINGTON:

We have been supportive of the Plan since its initiation. We have less than 120 days left in this Legislative Session. What is the immediate need? How are the governance and the structure going to work? How can we reach the goal of providing more doctors and nurses in our health care delivery system?

DR. McDONALD:

Under any structure, the dean of the school of medicine is the chief academic of the medical school and is responsible for the integrity of all of the educational programs. It is my position that the accrediting agencies look to and be held accountable for the performance of their programs. The UNSOM will remain committed to the goal of a multidisciplinary education and training; to nursing and all other science specialties. The academic integrity and funds flow will be controlled by the UNSOM. As Chief Business Officer, I am responsible that the revenue flow occurs.

MS. ABBA:

If we look at what is before the Legislature and what we are asking you to support, they are all programs tied to the CIP request. That does not commit you to the expansion beyond this proposal. We will then be able to work with

the Legislature during the interim before we come back next Legislative Session with the long-term vision. Within the short-term vision we have in the budget request, the bulk will be for the addition of doctors and nurses.

CHAIR WASHINGTON:

The interim Legislative Committee on Health Care's report is completed. There are pieces of the report that tie in to the UNHSS.

SENATOR HORSFORD:

The \$110 million is in the Governor's Budget. If the Legislature does not fund the other \$73 million, what happens?

MS. TURNER:

The two nursing programs will remain as they are except for relocation and a slight expansion of the existing program. We hope some portions of the UNSOM funds are supported.

DR. McDONALD:

If none of the operating funds were appropriated, this would significantly retard, but not prevent, our ability to grow the health care workforce. There is an alternative. The question was asked earlier: What is the long-term prospective of the funding of this initiative? At \$127 million for the UNSOM budget, we envision that amount growing to approximately \$500 million after 10 years. The percentage of State support would remain stable. Another alternative would be to convert some of the capital improvement funds into the operating funds which would not be added to the base of support of UNSOM. It would be a two- to four-year enhancement of the operating budget, which would enable us to hire the faculty, get them working and generating the salaries in the residency programs.

SENATOR HORSFORD:

If the capital and the operational were fully funded, how much additional funds are being requested for other projects?

MR. KLAICH:

They would be non-health sciences CIPs that are recommended by the Governor this Legislative Session, which is \$110 million for health sciences plus another \$107 million for non-health sciences projects.

Senate Committee on Human Resources and Education  
February 21, 2007  
Page 24

CHAIR WASHINGTON:  
Was that just CIPs?

MR. KLAICH:  
Yes.

CHAIR WASHINGTON:  
Was that in the Public Works Budget?

MR. KLAICH:  
Yes. It is the Governor's recommendation.

SENATOR HORSFORD:  
Is the other operational projected growth in other program areas?

CHAIR WASHINGTON:  
I request you return on March 7 with the numbers and answers to Senator Heck's and Senator Horsford's questions and outline the immediate projects you are trying to accomplish this Legislative Session.

MR. KLAICH:  
Senator Horsford, it is important for you to look at our whole budget. We will answer your questions in reference to the whole budget. If we approach the issue we discussed today as a project for the NSHE, we are making a mistake. We are talking about the health and welfare of the people of the State of Nevada. We know we cannot solve this problem alone; we need our private partners and the help of private institutions of higher education to work with you in solving this problem.

FRED J. MARYANSKI (Ph.D., President, Nevada State College):  
I have provided the Committee with a copy of a PowerPoint presentation concerning the Nevada State College (NSC), ([Exhibit F](#), original is on file in the Research Library). Our mission is to educate the next generation of professionals. Students come to the NSC to get an education to have a career. On page 3 of [Exhibit F](#), our core values are listed by the phrase "iTeach." The "T" is capitalized because we are a teaching institution. We recruit for great teachers and evaluate and reward our faculty based on their teaching expertise.



Our history is outlined on page 4 of [Exhibit F](#). Since 2002, we have increased our student's population from 177 to 1,929. Our budget is approximately \$12 million and driven by the formula we should increase in the next biennium. There is a graph on page 5 of [Exhibit F](#) showing our enrollment has grown substantially on a percentage basis in the last year. We feel we are meeting the needs for which we were created.

