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**Committee Meeting:** 8/6/2003  
Westin La Cantera Resort Hotel, San Antonio  
**Board Meeting:** 8/7/2003  
U. T. Health Science Center - San Antonio

*Rita C. Clements, Chairman*  
*H. Scott Caven, Jr.*  
*Judith L. Craven, M.D.*  
*James Richard Huffines*  
*Cyndi Taylor Krier*

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<b>Adjourn</b>			

1. **U. T. M. D. Anderson Cancer Center: Approval of proposed paid leave program**

**RECOMMENDATION**

The Chancellor concurs in the recommendation of the Acting Executive Vice Chancellor for Health Affairs, the Vice Chancellor for Administration, the Vice Chancellor and General Counsel, and President Mendelsohn that the Board approve and/or authorize the following items:

- a. Approve the adoption of the proposed paid leave program to be implemented on or before September 2004
- b. Authorize The University of Texas System through the Office of the Vice Chancellor for Administration and the Office of General Counsel to take all steps necessary to meet the requirements of Texas Education Code Section 51.961(h), including the execution of documents.

**BACKGROUND INFORMATION**

The 77th Legislative Session passed House Bill 1545 [codified as Texas Education Code Section 51.961(h)] authorizing the governing board of a university system to adopt a comprehensive leave policy on behalf of employees working within the system's medical or dental units. A leave policy adopted by the governing board may combine state authorized vacation, sick, and holiday leave into a paid leave system that does not distinguish or separate the types of leave to be awarded and may award leave in an amount determined by the governing board to be appropriate and cost effective. Further, the leave policy must include certain leave provisions that address the effect of the policy on the rights, duties, and responsibilities of employees and employers. Specifically, the policy must include provisions for the payment and direct transfer of accrued leave. Prior to implementation, reasonable efforts must be made to enter into an understanding with the Office of the State Auditor, the Employee Retirement System of Texas, and the Texas Higher Education Coordinating Board regarding the award of accrued leave for the purpose of retirement.

The U. T. M. D. Anderson Cancer Center proposed leave program is comprised of three primary components: (1) a bank of Paid Time Off (PTO) days; (2) an Extended Illness Bank (EIB) of days; and (3) a Reduced Salary Paid Leave feature.

The PTO bank is designed to provide paid time off for an employee's discretionary use. The objective of the EIB is to provide income replacement through paid leave in the case of serious illness of an employee or dependent. In conjunction with the paid leave program, a Reduced Salary Paid Leave feature will be introduced for the purpose of providing the employee with income equal to 50% of base salary for a defined period of time.

No appreciable cost impact is anticipated with implementation of the alternative paid leave program. The implementation of the program, current vacation, sick leave, and floating holidays will be combined and deposited into both the PTO bank and EIB. Accrual rates for each bank are formula driven based on an employee's years of service. The balance of vacation, sick, and floating holiday hours accumulated as of program implementation date will also be transferred to the two banks. The Example of Conversion of Proposed Paid Leave Program on Page 58 provides additional information.

**Example of Conversion to Proposed Paid Leave Program**

**Example: Converting leave balances to proposed program:**

*(Employee with 7 years of service)*

<b><u>Current paid leave balances:</u></b>		<b><u>Proposed PTO Program</u></b>	
Vacation	40 days	PTO Bank	61 days
Sick	20 days	EIB	<u>20 days</u>
Floating holidays	<u>21 days</u>	Total	81 days
Total	81 days		

**Example: Comparison of current and proposed annual accrual rates:**

*(Same employee)*

<b><u>Current</u></b>		<b><u>Proposed Leave Program</u></b>	
Vacation	15 days	PTO Bank	23.5 days
Sick	12 days	EIB	<u>3 days</u>
Floating holiday	<u>5 days</u>	Total Paid Leave	26.5 days
Total	32 days		

**Plus**

*Additional paid leave introduced through employer-provided reduced salary paid leave at 50% of base salary. (Reduced Salary Paid Leave feature of Program).*

**Example: PTO Bank Integrated w/ EIB and Reduced Salary Paid Leave:**

*(Same employee with PTO & EIB shown above will be on leave for 10 weeks (50 days) due to a serious illness condition)*

<b>PTO Bank Days</b>	<b>EIB Days *</b> <i>(must exhaust before Reduced Salary Paid Leave)</i>	<b>Decision Point**</b> <i>(utilize PTO days or Reduced Salary Paid Leave)</i>	<b>Reduced Salary Paid Leave</b> <i>(90 days Maximum)</i>
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*1<sup>st</sup> 3 days from PTO    Next 20 days from EIB    Next level: PTO or Reduced Salary Paid Leave*

-----Total paid leave = 50 days-----

\* Allows use of accrued sick leave balance seeded to EIB under the same terms/conditions as previously accrued.

