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Committee Meeting: 2/24/2021

Board Meeting: 2/25/2021
Austin, Texas

Janiece Longoria, *Chairman*
David J. Beck
Christina Melton Crain
R. Steven Hicks
Jodie Lee Jiles
Nolan Perez

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Adjourn	<i>11:05 a.m.</i>		

1. **U. T. System Board of Regents: Discussion and appropriate action regarding Consent Agenda items, if any, assigned for Committee consideration**

RECOMMENDATION

The proposed Consent Agenda items assigned to this Committee are [Items 28 - 43](#).

2. **U. T. System: Public health at U. T. health institutions**

DISCUSSION

Chancellor Milliken and Executive Vice Chancellor for Health Affairs John M. Zerwas, M.D., will discuss public health at U. T. health institutions.

3. **U. T. Southwestern Medical Center: Approval to create the School of Public Health**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs, the Vice Chancellor and General Counsel, and institution President that approval be granted to create the School of Public Health at U. T. Southwestern Medical Center.

A PowerPoint presentation is set forth on the following pages.

BACKGROUND INFORMATION

U. T. Southwestern Medical Center's School of Public Health will build upon its strength of research and programs in Data Science, Health Systems Research, Epidemiology, and Implementation Science; capitalize on general academic institution partnerships; leverage extensive hospitals, health system, and patient care; advance Bioinformatics, Computational Biology, and Population and Data Sciences programs; disseminate Infectious Disease expertise; and inform Public Policy. Planning will occur in two phases. Phase 1 in years 1-3 will organize and recruit needed faculty and prepare to admit students in Fall 2023. Phase 2 will expand and establish new research and pursue multifaceted school accreditation. Specific degrees will be determined and proposed during Phase 1, with approval by the Executive Vice Chancellor for Health Affairs as required by Regents' *Rules and Regulations*, Rule 40307. With Dallas and the 13 contiguous counties being the fastest growing Metropolitan Statistical Areas in the U.S., workforce skilled in public health management is insufficient. The new School of Public Health at U. T. Southwestern Medical Center will meet the growing needs of the community.

The creation of the new School has been approved by the Executive Vice Chancellor for Health Affairs pending approval by the Board. Upon approval by the Board of Regents, the Office of Health Affairs will notify the Texas Higher Education Coordinating Board of the change so that the U. T. Southwestern Medical Center administrative unit structure can be updated.

Texas Education Code Section 65.11 authorizes the Board of Regents to provide for the "administration, organization, and names of the institutions and entities in The University of Texas System in such a way as will achieve the maximum operating efficiency of such institutions and entities...".

The University of Texas Southwestern Medical Center School of Public Health

Daniel K. Podolsky, M.D., President

W. P. Andrew Lee, M.D., Executive Vice President for Academic Affairs and Provost;
Dean, Southwestern Medical School

U. T. System Board of Regents Meeting
Health Affairs Committee
February 2021



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

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Public health threats – COVID-19 only the most recent

- **Emerging infectious diseases**
 - West Nile (2002), H1N1 influenza (2009), Chikungunya (2013), Ebola (2014), Zika (2015), COVID-19 (2020)
- **Chronic conditions**
 - Texas has among the highest rates in the country of obesity, diabetes, substance abuse, Alzheimer's, HIV, congenital infections, mental health, and other challenges
- **Environmental and occupational health**
 - Healthy environment is central to quality of life and years of healthy life
- **Social determinants of health**
 - Economic stability, education and health care access and quality, neighborhood and built environment, social, and community context



Efforts necessary to address public health needs

- **Advances in public health science still needed**
 - Research advancing public health, e.g., implementation science
- **Education and training of public health professionals**
 - Insufficient public health workforce for preventive interventions, epidemiologic crisis response, surveillance, real-time analyses of trends data, contact tracing, and educational outreach



Efforts necessary to address public health needs (cont.)

Public Health Graduates in 5 Most Populous States*

<u>State</u>	<u>Master of Public Health (M.P.H.) Degrees</u>	<u>Graduates per capita</u>
CA	1,753	1 M.P.H./22,533 people
NY	1,208	1 M.P.H./16,142 people
PA	607	1 M.P.H./21,087 people
FL	720	1 M.P.H./30,000 people
TX	396	1 M.P.H./73,485 people

*<https://nces.ed.gov/ipeds/use-the-data>, 2018



UTSWMC will expand on core expertise to meet public health school need and advance population health

