Federal Capitation Support and Its Role in the Operation of Medical Schools. HRD-78-105; B-164031(2). May 16, 1978. 27 pp. + 11 appendices (47 pp.).

Staff study by Gregory J. Ahart, Director, Human Resources Div.

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The Comprehensive Health Manpower Act of 1971 authorized institutional assistance in the form of formula grants, called "capitation" grants, based on statutorily established amounts per student per year and a bonus for enrollment of first-year students beyond mandated levels. Subject to the availability of appropriations, medical schools were authorized to receive $2,500 for each enrolled first-year, second-year, and third-year student, and $4,000 for each graduating student. Findings/Conclusions: Although it provides a relatively small percentage of the resources needed to operate a medical school, Federal capitation support has played an important role in medical education. Because of the flexibility in expenditures allowable from this source of revenue, school officials believe that terminating the program would adversely affect medical school teaching programs and possibly result in reduced enrollment. However, data do not show conclusively the impact that loss of capitation grants would have on medical schools. Federal funding to medical schools has increased but not at the same rate as other funding sources. Federal support of medical schools amounted to about 50% of their total revenue in 1975-76, a decline of 3% since school year 1973-74. The major portion of Federal support comes from National Institutes of Health research grants. If this source of funding had not increased, the Federal share of medical school revenue would have been about 44% in 1975-76. Medical school revenues are increasing. From 1974 to 1976, public-supported medical schools increased their revenues by 35% while private medical schools increased their revenues by 22%. However, medical school expenditures have also increased. (RRS)
Federal capitation support--while only a minor part of medical school revenues--has played an important role in medical education. The flexible nature of Federal capitation support has allowed medical schools to initiate innovative learning experiences for medical students and promote the training of primary care physicians.
At the request of the Chairman, Subcommittee on Health and the Environment, Committee on Interstate and Foreign Commerce House of Representatives, we studied the capitation support for medical schools. We reviewed use of capitation funds by 11 selected medical schools, identified total revenues received by each school, and studied their use of such revenues. We also obtained the opinion of medical school representatives on the potential impact on schools if capitation support is withdrawn.

In summary, Federal capitation support—although providing a relatively small percentage of the resources needed to operate a medical school—has played an important role in medical education. Withdrawal of such support—without adequate funds to replace it—may have serious consequences for some schools, particularly those with only limited access to resources from other Federal, State, and private sources.

The availability of Federal capitation support has, because it is flexible, enabled some of the schools visited to initiate innovative learning experiences for medical students. The schools visited used 87 percent of their funds to pay personnel costs in school years 1973-74 through 1975-76.

Much of the enrollment increase in the schools visited—22 percent from school years 1972-73 through 1976-77—coincides with the availability of Federal capitation support. These enrollment increases have occurred despite a 54-percent average increase in tuition during the same period.

Medical school officials expressed concern that an attempt to replace Federal capitation support by increasing tuition would bring a marked change in the socioeconomic characteristics of the student body and require program reductions.

Gregory J. Ahart, Director
Human Resources Division
Contents

PREFACE i

CHAPTER

1 INTRODUCTION 1

2 CAPITATION FUNDING 4
   Capitation support 4
   Capitation experience at 11 selected medical schools 5
   Capitation funds received in relation to other school revenues 6
   Uses of capitation funding 7
   Potential for replacing capitation funds 8
   Anticipated impact of terminating capitation funds without replacement 11
   Conclusions 11

3 OTHER SOURCES OF FUNDS FOR MEDICAL SCHOOL SUPPORT 13
   Federal funding 13
   NIH research funding at 11 schools 14
   NIH training funding at 11 schools 15
   Other Federal funding at 11 schools 16
   State and local funding at 11 schools 18
   Private and nongovernmental funding at 11 schools 19
   Operating revenues and miscellaneous funding at 11 schools 21
   Conclusions 22