\*\* Employee has the option of utilizing:  
     PTO days for 100 % of income replacement  
     **OR**  
     Reduced Salary Paid Leave at 50% of base salary

**NOTE: PTO = Paid Time Off / EIB = Extended Illness Bank**

2. **U. T. M. D. Anderson Cancer Center: Determination of necessity and authorization to acquire real property located at 1301 Braeswood Boulevard, Houston, Harris County, Texas, through purchase or condemnation**

**RECOMMENDATION**

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Business Affairs, the Acting Executive Vice Chancellor for Health Affairs, and President Mendelsohn that authorization be granted by the U. T. Board of Regents to:

- a. Determine that it is necessary for U. T. M. D. Anderson Cancer Center to acquire, through condemnation proceedings if necessary, the real property located at 1301 Braeswood Boulevard, Houston, Harris County, Texas, at a price not exceeding its fair market value as determined by an independent appraisal or by the determination of the court
- b. Submit a request to the Texas Higher Education Coordinating Board for approval of this acquisition
- c. Authorize the Executive Vice Chancellor for Business Affairs or the Executive Director of Real Estate to execute all documents, instruments and other agreements, to initiate a condemnation action of the subject real property, if necessary, through the Office of General Counsel and the Office of the Attorney General, and to take all further actions deemed necessary or advisable to carry out the purpose and intent of the foregoing recommendation.

**BACKGROUND INFORMATION**

The subject property, the Wellesley Inn and Suites Hotel, consists of a 130-room hotel on a 2.75-acre site in close proximity to the campus. As a premier international cancer treatment facility, U. T. M. D. Anderson diagnoses and treats patients from all over the world who often require nonhospital lodging during their stay in Houston. Acquisition of the Wellesley Inn and Suites Hotel property would allow U. T. M. D. Anderson to provide moderately priced short-term housing to patients and their families.

Management of the facility would be similar to that of the Jesse H. Jones Rotary House International patient housing facility, which integrates patient-care services with basic short-term housing.

In the event that M. D. Anderson is unsuccessful in acquiring the property through good faith negotiations, authority is being requested from the U. T. Board of Regents to condemn the property and acquire it at fair market value as determined by the court. A recent independent appraisal valued the property at \$5.2 million.

3. **U. T. M. D. Anderson Cancer Center: Authorization to purchase real property and infrastructure located at 5610 Guhn Road, Houston, Harris County, Texas**

#### RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Business Affairs, the Acting Executive Vice Chancellor for Health Affairs, and President Mendelsohn that authorization be granted by the U. T. Board of Regents, on behalf of U. T. M. D. Anderson Cancer Center, to:

- a. Purchase the real property and infrastructure located at 5610 Guhn Road, Houston, Harris County, Texas at a total price of \$2.8 million plus related closing costs
- b. Submit a request to the Texas Higher Education Coordinating Board for approval of the transaction
- c. Expend local funds in an amount sufficient for the purchase
- d. Authorize the Executive Vice Chancellor for Business Affairs or the Executive Director of Real Estate to execute all documents, instruments, and other agreements and to take all further actions necessary to acquire the above real property.

#### BACKGROUND INFORMATION

U. T. M. D. Anderson Cancer Center has identified the need for an off-site data center to back up and protect mission-critical data of the institution and patient medical records. At present, M. D. Anderson leases equipment and space from a data center located in Pennsylvania.

The Cancer Center wishes to implement a more cost-effective data back up strategy by purchasing an existing data center building, fixtures, and infrastructure in Houston for a total price of \$2.8 million. The one-story building, consisting of 25,600 gross square feet is to be purchased at its appraised market value of \$1.3 million. The infrastructure, consisting of three chillers, five air-

handling units, three generators, and an uninterrupted power supply to serve the data processing space, has all the power, telecommunications connections, and climate conditions required for a data back up center and can be purchased separately from the real estate for \$1.5 million. The cost of the infrastructure in 2001 was \$4.5 million, and its current value has been estimated at approximately \$2.8 million by staff of the institution.