- **UTSWMC will create a research-intensive school dedicated to scientific advances that address population health challenges and provide evidence-based input for policymakers navigating chronic and emerging public health crises.**
- **School will build on core strengths in:**
 - Schools of Medicine and Graduate Biomedical Sciences
 - Basic and Clinical Research – including Department of Population and Data Sciences that will nucleate the new school and programs
 - Partnerships with area general academic institutions, including U. T. Dallas
 - Extensive UTSWMC hospitals/health system experience in population health

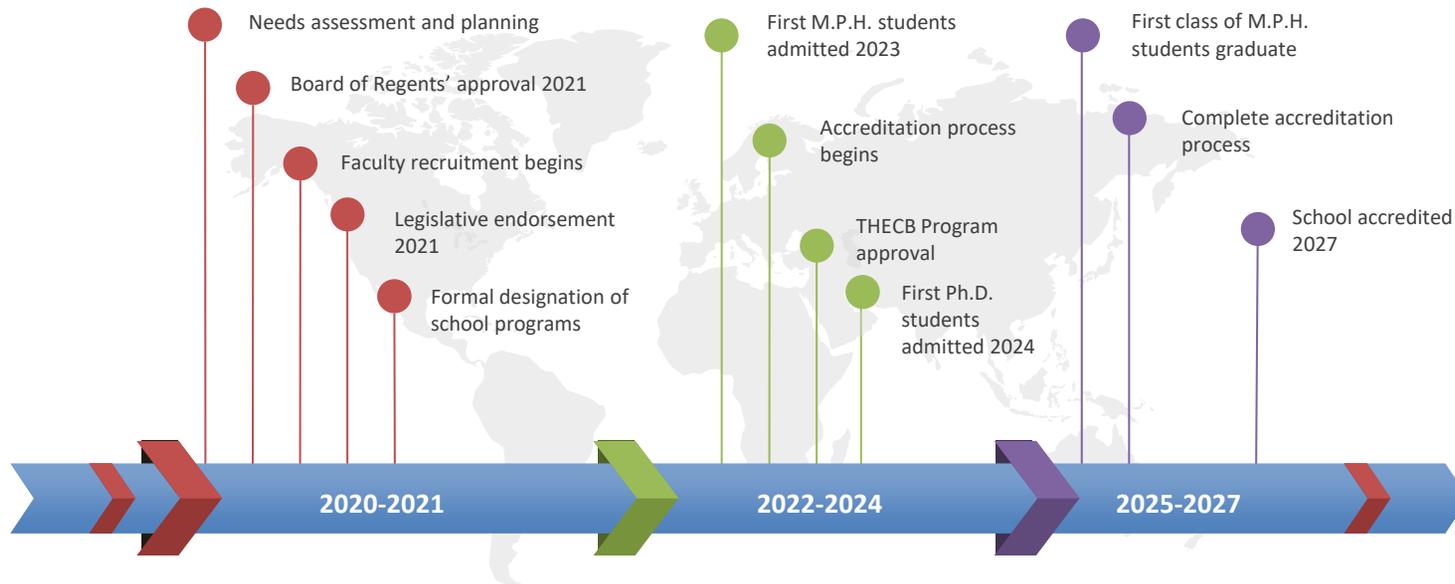


Proposed inaugural programs in the UTSWMC School of Public Health (SPH)

- **Cross cutting programs founded on pillars of UTSWMC strengths:**
 - Data Science
 - Health Systems Research
 - Epidemiology
 - Implementation Science
- **Application and concentrations within programs to include:**
 - Emerging infections
 - Chronic diseases
 - Disparities in health outcomes – social determinants of health
 - Global Health



UTSWMC SPH planning and launch timeline



4. **U. T. Health Science Center - Houston: Framework for a Healthy Texas**

DISCUSSION

Presidents Colasurdo and Pisters will discuss the Framework for a Healthy Texas, a joint population health initiative between U. T. Health Science Center - Houston and U. T. M. D. Anderson Cancer Center.

A PowerPoint presentation is set forth on the following pages.

The University of Texas Health Science Center at Houston and The University of Texas M. D. Anderson Cancer Center: Framework for a Healthy Texas

Giuseppe N. Colasurdo, M.D., President, U. T. Health Science Center - Houston

Peter W. T. Pisters, M.D., President, U. T. M. D. Anderson Cancer Center

U. T. System Board of Regents Meeting
Health Affairs Committee
February 2021



Population Health*

- Field of research and practice that improves the health of individuals using population-wide strategies
- Contemporary expansion of public health
- Prevents adverse health outcomes by addressing their interdependent determinants (social, behavioral, environmental, policies, biologic inputs, clinical care)
- Strategies include:
 - Identifying disparities in health outcomes
 - Developing and implementing interventions targeting individuals and systems
 - Disseminating and evaluating evidence-based at-scale health promotion/disease prevention efforts
 - Applying practical policy solutions to improve outcomes and reduce disparities