4 LIMITED ANALYSIS OF TOTAL REVENUES AND EXPENDITURES FOR 11 SCHOOLS 24
   Federal revenue 24
   Non-Federal revenue 24
   Total expenditures 25
   Analysis of expenditures and enrollment 26
   Conclusion 27
# APPENDIX

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Total medical school revenue, 1974-76</td>
<td>29</td>
</tr>
<tr>
<td>II</td>
<td>Total expenditures by school, 1974-76</td>
<td>33</td>
</tr>
<tr>
<td>III</td>
<td>Capitation funding and expenditures by school, 1973-77</td>
<td>37</td>
</tr>
<tr>
<td>IV</td>
<td>NIH training funding and expenditures by school, 1974-76</td>
<td>43</td>
</tr>
<tr>
<td>V</td>
<td>NIH research funding and expenditures by school, 1974-75</td>
<td>47</td>
</tr>
<tr>
<td>VI</td>
<td>Other Federal funding and expenditures by school, 1974-76</td>
<td>51</td>
</tr>
<tr>
<td>VII</td>
<td>State funding and expenditures by school, 1974-76</td>
<td>55</td>
</tr>
<tr>
<td>VIII</td>
<td>Private funding and expenditures by school, 1974-76</td>
<td>59</td>
</tr>
<tr>
<td>IX</td>
<td>Nongovernmental funding and expenditures by school, 1974-76</td>
<td>63</td>
</tr>
<tr>
<td>X</td>
<td>Other funding and expenditures by school, 1974-76</td>
<td>67</td>
</tr>
<tr>
<td>XI</td>
<td>Tuition funding and expenditures by school, 1974-76</td>
<td>71</td>
</tr>
</tbody>
</table>

## ABBREVIATIONS

- **GAO** General Accounting Office
- **NIH** National Institutes of Health
CHAPTER 1

INTRODUCTION

Based on data published by the Journal of the American Medical Association in December 1977, 110 of the 114 accredited medical schools in the United States reported revenues and expenditures of about $3.35 billion in school year 1975-76. This amount represents an increase of $830 million over the expenditures reported for school year 1973-74. Although the data reported may lack precision, training of future health providers and researchers clearly consumes a significant portion of the $135 billion incurred nationally for health expenditures. Because of national inflation trends and the general expenditure experience of medical schools, it seems evident that medical school costs will continue to rise and the schools will need to generate increased revenues.

In a letter dated October 31, 1977, the Chairman of the Subcommittee on Health and the Environment, House Committee on Interstate and Foreign Commerce, requested that we study "capitation" support provided to medical schools and other health profession schools under the Comprehensive Health Manpower Training Act of 1971. (See p. 4.) Capitation support is but one of several Federal sources of funds available to all medical schools. However, the funds from some Federal sources are not evenly distributed among the schools.

Our study of capitation support consisted of obtaining the following information from each of 11 medical schools:

---Capitation revenues and expenditures during school years 1973-74 through 1976-77.

---Revenues and expenditures for school years 1973-74 through 1975-76 for each source of funding.

---Medical school opinions regarding potential impact on operations if capitation support were terminated.

The 11 schools visited were divided between public (5) and private (6) institutions of varying sizes throughout the United States. Schools of osteopathy were not included. The accounting systems of the schools varied in the way revenues and expenditures were recorded. For example, revenues were classified as restricted or unrestricted, funds from various sources were pooled in a general fund, and expenditures were not classified uniformly in all schools. Further, for non-Federal sources of revenue and related expenditures, there
was no report similar to the report of expenditures which is submitted by grantees to the Department of Health, Education, and Welfare to account for the use of capitation funds. In addition, some accounting systems were integrated with those of the parent university. Therefore, we had to classify and allocate expenditures uniformly to allow for comparison both within a school and among schools by revenue source.

Revenues generally available to medical schools are:

Federal

--Capitation: Federal grants based on a specified amount for each first-, second-, and third-year student and $4,000 (plus additional funds for schools that had programs designed to accelerate granting the Doctor of Medicine degree) for each graduating student.