4. **U. T. Medical Branch - Galveston: Approval of M.S. and Ph.D. in Clinical Science**

**RECOMMENDATION**

The Chancellor concurs in the recommendation of the Acting Executive Vice Chancellor for Health Affairs and President Stobo that authorization be granted to U. T. Medical Branch – Galveston to establish a M.S. and a Ph.D. in Clinical Science and to submit the proposal to the Texas Higher Education Coordinating Board for review and appropriate action. In addition, the Coordinating Board will be asked to change the Table of Programs for U. T. Medical Branch – Galveston to reflect authorization for the proposed degree programs.

Upon approval by the Coordinating Board, the next appropriate catalog published at U. T. Medical Branch – Galveston will be amended to reflect this action.

**BACKGROUND INFORMATION**

**Program Description**

The proposed programs are designed for students who seek more advanced training in the methods used for research in human subjects and populations. These programs have evolved from a curriculum in Clinical Science, which is currently part of the Graduate Program in Preventive Medicine and Community Health (GPPMCH). The GPPMCH is part of the Graduate School of Biomedical Sciences (GSBS), which provides academic and administrative oversight. If approved, this program will continue to be administered by the GPPMCH.

The curriculum is especially for physicians and others who have a commitment to a career in clinical research. Similar programs awarding a MS degree have been recently established at two other U. T. campuses. Although there is no specific requirement in terms of course credit hours for the Ph.D., U. T. Medical Branch - Galveston students enrolled in the GSBS customarily earn 48-54 course credits in completing their required and elective courses. Courses totaling at least 36 credit hours are required for successful completion of the M.S. degree.

### Program Quality

These programs enable qualified health-care professionals, both recent graduates of other programs and experienced practitioners, to conduct clinical investigations and/or health services research. Candidates for admission to the program must be eligible for admission to the Graduate School of Biomedical Sciences (GSBS). Candidates include physicians and others with a graduate or professional degree related to health sciences or health care, whose career goals or interests require advanced expertise in clinical research. The curriculum is accomplished with individualized degree plans that share common core courses as well as selected electives. Courses required for all students in the proposed programs include: Statistical Methodology I, Introduction to Epidemiologic Methods, Prevention and Public Health, Research Methods, Ethics of Science, and Seminar.

The faculty and staff for the Clinical Science Program include leaders in their disciplines and the fields related to human subject research. By credential designation, those holding primary appointments include 3 with the M. D. degree and 8 with the Ph.D. degree; those with secondary appointments hold 13 M. D., 33 Ph.D. and 1 Ed.D. degrees. Among this group are several faculty who have been recognized with significant awards for their scholarship and service and the past president of the American Federation for Clinical Research. As a group, these faculty hold over 30 active federal grants and contracts totaling \$28 million.

### Program Cost

This request requires no new funds. Administrative arrangements for the proposed programs in Clinical Science will utilize existing resources, including faculty and support staff. The five-year projected costs of \$465,441 are to support faculty and staff salaries and represent reallocated funds. The reallocated costs for the Clinical Science Program have been integrated into the School of Medicine Department of Preventive Medicine and Community Health budget over the past three years. Current and future costs are part of the current and future operating budgets. Additional support has come, and will continue to come, from School of Medicine endowments and faculty-generated funds as needed.

5. **U. T. Medical Branch - Galveston: Request for authorization to conduct a private fundraising campaign**

**RECOMMENDATION**

The Chancellor concurs in the recommendation of the Acting Executive Vice Chancellor for Health Affairs, the Vice Chancellor for Development and External Relations, and President Stobo that authorization be given for the U. T. Medical Branch - Galveston to conduct a private fundraising campaign pursuant to the Regents' Rules and Regulations, Part One, Chapter VII, Section 5, Subsection 5.5 to fund priority areas of excellence.

**BACKGROUND INFORMATION**

Over the past five years, groundwork has been laid and a feasibility study completed for a comprehensive fundraising campaign. After careful study, a recommendation was made to proceed with the campaign, which received endorsement by the Executive Committee of the Development Board on June 6, 2003, and the endorsement of the full Development Board on June 7, 2003.

The proposed campaign will focus on funding for four areas of excellence, including (1) biodefense, infectious diseases, and vaccines; (2) longevity, chronic disease/molecular medicine, and neurosciences; (3) access to health care and telehealth; and (4) innovations in education.