*Adapted and expanded from Kindig and Stoddard (2003), Adler et al. (2013) and Nash et al. (2016)

Together we can extend our reach, achieve breakthroughs, and deliver value

- Shared commitment to the health of Texas
- Shared presence and reach across Texas through regional campuses and clinical partnerships
- Shared mission areas: education and training, research, clinical practice, community engagement, and service delivery
- Reputation of excellence
 - Six schools, including Texas's largest and most highly ranked School of Public Health
 - Nation's premier cancer-care hospital with mission to end cancer



Approaching better
health for Texans—
From every
direction

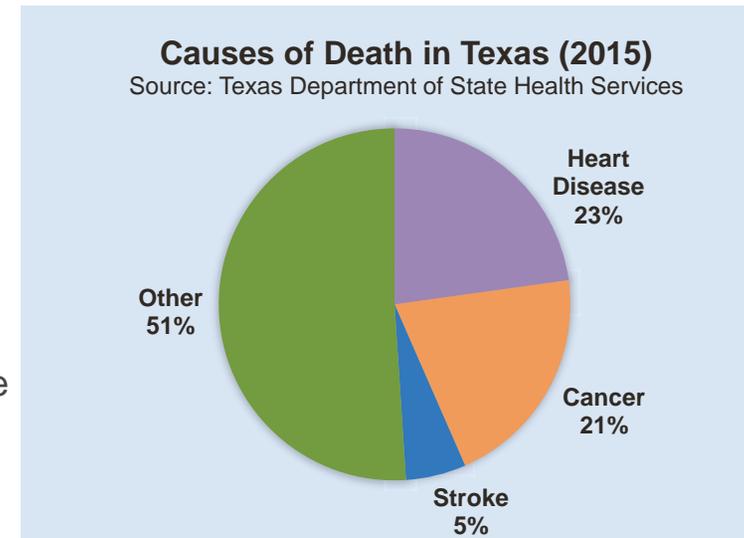
UTHealth – MD Anderson Population Health Partnership

Goal: “...a measurable and meaningful reduction in the incidence of chronic disease and associated risk factors for all Texans, especially among the underserved...” (Presidents’ Joint Communication 9/24/20)

- 89% of deaths in the U.S. from chronic diseases - cancer, heart disease, stroke, diabetes, and mental illness
 - Early data indicate that COVID-19 will be #3 in 2020
- Common preventable risk factors
- Disproportionate toll on underserved
- Intersection with new health threats (e.g., COVID-19)

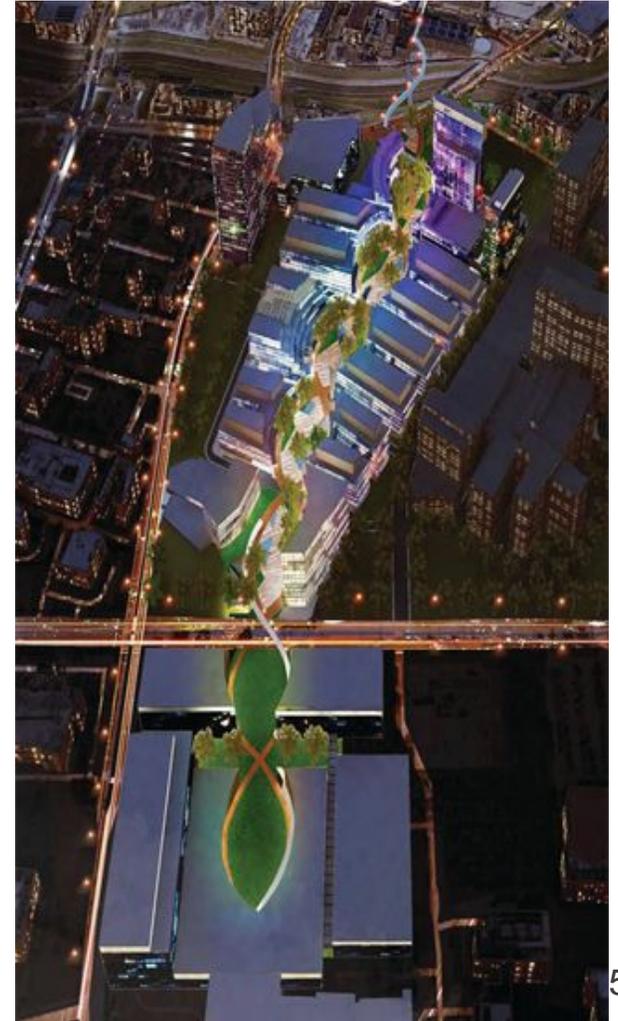
Phase 1 “Framework for a Healthy Texas” Strategies

- Chronic Disease Prevention and Control Research and Practice
- Research to Evidence to Practice to Scale
- Population Health Data and Infrastructure
- Health Equity and Social Drivers of Health



Current Efforts and Next Steps

- Select and launch Phase 1 pilot projects (institutional funding committed)
- Planning for shared population health data infrastructure
- Planning for population health-related research and educational space in TMC³
- Legislation to permit joint degrees in public / population health



UTHealth School of Public Health **by the numbers...** 50+ years in the making!