Our charter is explicit about nursing and teaching and the graph on page 6 of [Exhibit F](#) shows they are our two largest majors. We are committed to having them grow based on the great needs in Nevada.

Our ethnicity is depicted on page 7 of [Exhibit F](#). The blue bar is student enrollment by ethnicity at the NSC and the red bar is the adult population of Clark County. With our heritage core value, we pay close attention to the ethnicity issue.

In July 2006, the NSC has passed the first hurdle, which is called candidacy. We have another five years of working with the Northwest Commission on Colleges and Universities for full accreditation. We operate under the sponsorship of UNR. Our faculty has doubled since 2005. We plan to add another 24 faculty members if we are successful in our search. We have doubled our staff.

DR. MARYANSKI:

On page 11 of [Exhibit F](#), you will see a map. The portion marked in red is our permanent campus. We have 500-plus acres which was given by the Bureau of Land Management to the city of Henderson for the sole purpose of the creation, growth, maintenance and operation of the NSC.

Our vision is not to have a traditional college campus. We do not feel that is responsive to the needs of the students that the NSC serves. Our vision is to take the desert and turn it into a full-service college town as depicted on page 12 of [Exhibit F](#). In terms of developing that campus, the city of Henderson is moving along with the construction of a road and utilities for the first building at the City's expense. As a model, we identified California State University, Channel Islands, and are looking at their site authority model. This is a creation of a tax-increment funding district. We are working with the City on a master plan that is scheduled to be completed in April 2007 and on an interlocal agreement that will transfer the land from the city of Henderson to the Board of

Regents. There would be a separate governing authority for the campus dealing with the financial decisions. This authority would have a majority of appointments from higher education and local representation. The goal is to retain the property taxes from any of the housing, retail or commercial establishments built on the land to develop the infrastructure for the campus. It would also negotiate public-private partnerships with development providing other income streams for the college so that we are not totally reliant on State funding.

Details of our Liberal Arts and Sciences Building, which was funded by the 73rd Legislative Session, are on page 15 of [Exhibit F](#). Approximately 1,500 students participate in the National Survey of Student Engagement. On page 16 of [Exhibit F](#), the NSC scored more than 20 percent above the mean of institutions on each of the questions listed. This shows our students are learning about technology and work-related skills.

We are committed to partnership. We feel this is the only way our college can function. There will be a K-8 school built on our campus which will work closely with our School of Education. We will use some of the resources of that building to educate our students. Presently, we are teaching some of our education courses to our student teachers at a school in the Clark County School District. Other programs are listed on page 17 of [Exhibit F](#).

DR. MARYANSKI:

Our nursing program is detailed on page 18 of [Exhibit F](#). We are changing our largest program, which is the nursing program. The nursing profession is selective. Not everyone who wishes to be a nurse has the science skills and the caring ability to qualify.

We are working with the other colleges in their facilities in a two-plus-two mode to develop our programs. This semester we are offering nursing education, business and psychology at the CCSN. We have graduated 7 elementary education students from Western Nevada Community College, with 12 online students graduating next year.

There are a number of our faculty members who have master degrees which qualify them to teach at the NSC, but are aspiring to achieve a doctorate degree. This program will provide support.

Our budget requests are listed on page 22 and explained on pages 23 through 27 of [Exhibit F](#).

SENATOR CEGAVSKE:

What are your recruiting methods? What is your staff-to-student ratio?

DR. MARYANSKI:

The numbers have increased.

SENATOR CEGAVSKE:

I want to know the specific numbers.

DR. MARYANSKI:

We currently have 1,929 students enrolled.

SENATOR CEGAVSKE:

What is your faculty count?

DR. MARYANSKI:

There are 49 full-time faculty members. We have approximately 108 part-time faculty members. Our student to faculty ratio is 12-to-1.

SENATOR CEGAVSKE:

I was looking for the breakdown of the classes. Are they full-time or part-time students?

DR. MARYANSKI:

The 1,929 enrollment consists of full-time and part-time students. Our full-time equivalents are 1,337. For a commuter campus, we have a high percentage of full-time students.