A range for the campaign goal has been set at \$150 - \$250 million over five years, beginning September 1, 2003, and concluding December 31, 2008. To accomplish this goal, U. T. Medical Branch - Galveston has worked to strengthen its volunteer organizations over the past several years and will continue to implement plans for activating alumni.

6. **U. T. Health Science Center - San Antonio: Approval of M.S. in Respiratory Care**

**RECOMMENDATION**

The Chancellor concurs in the recommendation of the Acting Executive Vice Chancellor for Health Affairs and President Cigarroa that authorization be granted to U. T. Health Science Center - San Antonio to establish a M.S. in Respiratory Care and to submit the proposal to the Texas Higher Education Coordinating Board for review and appropriate action; and to authorize the Acting

Executive Vice Chancellor for Health Affairs to certify on behalf of the Board of Regents that relevant Coordinating Board criteria for approval by the Commissioner of Higher Education have been met. In addition, the Coordinating Board will be asked to change the Table of Programs for U. T. Health Science Center - San Antonio to reflect authorization for the proposed degree program.

Upon approval by the Coordinating Board, the next appropriate catalog published at U. T. Health Science Center - San Antonio will be amended to reflect this action.

## BACKGROUND INFORMATION

### Program Description

The Master of Science in Respiratory Care is a 31-41 semester credit hour program under the School of Allied Health Sciences, Department of Respiratory Care and the Graduate School of Biomedical Sciences.

This is an integrated program building on the existing Bachelor of Science (B.S.) degree program and incorporating a post-baccalaureate advanced certificate option. Students entering the B.S. degree program may exit with a degree or continue to complete the post-baccalaureate certificate. Students completing the post-baccalaureate certificate may exit or choose to continue on to complete the M.S. degree.

### Program Quality

The curriculum for the advanced certificate will consist of 16.5 semester credit hours of graduate-level coursework in management, education, research, issues and trends, and clinical specialization. Students desiring to complete the M.S. degree program will apply and continue on to complete a minimum of 14.5 additional semester credit hours of graduate-level coursework, for a total of 31 semester hours, which is the minimum for the M.S. degree. The additional coursework will include a research seminar, supervised practicum, statistics, ethics, advanced respiratory care seminar, and thesis. Students may also choose from 0-6 semester hours of elective courses, which may include additional course work in the areas of clinical research methods, biostatistics, or special topics in respiratory care.

The goals of the post-baccalaureate certificate program are to: (1) prepare advanced level respiratory therapists for clinical practice; (2) provide leadership training in the areas of management, supervision, education, and research; and (3) develop clinical specialists in the areas of adult critical care, pediatric critical care, neonatal critical care, pulmonary function technology and cardiopulmonary diagnostics, polysomnography, and other clinical areas, as needed.

Goals of the Master of Science degree program are to: (1) prepare future faculty for college and university-based respiratory care educational programs; (2) develop individuals who can formulate appropriate questions, organize and test hypotheses, and apply research results to the practice of respiratory care; (3) prepare clinical practitioners with advanced knowledge and skills in basic and clinical sciences; and (4) prepare leaders, who are able to plan, develop, and deliver high quality, cost-effective health-care services.

There are currently five full-time faculty with the Department of Respiratory Care and one full-time faculty member with the Department of Medicine available to teach and provide student advisement for this proposed new program. In addition, 15 faculty within the School of Allied Health Sciences and School of Medicine are available to provide thesis supervision.

#### Program Cost

The estimated five-year cost for the program is projected to be \$333,500. No new state funding is being requested. The funds for the program will be from formula income and designated tuition, with the majority of the funding coming from reallocation of existing funds.

7. **U. T. System: Adjust the Plan Participant Premium Rate for the U. T. System Professional Medical Liability Benefit Plan Effective September 1, 2003, and Return a Portion of Excess Plan Reserves to Participating U. T. System Health Components**

#### RECOMMENDATION

The Chancellor concurs in the recommendation of the Acting Executive Vice Chancellor for Health Affairs and the Vice Chancellor and General Counsel that the faculty participant premium rate for Fiscal Year 2004 for The University of Texas System Professional Medical Liability Benefit Plan (Plan) be reduced by an average of 44% and that the premium rate for certain residents be changed, resulting in an increased average of 4%, both effective September 1, 2003. The proposed premiums take into account certain tort reform measures passed by the 78th Legislature that would limit the liability to \$100,000 for a physician or dentist employed by the State. It is further recommended that an actuarially determined portion of excess reserves from the Plan be returned to the participating U. T. System component institutions. The current and proposed premium rates are set forth in Exhibits 1 and 2 (Pages 67 - 69).