- Founded in 1967; #1 ranked school of public health in Texas (size and program quality); top tier program nationally
- Six campuses with statewide reach and commitment to collaboration with and health of local communities
- 173 full- and part-time faculty, 1,553 students, 9,000 graduates practicing in Texas and around the world
- Largest MD/MPH program in the country; MD/MPH program with every U. T. System medical school
- An unparalleled commitment to promoting diversity within the School and reducing health disparities in communities
- \$82 million total annual budget, ~\$50 million in annual research funding, with ~\$65 million in COVID-related research funding to date*
- Now embarking on a ground-breaking joint venture to improve the population health of Texas and join the elite tier of top five schools nationally



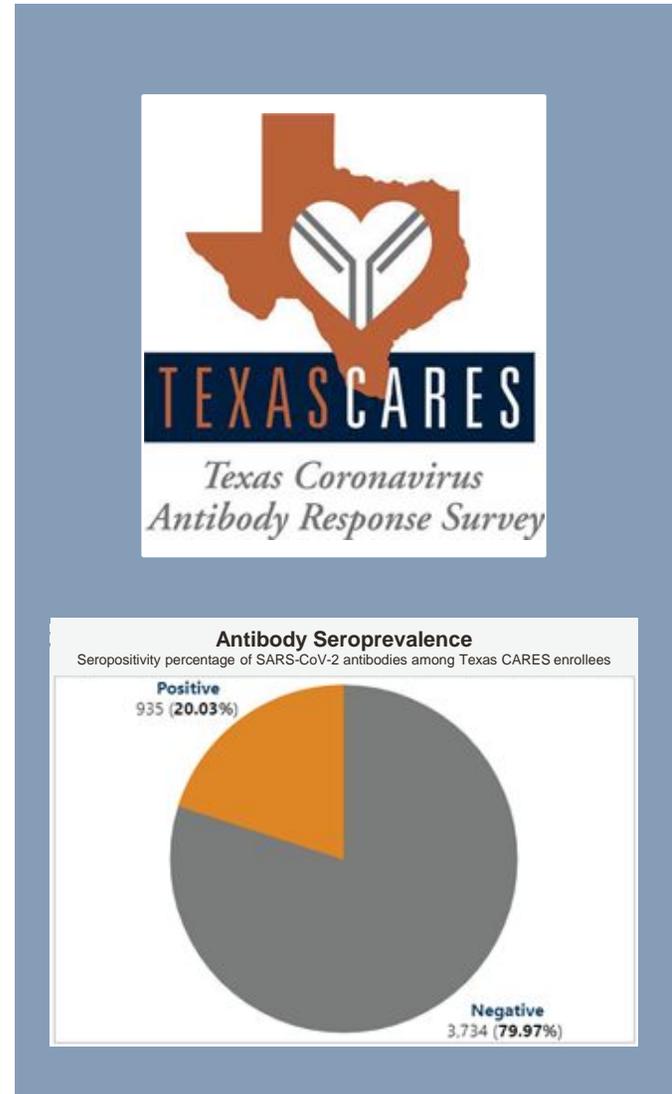
*See final reference slide for key COVID-related activities

MD Anderson's Commitment to Prevention **by the numbers...** 40+ years in the making!

- One of the earliest and most comprehensive cancer prevention programs in the nation
- Five research departments, Lyda Hill Cancer Prevention Center, Tobacco Treatment Program, Cancer Prevention and Control Platform
- 63 faculty, 111 pre- and post-doctoral trainees, 398 administrative and research staff
- Cancer Prevention Research Training Program is one of the oldest, largest, and continuously funded (~30+ years) in nation
- Dedicated mission to all Texans through community outreach and engagement programs and the Cancer Prevention and Control Platform (e.g., EndTobacco, Be Well Communities) to advance evidence-based interventions for population level impact
- ~\$58 million annual budget with total annual research expenditures of ~\$35 million
- Launch of UTMDACC Strategic Plan to maximize our impact on humanity as we work to end cancer through reach, breakthroughs, and value