--National Institutes of Health (NIH) training: Federal grants from NIH for developing and operating programs to train research personnel in health professions.

--NIH research: Federal grants from NIH to support specific research projects related to health.

--Other Federal: Grants and contracts from Federal agencies, such as Department of Defense, Environmental Protection Agency, Public Health Service, etc., to support specific research projects related to health and the environment.

Non-Federal

--State and local: General fund appropriations, capitation programs, grants and contracts, and tax levies for specific projects and general operation of the medical school.

--Private and nongovernmental: Funds provided by foundations, alumni, endowments, corporations, and individual donors for specific projects and general operation of the medical school.

--Tuition: Funds obtained from fees paid by undergraduate students in the school of medicine.
--Faculty practice funds: Funds obtained from fees charged patients for medical care provided by members of the medical school faculty.

--Miscellaneous: Funds obtained from subsidies provided by the parent university, sale of goods and services by the medical school, and income on university investments allocated to the medical school.

How these revenues are acquired and restrictions on their use are described in chapters 2 and 3.

Expense classification categories were:

--Personnel: Salaries and fringe benefits paid to the medical school's faculty and staff members.

--Consultant services: Fees paid to consultants for services provided.

--Equipment: Purchases of equipment needed for operating the school.

--Supplies: Purchases of laboratory animals and supplies, clinical materials, and office supplies needed for operating the school.

--Travel: Expenses related to travel performed by members of the school faculty or student trainees.

--Alterations and renovations: Expenditures for changes made in the school's physical plant.

--Trainee expenses: Stipends paid to trainees working on projects in school laboratories.

--Miscellaneous: Purchase of utility services and other miscellaneous expenses of the school.
CHAPTER 2
CAPITATION FUNDING

In the late 1960s, inflation, need for new equipment and materials due to advancements in biomedical science and accompanying technology, increasing pressure to respond to the demand for more health professionals, and absence of a firm financial base on which to operate were believed to be forcing many medical schools to the edge of economic disaster.

In an effort to establish a firm financial base from which health professions' schools could operate, the Congress enacted the Comprehensive Health Manpower Act of 1971 (Public Law 92-157, approved Nov. 18, 1971). In addition to extending the Health Professions Education Assistance Act for 3 years, this act authorized institutional assistance in the form of formula grants, called "capitation" grants, based on statutorily established amounts per student per year and a bonus for enrollment of first-year students beyond mandated levels. Subject to the availability of appropriations, medical schools were authorized to receive $2,500 for each enrolled first-, second-, and third-year student and $4,000 (plus additional funds for schools that had programs designed to accelerate the granting of the Doctor of Medicine degree) for each graduating student. Schools for other types of health professionals were authorized to receive other amounts.

As a condition for receiving capitation grants, schools were required to expand enrollment, maintain non-Federal effort, and make plans for conducting programs responsive to national needs. A waiver of the requirement to expand enrollment was available from the Secretary of HEW, if he determined that fulfilling the requirements would lower the quality of education.

Capitation grant funds may be used for any purpose which the school determines will most effectively advance its educational program, except for construction or student aid. Furthermore, the schools have 2 years to obligate the funds received. The table below shows the capitation grant authorizations, appropriations, and obligations for fiscal years 1972 through 1977.
## Capitation Grant Authorizations, Appropriations, and Obligations