## BACKGROUND INFORMATION

Pursuant to the authority of Chapter 59 of the Texas Education Code, the U. T. Board of Regents adopted The University of Texas System Professional Medical Liability Benefit Plan to provide coverage for certain medical staff and medical students of the U. T. System. The Plan went into effect on April 1, 1977, and is funded primarily by the payment of premiums from the Faculty Physician Practice Plans of the component health institutions of the U. T. System. It is recommended that the U. T. Board of Regents approve a reduction in faculty participant premium rates projected for Fiscal Year 2004 for the Plan effective September 1, 2003, and also approve changes in the premium rates for resident physicians and dentists.

Actuaries from Tillinghast-Towers Perrin (Tillinghast), the nation's largest medical liability insurance plan actuarial firm, have reviewed the Plan's 26-year experience and recommend experience-based premiums related to the claims loss of each U. T. System health component. The 78th Legislature passed certain tort reform measures that will limit the liability for state employed physicians and dentists to \$100,000, and Tillinghast has incorporated that statutory change into its premium calculation.

The Plan has excess reserves well above the actuarially projected risks associated with the Plan, and it is recommended that a return of \$50 million, representing a portion of such excess reserves, be returned to each participating U. T. System health component, proportionately to the premiums paid for Fiscal Year 2003. This will be the seventh consecutive year for a partial return of Plan excess reserves. It is also recommended that an additional \$15 million be returned to U. T. System health components for special projects as designated by the Chancellor following prior notification to the U. T. Board of Regents.

As of August 31, 2002, there were 5,652 staff and resident physicians of the U. T. System covered by the Plan, with basic liability limits of \$500,000 per claim for staff physicians and \$100,000 for residents. In addition, approximately 3,300 medical students are enrolled in the Plan by paying \$25 a year for \$25,000 coverage.

**THE UNIVERSITY OF TEXAS SYSTEM PROFESSIONAL MEDICAL LIABILITY BENEFIT PLAN**  
Summary of Rates by Risk Class by Component

**Risk Class 1**

Component	Current Rates As of 9/1/2002		Proposed Rates As of 9/1/2003		Rate Change	
	Staff	Resident	Staff	Resident	Staff	Resident
UT Cancer Center	\$1,985	\$997	\$1,064	\$996	-46.4%	-0.1%
UT SMC Dallas	1,833	920	988	924	-46.1%	0.4%
UTMB Galveston	2,705	1,357	1,571	1,469	-41.9%	8.3%
UT HSC Houston	2,440	1,226	1,480	1,385	-39.4%	13.0%
UT HSC San Antonio	2,201	1,107	1,183	1,107	-46.3%	0.0%
UT HC Tyler	2,441	1,226	1,384	1,295	-43.3%	5.6%
UT Austin	2,376	NA	1,183	1,107	-50.2%	NA
UT Arlington	2,376	NA	1,183	1,107	-50.2%	NA

**Risk Class 2**

Component	Current Rates As of 9/1/2002		Proposed Rates As of 9/1/2003		Rate Change	
	Staff	Resident	Staff	Resident	Staff	Resident
UT Cancer Center	\$3,107	\$1,561	\$1,665	\$1,558	-46.4%	-0.2%
UT SMC Dallas	2,868	1,440	1,546	1,446	-46.1%	0.4%
UTMB Galveston	4,234	2,123	2,458	2,299	-41.9%	8.3%
UT HSC Houston	3,819	1,918	2,316	2,168	-39.4%	13.0%
UT HSC San Antonio	3,445	1,733	1,851	1,733	-46.3%	0.0%
UT HC Tyler	3,820	1,919	2,166	2,027	-43.3%	5.6%
UT Austin	2,976	NA	1,851	1,733	-37.8%	NA
UT Arlington	2,976	NA	1,851	1,733	-37.8%	NA