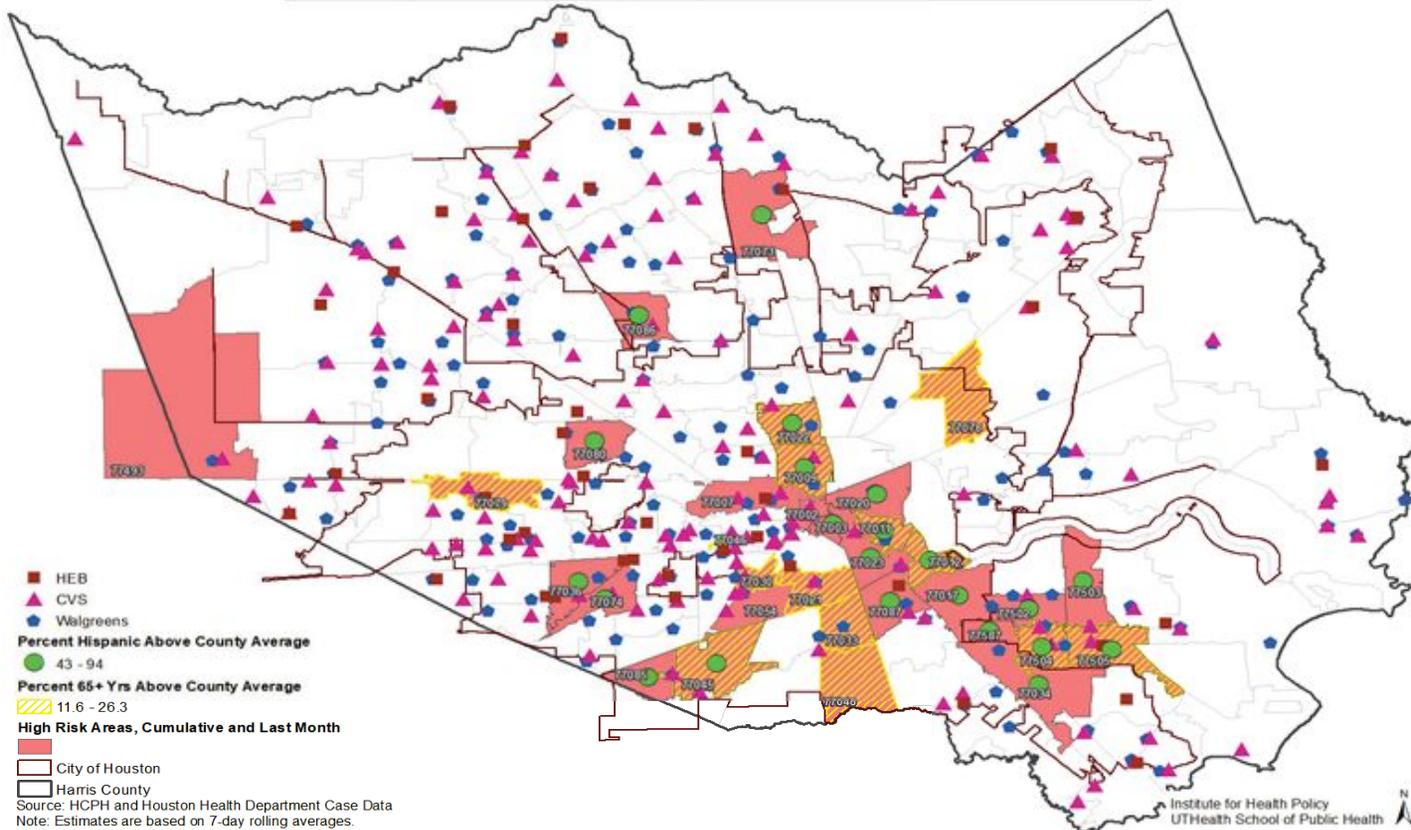
Leading COVID-19 Analytics

- Predictive and epidemiologic modeling for TMC institutions
- Predictive and epidemiologic modeling for Greater Houston area
- Statewide dashboard TexasPandemic.org
- Leading statewide seroprevalence program
- Advising vaccine roll-out in Houston area to over-burdened and under-served areas



Leading COVID-19 Analytics (cont.)

ZIP Codes with Highest Cumulative Days at 10+ New Cases per 100,000 since February or Highest Number of Days at 25+ New Cases per 100,000 in the Last Month (Areas also labeled for percentage 65+ Yrs above County average)



5. U. T. Health Science Center - San Antonio: Approval of preliminary authority for a Doctor of Nursing Practice degree program in Nurse Anesthesia

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs and the institutional president that the U. T. System Board of Regents approve:

- a. preliminary authority to create a Doctor of Nursing Practice degree program in Nurse Anesthesia; and
- b. notification of the proposal to the Texas Higher Education Coordinating Board.