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Authorizations (millions)</th>
<th>Appropriations (millions)</th>
<th>Obligations (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972</td>
<td>$234.0</td>
<td>$155.2</td>
<td>$155.2</td>
</tr>
<tr>
<td>1973</td>
<td>250.0</td>
<td>165.9</td>
<td>165.9</td>
</tr>
<tr>
<td>1974</td>
<td>279.0</td>
<td>187.3</td>
<td>a/185.5</td>
</tr>
<tr>
<td>1975</td>
<td>279.0</td>
<td>150.0</td>
<td>150.0</td>
</tr>
<tr>
<td>1976</td>
<td>279.0</td>
<td>101.1</td>
<td>101.1</td>
</tr>
<tr>
<td>1977</td>
<td>163.0</td>
<td>119.1</td>
<td>b/117.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,484.0</strong></td>
<td><strong>$878.6</strong></td>
<td><strong>$875.6</strong></td>
</tr>
</tbody>
</table>

a/Legislation authorized withholding 5 percent of appropriations for schools of optometry, podiatry, pharmacy, and veterinary medicine.

b/Legislation authorized withholding 1 percent of appropriations.

A consequence of appropriations being less than authorizations has been a reduction of the actual support to each medical school for each enrolled student. For example, during 1977 medical schools actually received an average of about $1,200 per student, compared to the $2,500 and $4,000 authorized.

### CAPITATION EXPERIENCE AT 11 SELECTED MEDICAL SCHOOLS

The following table shows cumulatively the capitation funds available and expended at each of the 11 medical schools included in our study during school years 1972-73 through 1976-77.
Capitation Revenues and Expenditures for Schools Years 1972-73 through 1976-77

<table>
<thead>
<tr>
<th>School</th>
<th>Revenue (000 omitted)</th>
<th>Expenditures (000 omitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public</td>
<td>Private</td>
</tr>
<tr>
<td>1</td>
<td>$4,047</td>
<td>$2,768</td>
</tr>
<tr>
<td>2</td>
<td>$2,029</td>
<td>$4,365</td>
</tr>
<tr>
<td>3</td>
<td>$3,456</td>
<td>$3,567</td>
</tr>
<tr>
<td>4</td>
<td>$4,088</td>
<td>$3,747</td>
</tr>
<tr>
<td>5</td>
<td>$9,393</td>
<td>$3,716</td>
</tr>
<tr>
<td>6</td>
<td>$2,029</td>
<td>$3,983</td>
</tr>
<tr>
<td>7</td>
<td>$3,456</td>
<td>$3,983</td>
</tr>
<tr>
<td>8</td>
<td>$3,438</td>
<td>$3,963</td>
</tr>
<tr>
<td>9</td>
<td>$3,482</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>$9,037</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>$43,836</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$45,159</td>
<td></td>
</tr>
</tbody>
</table>

Appendix III shows more detailed capitation data for the 11 schools visited for school years 1972-73 through 1976-77.

Capitation funds received in relation to other school revenues

Capitation funding during school years 1973-74 through 1975-76 was only a minor portion of the total funds received by each school. As shown in the following table, during school year 1973-74 capitation funds were 3.2 percent of the 11 schools' total revenues. By school year 1975-76, capitation funding had declined to 2.2 percent of total funding.

Funding of 11 Medical Schools

<table>
<thead>
<tr>
<th></th>
<th>1973-74</th>
<th>1974-75</th>
<th>1975-76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenue (millions)</td>
<td>$311</td>
<td>$361</td>
<td>$395</td>
</tr>
<tr>
<td>Capitation expenditures (millions)</td>
<td>$9.9</td>
<td>$10.9</td>
<td>$8.5</td>
</tr>
<tr>
<td>Capitation expenditures as a percent of total</td>
<td>3.2</td>
<td>3.0</td>
<td>2.2</td>
</tr>
</tbody>
</table>

At the 11 schools, capitation support ranged from $387,000 to $1.8 million in school year 1975-76 and represented from 1 to 6 percent of total funding. (See apps. I and III.)
Uses of capitation funding

As previously stated, capitation funding provides considerable flexibility to medical schools regarding the types of programs and activities for which it can be used. During school years 1973-74 through 1975-76 capitation expenditures increased at the 11 schools, but it decreased considerably in school year 1976-77.