**Risk Class 3**

Component	Current Rates As of 9/1/2002		Proposed Rates As of 9/1/2003		Rate Change	
	Staff	Resident	Staff	Resident	Staff	Resident
UT Cancer Center	\$4,963	\$2,493	\$2,660	\$2,489	-46.4%	-0.2%
UT SMC Dallas	4,582	2,301	2,469	2,310	-46.1%	0.4%
UTMB Galveston	6,783	3,392	3,926	3,672	-42.1%	8.3%
UT HSC Houston	6,101	3,064	3,700	3,463	-39.4%	13.0%
UT HSC San Antonio	5,503	2,768	2,957	2,768	-46.3%	0.0%
UT HC Tyler	6,102	3,065	3,460	3,237	-43.3%	5.6%
UT Austin	4,752	NA	2,957	2,768	-37.8%	NA
UT Arlington	4,752	NA	2,957	2,768	-37.8%	NA

**Risk Class 4**

Component	Current Rates As of 9/1/2002		Proposed Rates As of 9/1/2003		Rate Change	
	Staff	Resident	Staff	Resident	Staff	Resident
UT Cancer Center	\$9,232	\$4,637	\$4,948	\$4,629	-46.4%	-0.2%
UT SMC Dallas	8,522	4,280	4,593	4,297	-46.1%	0.4%
UTMB Galveston	12,579	6,309	7,303	6,829	-41.9%	8.3%
UT HSC Houston	11,348	5,700	6,882	6,441	-39.4%	13.0%
UT HSC San Antonio	10,235	5,149	5,499	5,149	-46.3%	0.0%
UT HC Tyler	11,349	5,701	6,435	6,022	-43.3%	5.6%
UT Austin	11,076	NA	5,499	5,149	-50.4%	NA
UT Arlington	11,076	NA	5,499	5,149	-50.4%	NA

**THE UNIVERSITY OF TEXAS SYSTEM PROFESSIONAL MEDICAL LIABILITY BENEFIT PLAN**  
Summary of Rates by Risk Class by Component

**Risk Class 5**

<u>Component</u>	<u>Current Rates</u> As of 9/1/2002		<u>Proposed Rates</u> As of 9/1/2003		<u>Rate Change</u>	
	<u>Staff</u>	<u>Resident</u>	<u>Staff</u>	<u>Resident</u>	<u>Staff</u>	<u>Resident</u>
UT Cancer Center	\$13,600	\$6,831	\$7,289	\$6,820	-46.4%	-0.2%
UT SMC Dallas	12,554	6,304	6,766	6,330	-46.1%	0.4%
UTMB Galveston	18,531	9,294	10,758	10,061	-41.9%	8.3%
UT HSC Houston	16,717	8,397	10,137	9,488	-39.4%	13.0%
UT HSC San Antonio	15,078	7,585	8,101	7,586	-46.3%	0.0%
UT HC Tyler	16,718	8,398	9,479	8,871	-43.3%	5.6%
UT Austin	15,456	NA	8,101	7,586	-47.6%	NA
UT Arlington	15,456	NA	8,101	7,586	-47.6%	NA

**THE UNIVERSITY OF TEXAS SYSTEM PROFESSIONAL MEDICAL LIABILITY BENEFIT PLAN**  
Dental Rates by Component

Component	Rates as of 9/1/2002		Rates as of 9/1/2003		Rate Change	
	Staff	Residents	Staff	Residents	Staff	Resident
<u>Dentist - NOC (Risk Class A)</u>						
UT Cancer Center	\$695	\$349	\$372	\$348	-46.4%	-0.3%
UT SMC Dallas	641	322	346	323	-46.1%	0.3%
UTMB Galveston	947	475	550	514	-41.9%	8.3%
UT HSC Houston	854	429	518	485	-39.4%	13.0%
UT HSC San Antonio	770	388	414	388	-46.3%	0.0%
UT HC Tyler	854	429	484	453	-43.3%	5.6%
UT Austin	NA	NA	414	388	NA	NA
UT Arlington	NA	NA	414	388	NA	NA
<u>Dentist - Oral Surgery (Risk Class B)</u>						
UT Cancer Center	\$3,107	\$1,561	\$1,665	\$1,558	-46.4%	-0.2%
UT SMC Dallas	2,868	1,440	1,546	1,446	-46.1%	0.4%
UTMB Galveston	4,234	2,123	2,458	2,299	-41.9%	8.3%
UT HSC Houston	3,819	1,918	2,316	2,168	-39.4%	13.0%
UT HSC San Antonio	3,445	1,733	1,851	1,733	-46.3%	0.0%
UT HC Tyler	3,820	1,919	2,166	2,027	-43.3%	5.6%
UT Austin	NA	NA	1,851	1,733	NA	NA
UT Arlington	NA	NA	1,851	1,733	NA	NA