BACKGROUND INFORMATION

The School of Nursing at U. T. Health Science Center - San Antonio offers two doctoral-level degrees approved by the U. T. System Board of Regents: the Doctor of Philosophy (Ph.D.) in Nursing Science was approved on December 8, 1988, and the Doctor of Nursing Practice (D.N.P.) was approved on July 15, 2010. Within the D.N.P. program, the school enrolls students in different tracks. Nurses with a master's degree in nursing can obtain a D.N.P. in advanced practice leadership, executive administrative management, or public health nurse leadership. The Bachelor of Science in Nursing (B.S.N.) to D.N.P. pathway provides B.S.N. nurses with educational and career advancement opportunities to enable specialization in advanced practice nursing or public health. The schools' B.S.N. to D.N.P. pathway was approved by U. T. System's Executive Vice Chancellor for Health Affairs on November 17, 2017. Since the admission of the first class of students in Fall 2019, the school has demonstrated robust enrollment with over 150 students participating in the diverse program tracks.

The proposed D.N.P. Nurse Anesthesia Program will complement the school's educational portfolio. It will be designed as a three-year, full-time program, with an anticipated inaugural matriculating class in August 2022 of up to 18 students in the first cohort. The school anticipates achieving a comparable level of success with this much needed program to educate and train certified registered nurse anesthetists.

U. T. Health Science Center - San Antonio's proposed B.S.N. to D.N.P. Nurse Anesthesia program will be delivered through hybrid courses and faculty-supervised hands-on clinical experiences in a variety of health care settings. The curriculum will be an integration of D.N.P. core courses and nurse anesthetist specialty courses, developed by the Committee on Graduate Studies at the School of Nursing in collaboration with U. T. Health Science Center - San Antonio's Joe R. and Teresa Lozano Long School of Medicine's Department of Anesthesiology. The program will be in accordance with standards established by the Council on Accreditation of Nurse Anesthesia Educational Programs such that graduates will be able to perform within the full scope of Nurse Anesthesia practice.

The US Bureau of Labor Statistics projects employment of certified registered nurse anesthetists (CRNAs) to grow 17% from 2018 to 2028. This growth will occur "because of an increase in the demand for healthcare services," the agency reports. Job opportunities for advanced-practice registered nurses (APRNs), including CRNAs, are likely to be excellent:

APRNs will be in high demand, particularly in medically underserved areas such as inner cities and rural areas, the Bureau projects. This is especially relevant in Texas, home to the largest rural population of any state. Concomitant with that growth, beginning in 2023, more than 50% of full-time CRNAs expect to retire from anesthesia practice, according to the American Association of Nurse Anesthetists (2018-2019 Annual Reports).

Each year there has been a steady increase in the number of candidates applying to institutions where CRNA programs are offered; indeed, applicants greatly outnumber available positions. In its *Summary of Annual Report Data*, the Council on Accreditation of Nurse Anesthesia Educational Programs published the following:

- 6,891 applications were received for 1,633 available positions (2018)
- 10,615 applications were received for 2,020 available positions (2019)

CRNA programs in Texas report similar data: 670 qualified applicants for 213 available positions. Data is not available for Texas residents who applied for available out-of-state positions but did not apply for available positions in Texas. The five schools currently offering CRNA programs in Texas are Baylor College of Medicine (Houston), Texas Christian University (Fort Worth), Texas Wesleyan University (Fort Worth), U. T. Health Science Center - Houston, and the US Army Graduate Program in Anesthesia Nursing (Baylor University, Waco). Currently, there are no CRNA programs in New Mexico, a state with which Texas shares a border.

In 2009, the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) voted to require nurse anesthesia educational programs to transition to a doctoral framework no later than January 1, 2022, at which point all new nurse anesthesia students must be enrolled in a doctoral program. COA provided the extended timeline to enable existing, as well as new programs sufficient time to plan the transition to the new requirement. This new educational and training requirement will further heighten and strengthen an already robust job market for CRNAs.

The School of Nursing's operational budget remains relatively stable despite fluctuating state appropriations. The stability is a result of faculty's entrepreneurial talents coupled with strategic planning efforts to grow the school, and include expanding the clinical practice, research and training grants, service contracts, and continuing education program opportunities. Additionally, the school will look to increased business opportunities through nursing continuing education and lifelong learning opportunities, new high-fidelity clinical simulation business partner opportunities, as well as continued key hospital partnerships to help support faculty salaries.