<table>
<thead>
<tr>
<th>Capitation Expenditures for 11 Medical Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>School year</td>
</tr>
<tr>
<td>Total expenditures (000 omitted)</td>
</tr>
<tr>
<td>Capitation expenditures (000 omitted)</td>
</tr>
<tr>
<td>Capitation expenditures as a percent of total</td>
</tr>
</tbody>
</table>

As might be expected, expenditures from capitation funds in relation to all expenditures at the 11 schools declined in about the same ratio as funding experience. Our analysis of these expenditures shows that about 87 percent of the capitation funds were expended for personnel costs. At all schools except two, 79 percent or more capitation funds were expended on personnel costs. One school expended about 50 percent of its capitation funds for personnel costs; the balance was primarily expended for equipment and miscellaneous costs. The other school combined its capitation funds with other funds, which precluded analysis on what cost element it expended these funds.

Examples of the numbers and types of personnel supported by capitation funds in several schools include:

--salaries for 22 faculty members in five basic science and three clinical departments;

--partial salaries, equivalent to 25-35 full-time faculty, for 110 members in 23 departments;

--partial salaries for faculty and staff in 4 basic science departments; 10 clinical departments, including the Department of Community and Family Medicine; and 7 administrative offices; and

--salaries equivalent to 14 full-time faculty members in basic science departments.
Some activities funded by capitation funds include curriculum improvement programs, innovative teaching programs, and initial support for establishing new departments in the school to promote training primary care physicians. Examples of these programs include

-- designing interdisciplinary medical education programs to increase physicians' sensitivity with courses in human awareness, human sexuality, death and dying, and neural science;

-- developing a new core curriculum course emphasizing the "team concept" of medical and nursing students as an introduction to medical ethics, cost containment, and medical sociology;

-- developing learning resource centers, including multidisciplinary laboratories with cubicles for individual study and various audiovisual systems;

-- developing family medicine model unit and satellite concepts;

-- expanding preventive and community medicine departments;

-- upgrading an ambulatory care program;

-- developing indirect support for family practice program, emergency medicine program, and area health education centers; and

-- purchasing additional library textbooks and materials needed because of substantial enrollment increases.

Potential for replacing capitation funds

We obtained opinions from medical school deans on the potential for obtaining funds from other sources to replace current capitation funding, if such funding were terminated.

Deans of seven schools--including four of the six private schools--stated they had limited, if any, opportunity to acquire funds from alternate sources to replace capitation funds if they were terminated. The deans at the remaining two private schools said that increased tuition was the only way they could replace capitation funds. Deans of two of the remaining publicly funded schools said they would try to
secure additional funds to replace capitation funds from the State legislature. However, the deans at all five publicly funded schools expressed pessimism over the likelihood of receiving additional appropriations from State legislatures to replace a loss of capitation funding. Examples of actions taken and existing conditions which caused the deans' pessimism include:

--Reduction by $680,000 in the State general fund appropriation to the medical school for the 1977-79 biennium.

--Refusal of the State legislature to provide any increased level of continued funding for NIH grant programs which had expired.

--Proposed reduction in medical school funding from the university so that the university may reduce an $8 million deficit.

--The State government's present financial condition.

Both public and private school officials were concerned that a loss of capitation funds would lower the quality of medical education. An additional concern of some private school officials was that a loss of capitation and a subsequent increase in tuition would result in changing the socio-economic characteristics of the student body because only students from affluent families could afford the increase. They stated that 30 to 74 percent of their students were already receiving financial aid and that further tuition increases might reduce the number of low- and middle-income students attending these medical schools.

Although it would be conjecture to conclude that State governments would not increase State funding to medical schools if capitation funds were not available, present indications are that State governments are looking for ways to reduce State funding to medical schools.