SENATOR CEGAVSKE:

I would like you to show us an overall view, from concept to where we are presently. We need the data to enable us to project and go forward with the NSC. We need to know the drop-out rate.

DR. MARYANSKI:

We are looking at that data. We have not been in existence for the official six-year graduate rate.

MR. KLAICH:

We have had discussions concerning the two-plus-two type education and partnering with community colleges. The UNHSS has heard a great deal about this from the Legislature. Dr. Maryanski has embraced that concept. Senator Cegavske has made the point, "Is the solution to every problem a new building?" The answer is not always yes.

SENATOR HORSFORD:

Page 7 of [Exhibit F](#) shows your disparity of enrollment is greater.

DR. MARYANSKI:

We were looking at the 18 to 50 age group. We know that the future is with the students of color. We have made efforts working some of those dual-credit programs.

SENATOR HORSFORD:

Since a K-8 school is being built on your campus, is there some way to maximize that building?

DR. MARYANSKI:

To some extent, but the school district cannot use their bond funds to build us a building. We have proposed that there be some larger desks to accommodate our students. We are planning to have access to the athletic field, gymnasium and the auditorium.

SENATOR HORSFORD:

The school district needs to be a part of the solution. If there is some limitation on their school bond, we need to look into this issue.

DR. MARYANSKI:

We have had these discussions. They have said they will do some things, but there are limitations on how the school district can use the funds.

CHAIR WASHINGTON:

Where is the \$49.5 million in the pipeline?

DR. MARYANSKI:

It was the number-three priority in the Regents' Budget. The first two were included in the Governor's Budget. It has been reduced to \$30 million.

CHAIR WASHINGTON:

What happens if you do not get \$30 million?

DR. MARYANSKI:

We will have serious troubles. Our nursing program has been funded by the formula. We believe that on the instructional side, the formula will continue to do so. We will be able to grow that program gradually. We will need to lease facilities in our present manner and hope the budget catches up later. This will put our students in substantial hardship.

CHAIR WASHINGTON:

The Chair will entertain a motion to introduce BDR 34-415.

**BILL DRAFT REQUEST 34-415**: Revises provisions governing pupils and parents.  
(Later introduced as [Senate Bill 143](#).)

SENATOR CEGAVSKE MOVED TO INTRODUCE BDR 34-415.

SENATOR HECK SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS NOLAN AND WIENER WERE ABSENT FOR THE VOTE.)

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CHAIR WASHINGTON:

The Chair will entertain a motion to introduce BDR 40-602.

**BILL DRAFT REQUEST 40-602**: Revises provisions governing certain forms used by hospitals in this State. (Later introduced as [Senate Bill 142](#).)

SENATOR CEGAVSKE MOVED TO INTRODUCE BDR 40-602.

SENATOR HECK SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS NOLAN AND WIENER WERE ABSENT FOR THE VOTE.)

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CHAIR WASHINGTON:

There have been committee requests for bill draft requests. The first is for presumptive eligibility, 210 option and the Health Insurance Portability and Accountability Act waiver; the second is for transparencies for hospitals; the third is to increase reimbursement rates for hospitals; the fourth is to take into consideration issues based around UMC.

SENATOR CEGAVSKE MOVED TO REQUEST COMMITTEE BILL DRAFTS FOR PRESUMPTIVE ELIGIBILITY, 210 OPTION AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT WAIVER; TRANSPARENCIES FOR HOSPITALS; INCREASE REIMBURSEMENT RATES FOR HOSPITALS; CONSIDERATION OF ISSUES BASED AROUND UMC.

SENATOR HECK SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS NOLAN AND WIENER WERE ABSENT FOR THE VOTE.)

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Senate Committee on Human Resources and Education  
February 21, 2007  
Page 31

CHAIR WASHINGTON:

There being no further issues before us today, I will adjourn the meeting of the Senate Committee on Human Resource and Education at 4:35 p.m.

RESPECTFULLY SUBMITTED:

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Patricia Vardakis,  
Committee Secretary

APPROVED BY:

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Senator Maurice E. Washington, Chair

DATE: \_\_\_\_\_