Currently, plans call for the D.N.P. Nurse Anesthesia program to be under the leadership of an executive team comprised of a director and assistant director who will report to the associate dean for graduate studies. The director and assistant director of the B.S.N. to D.N.P. Nurse Anesthesia program will advise on the program development, implementation, and evaluation. The program's core of experts will also include a CRNA who will serve as simulation specialist with teaching and advising responsibilities. A full complement of faculty will include four to five full-time equivalent faculty, adjunct faculty, as needed, and a clinical site coordinator.

In Academic Year (AY) 2019-20, the School of Nursing had 158 total faculty, of which 76 were full-time faculty and 71 held doctoral degrees. Of the full-time faculty, 20 faculty were tenured, eight were on the tenure-eligible track, and 64 were on the clinical track. The ratio of tenured

and tenure-track faculty to clinical-track faculty is consistent with ratios across campus, given the strong practice-focused mission of a health-related institution. In AY 2019-20, the total faculty to total student ratio was 1:7.5. Teaching-productivity goals are tied to the number of students taught and a calculation of distribution of effort, i.e., teaching, practice, service, and research/scholarship. Scholarly-productivity goals are based on promotion and tenure guidelines and are acknowledged in calculation of distribution of effort. Once preliminary authority has been approved, a request to establish the degree program will be submitted to the U. T. System Board of Regents and the Texas Higher Education Coordinating Board.

6. **U. T. Health Science Center - Tyler: Establish a Doctor of Medicine degree program within The University of Texas at Tyler**

DISCUSSION

Action on the proposed degree program will be sought in the Academic Affairs Committee meeting.

7. **U. T. Medical Branch - Galveston: Discussion and appropriate action regarding approval of proposed comprehensive leave program**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs, the Executive Vice Chancellor for Business Affairs, the Vice Chancellor and General Counsel, and the institutional president that authorization be granted by the U. T. System Board of Regents to:

- a. approve the adoption of the proposed comprehensive leave program, as set forth on the following pages, to be implemented during Fiscal Year 2021.
- b. authorize U. T. System through the Office of Business Affairs, Office of Health Affairs, and Office of the General Counsel to take all steps necessary to meet the requirements of *Texas Education Code* Section 51.961(h), including the negotiation and execution of documents.

BACKGROUND INFORMATION

Texas Education Code, Section 51.961, authorizes the governing board of a university system to adopt a comprehensive leave policy that applies to employees of any component institution of a university system. 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 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.

As required by *Texas Education Code*, Section 51.961(h), prior to implementation, reasonable efforts will be made to enter into a memorandum of understanding with the Office of the Auditor, the Employee Retirement System of Texas, and the Texas Higher Education Coordinating Board regarding awards of accrued leave for the purposes of retirement and any other issues of concern related to the implementation of the policy. Accordingly, the Regents are further asked to authorize The University of Texas System with the assistance of U. T. Medical Branch - Galveston to negotiate and enter into a memorandum of understanding consistent with that requirement.

The proposed leave program is comprised of four primary components: (1) a bank of Paid Time Off (PTO) days; (2) an Extended Illness Bank (EIB) of days; (3) Reduced Paid Leave Program; and (4) Paid holiday schedule and floating holidays.

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 due to the serious illness of an employee or employee's eligible dependents. The Reduced Paid Leave Program will expand employee eligibility to use family/parental leave. The holiday-related provisions will establish a holiday schedule and also provide flexibility for employees to meet operational needs.

No appreciable cost impact is anticipated with implementation of the alternative paid leave program. Under implementation of the program, current leave balances will be combined and deposited into both the PTO bank and EIB, as applicable. Accrual rates for each bank are formula-driven based on an employee's years of service. Both PTO and EIB may be subject to accrual caps. Provisions for annual carry forward of bank balances, offer to buy back a designated portion of accrued PTO determined annually at U. T. Medical Branch's discretion, payouts, and direct transfers of balances to other state employers will be provided for in the program design.



Comprehensive Leave Program

Proposal

The University of Texas Medical Branch at Galveston (UTMB) submits to The University of Texas System Board of Regents (Board of Regents) a comprehensive leave program for approval. This program is pursuant to the authority of Texas Education Code Section 51.961, which authorizes the governing board of a university to adopt a comprehensive leave policy that applies to employees of any component institution. A leave policy adopted by the Board of Regents 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 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.