Similarly, additional private funding from endowments, alumni donations, and foundations as a replacement for capitation is unlikely. While some schools have endowments over $100 million, most have endowments with a principal of less than $10 million. In addition, existing endowments are generally restricted to particular departments or programs within the school of medicine and would be precluded for use in the types of activities discussed on page 8. One school has organized an alumni drive to replace capitation funding.
Officials indicate that it is difficult to employ this means of raising money for educational purposes and it would not be sound policy to rely on gifts and contributions on a recurring basis since these sources of funds are neither predictable nor reliable. Also, while one school may be able to replace capitation funds from private foundations, all medical schools could probably not successfully do so because of limited financial resources available to foundations.

Replacing capitation funds by substantially increased contributions from the faculty practice fund may not be feasible. Several deans expressed concern about this approach because

-state legislatures had already been expecting increased amounts of faculty practice funds to be used to replace State general funds and

-it would encourage further development of private practice, thus further restricting the time available for teaching and research and thus, perhaps decreasing the quality of education.

Because of these factors, the deans do not consider replacing capitation funds by increasing contributions from the faculty practice fund as a desirable alternative.

Tuition would have to increase substantially to replace capitation funds. The following table shows the impact on tuition fees at individual schools if the loss of capitation funds were to be replaced entirely through tuition increases.

<table>
<thead>
<tr>
<th>School</th>
<th>1976-77 tuition per student</th>
<th>Dollar increase per student to replace capitation</th>
<th>Percent increase per student to replace capitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$1,640</td>
<td>$ 907</td>
<td>55</td>
</tr>
<tr>
<td>2</td>
<td>4,715</td>
<td>911</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>1,101</td>
<td>755</td>
<td>63</td>
</tr>
<tr>
<td>4</td>
<td>2,151</td>
<td>877</td>
<td>41</td>
</tr>
<tr>
<td>5</td>
<td>1,050</td>
<td>923</td>
<td>88</td>
</tr>
<tr>
<td>Private:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>4,470</td>
<td>757</td>
<td>17</td>
</tr>
<tr>
<td>7</td>
<td>5,300</td>
<td>1,092</td>
<td>21</td>
</tr>
<tr>
<td>8</td>
<td>3,500</td>
<td>870</td>
<td>25</td>
</tr>
<tr>
<td>9</td>
<td>4,370</td>
<td>1,011</td>
<td>23</td>
</tr>
<tr>
<td>10</td>
<td>4,225</td>
<td>918</td>
<td>22</td>
</tr>
<tr>
<td>11</td>
<td>3,910</td>
<td>1,089</td>
<td>28</td>
</tr>
</tbody>
</table>
Anticipated impact of terminating capitation funds without replacement

In addition to increasing tuition and possibly reducing the number of low- and middle-income students in medical schools, eliminating capitation funds may have other consequences. Program cutbacks, faculty reductions, and reduced enrollment are all possible effects. Some changes that would be considered at various schools include

--termination of all or part of the salaries of 25 faculty members in 14 departments and an unfavorable increase in the student/faculty ratio;

--a decrease of 20 to 25 faculty members and reduction of enrollment by 20 to 25 students per year, or a total enrollment reduction of 80 to 100 students; and

--program reorganization and consolidation.

Anticipating capitation support being reduced or eliminated, one dean stated the medical school had already: reduced or eliminated certain programs such as the family nurse practitioner and the physician assistant's program, realigned the community health sciences program, made several increases in tuition and fees, received several increases in State general appropriations, stabilized faculty salaries, and frozen faculty replacements. The dean does not plan to reduce the size of the entering class or the primary care residency programs at this time.

The faculty and program reduction would not be evenly distributed within or among schools. Faculty reductions would be most severe for the new, younger, and untenured members of the medical school faculty. The most severe impact on medical schools will be for those with small, already strained budgets. These schools are characterized by little endowment income, small amounts of alumni donations, little or no State support, and only limited access to other sources of funding.

CONCLUSIONS

Federal capitation support—although providing a relatively small percentage of resources needed to operate a medical school—has played an important role in medical education. Because of the flexibility in expenditures allowable from this source of revenue, school officials
believe that terminating the grant program would adversely affect medical school teaching programs and possibly result in reduced student enrollment.