Background

With approval of the Board of Regents, UTMB has an opportunity to restructure its current leave program to both enhance its value to employees and significantly reduce vacation liability over time. The objectives of its comprehensive leave program include paid leave benefits that will:

- Comply with Texas Education Code Section 51.961 and specifically addresses subject matter of Texas Government Code 661 and 662;
- Allow for greater flexibility to better respond to increasing financial and operational pressures;
- Better align with those of regional market competitors;
- Enhance ability to attract and retain employees;
- Provide a more equitable approach in the application of leave;
- Grant more flexibility to employees regarding their time off; and
- Encourage increased use of time off to promote wellness and work-life balance.

Proposed Comprehensive Leave Program

To accomplish these objectives, UTMB proposes to adopt a comprehensive leave plan comprised of four components:

1) Paid Time Off Bank (PTO)

- The PTO bank is designed to provide paid time off for an employee's discretionary use, providing staff and faculty more flexibility on requested time off.
- Moves 5 state holidays (normally used for Winter Break) into PTO bank also to be used at the employee's discretion.
- Establishes new accrual schedule based on years of service, earned monthly.

2) Extended Illness Bank (EIB)

- The objective of the EIB is to provide income replacement through paid leave due to the serious illness of an employee or dependent.

- Employees may be required to use 16 hours of PTO for each incident of illness with certain direct access of EIB provisions.
- The program may establish a cap on hours accrued under the new program.

3) **Reduced Leave Program**

- The Reduced Paid Leave Program (RPL) expands employee eligibility for family/parental leave and provides employees who have exhausted their PTO and Extended Illness Bank balances with job protection and reduced income that is a percentage of base.
- Employees may access RPL for absences resulting from an extended employee illness or injury, catastrophic illness or injury of eligible dependents, or parental leave.
- The program will include a limit on the maximum number of days that an employee is eligible for RPL.
- The amount of leave granted will be based on the medical disability standards for the specified medical condition.

4) **Official Paid Holiday Schedule**: provides benefits-eligible staff and faculty time off from work in observance of authorized state and national holidays.

With the implementation of the proposed program, current accrued leave balances will be combined and deposited into both the PTO bank and EIB. Going forward, accrual rates for each bank are formula-driven based on an employee's years of service. Both PTO and EIB may be subject to accrual caps. Provisions for annual carry forward of bank balances, an offer to buy back a designated portion of accrued PTO, at UTMB's discretion determined annually, payouts, and direct transfers of balances to other state employers will be provided for in the program design.

UTMB anticipates implementing the program no later than August 2021.

UTMB will develop the final policy details in cooperation with and subject to approval of the U. T. System Office of General Counsel and Office of Health Affairs.

8. **U. T. Health Science Center - Houston: Request to approve the honorific naming of the Department of Oral and Maxillofacial Surgery within the School of Dentistry as the Dr. Bernard and Gloria Katz Department of Oral and Maxillofacial Surgery**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs, the Vice Chancellor for External Relations, Communications, and Advancement Services, and the institutional president that the U. T. System Board of Regents approve the honorific naming of the Department of Oral and Maxillofacial Surgery within the School of Dentistry as the Dr. Bernard and Gloria Katz Department of Oral and Maxillofacial Surgery.

BACKGROUND INFORMATION

In recognition of Dr. Bernard and Gloria Katz's long history of contributions to the university, U. T. Health Science Center - Houston would like to name the Department of Oral and Maxillofacial Surgery within the School of Dentistry in their honor.

The Department of Oral and Maxillofacial Surgery is one of eight departments within the School of Dentistry. The Department has 23 full- and part-time faculty members and its residency program is the largest in the nation and the only such training program in Houston. The overall residency program is selective, currently accepting only six residents per year from typically more than 250 applications.

Dr. Katz graduated from U.T. Health Science Center - Houston's School of Dentistry in 1962 with a D.D.S. and in 1965 with an M.S. He was the sixth alumnus of the School. He established the School of Dentistry's first chair in oral maxillofacial surgery. He later served as a part-time faculty member from 1968 to 1985 and performed surgical rotations at U. T. M. D. Anderson Cancer Center. He also served as President of the Houston Society of Oral and Maxillofacial Surgery.

Dr. Katz was instrumental in creating a community-wide initiative in the Houston area for mutual coverage of practices when a practitioner fell ill or passed away.

In December 2020, Dr. and Mrs. Katz made another generous gift to the School of Dentistry.

Dr. Katz's contributions to advance U. T. Health Science Center - Houston, his longtime service to the profession and community, and his generous financial support to the department that trained him, have all made a powerful impact on students, alumni, and faculty.

This naming proposal is consistent with Regents' *Rules and Regulations*, Rule 80307, relating to honorific namings to recognize extraordinary contributions.