Data developed during our study does not show conclusively the impact that loss of capitation grants would have on medical schools.

The school officials furnished information supporting their pessimism about the possibility of generating additional revenues from other funding sources equal to the amount currently received from the capitation grant program. Possible sources include appropriations from State governments, tuition, and faculty practice funds.

The public-supported medical schools doubt that additional appropriations would be available from their State governments because these governments are also looking for ways to reduce their funding of medical schools. Tuition increases are undesirable because of the fear of "pricing" the schools beyond some students' financial means; many are already receiving financial aid from various sources. Increased revenue from faculty practice clinics is not preferred because teaching staff assigned to provide medical care through the clinics would limit their availability to teach. Some schools do not operate clinical facilities but use affiliated hospitals as their principal teaching facilities. These schools generate no revenue from this operation and thus have no opportunity to replace lost capitation funds from this source of revenue.
CHAPTER 3

OTHER SOURCES OF FUNDS

FOR MEDICAL SCHOOL SUPPORT

In addition to Federal capitation grants, medical schools receive financial support from other Federal and non-Federal sources. They receive training and research grants from programs administered by the National Institutes of Health, and they receive grants and contracts from programs administered by various Federal departments and agencies. Generally, these Federal funds are specified for use in particular medical school activities and thus do not provide medical schools with the same flexibility afforded under capitation grants.

Non-Federal sources of funds include appropriations from State governments; funds derived from tax levies by local governments; private donations; grants, contracts, and bequests from nongovernmental organizations or entities; tuition; faculty practice funds; and sundry other sources. As with Federal funds other than capitation support, some of these funding sources; State funds; private donations; and nongovernmental grants, contracts, and bequests have restrictions on their use.

**Funding of 11 Medical Schools**

<table>
<thead>
<tr>
<th>School year</th>
<th>1973-74</th>
<th>1974-75</th>
<th>1975-76</th>
</tr>
</thead>
<tbody>
<tr>
<td>(000 omitted)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total revenue</td>
<td>$310,576</td>
<td>$361,117</td>
<td>$394,828</td>
</tr>
<tr>
<td>Federal revenue</td>
<td>163,585</td>
<td>184,507</td>
<td>195,486</td>
</tr>
<tr>
<td>Non-Federal revenue</td>
<td>146,991</td>
<td>176,610</td>
<td>199,342</td>
</tr>
</tbody>
</table>

**FEDERAL FUNDING**

Federal funds accounted for 51 percent of revenues received by the 11 medical schools during school years 1973-74 through 1975-76. (See app. I.) Funds made available by NIH for research activities accounted for the major portion of available Federal funds. In contrast to the flexibility provided to medical schools regarding the types of programs and activities eligible for using capitation funds, other Federal revenue sources are quite restrictive. Therefore, medical schools have little latitude in using such Federal funds.
NIH research funding at 11 schools

The authorizing legislation for a typical NIH research grant stipulates that grants may be made to eligible institutions to support specific research projects. Some grants even stipulate the type of expenditures for which grant funds may be used. The following table shows the total NIH research funds available and expended at each of the schools during school years 1973-74 through 1975-76.

NIH Research Revenues and Expenditures for School Years 1973-74 through 1975-76

<table>
<thead>
<tr>
<th>School</th>
<th>Revenue (000 omitted)</th>
<th>Expenditures (000 omitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$26,385</td>
<td>$25,562</td>
</tr>
<tr>
<td>2</td>
<td>35,513</td>
<td>35,513</td>
</tr>
<tr>
<td>3</td>
<td>14,774</td>
<td>14,774</td>
</tr>
<tr>
<td>4</td>
<td>11,983</td>
<td>11,993</td>
</tr>
<tr>
<td>5</td>
<td>13,518</td>
<td>13,517</td>
</tr>
<tr>
<td>Private:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>59,873</td>
<td>59,873</td>
</tr>
<tr>
<td>7</td>
<td>25,868</td>
<td>25,868</td>
</tr>
<tr>
<td>8</td>
<td>49,922</td>
<td>49,922</td>
</tr>
<tr>
<td>9</td>
<td>1,689</td>
<td>1,458</td>
</tr>
<tr>
<td>10</td>
<td>54,632</td>
<td>51,656</td>
</tr>
<tr>
<td>11</td>
<td>34,035</td>
<td>36,484</td>
</tr>
<tr>
<td>Total</td>
<td>$329,192</td>
<td>$258,504</td>
</tr>
</tbody>
</table>

As shown in the following table, expenditures of NIH research funds have been increasing in recent years.

NIH Research Expenditures for 11 Medical Schools

<table>
<thead>
<tr>
<th>School year</th>
<th>1973-74</th>
<th>1974-75</th>
<th>1975-76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditures (000 omitted)</td>
<td>$306,895</td>
<td>$355,558</td>
<td>$402,506</td>
</tr>
<tr>
<td>NIH research expenditures (000 omitted)</td>
<td>89,026</td>
<td>110,061</td>
<td>127,523</td>
</tr>
<tr>
<td>NIH research expenditures as a percent of total</td>
<td>29</td>
<td>31</td>
<td>32</td>
</tr>
</tbody>
</table>
Our analysis of the expenditures at the 11 schools shows that 47 percent of the total expenditures from NIH research funds were for personnel costs. Expenditures for personnel costs at the schools ranged from 41 to 56 percent of total expenditures from NIH research funds. About 28 percent of these total expenditures were for equipment, supplies, and miscellaneous costs, while indirect costs accounted for 23 percent of the total. (See app. V.)

NIH training funding at 11 schools

NIH training grants are provided to cover the cost of developing and operating training programs and to supply financial assistance to participants in approved programs. The following table shows the total funds available from NIH training grants and the expenditures during school years 1973-74 through 1975-76 at each of the 11 schools.

<table>
<thead>
<tr>
<th>School</th>
<th>Revenue (000 omitted)</th>
<th>Expenditures (000 omitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$10,647</td>
<td>$10,366</td>
</tr>
<tr>
<td>2</td>
<td>2,340</td>
<td>2,340</td>
</tr>
<tr>
<td>3</td>
<td>4,290</td>
<td>4,290</td>
</tr>
<tr>
<td>4</td>
<td>7,747</td>
<td>7,747</td>
</tr>
<tr>
<td>5</td>
<td>2,109</td>
<td>2,109</td>
</tr>
<tr>
<td>Private:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>10,834</td>
<td>10,834</td>
</tr>
<tr>
<td>7</td>
<td>4,447</td>
<td>4,447</td>
</tr>
<tr>
<td>8</td>
<td>22,071</td>
<td>22,071</td>
</tr>
<tr>
<td>9</td>
<td>1,001</td>
<td>905</td>
</tr>
<tr>
<td>10</td>
<td>17,537</td>
<td>16,652</td>
</tr>
<tr>
<td>11</td>
<td>3,909</td>
<td>3,935</td>
</tr>
<tr>
<td>Total</td>
<td>$86,932</td>
<td>$86,651</td>
</tr>
</tbody>
</table>
The following table shows that expenditures of NIH training funds have decreased between school years 1974-75 and 1975-76.

<table>
<thead>
<tr>
<th>NIH Training Expenditures at 11 Medical Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>School year</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Total expenditures (000 omitted)</td>
</tr>
<tr>
<td>NIH training expenditures (000 omitted)</td>
</tr>
<tr>
<td>NIH training expenditures as a percent of total</td>
</tr>
</tbody>
</table>

Our analysis of the expenditures at the 11 schools shows that 46 percent of the expenditures from NIH training were for personnel costs. Expenditures for personnel costs at the schools ranged from 28 to 84 percent of total expenditures from NIH training funds. About 29 percent of the total expenditures from NIH training funds were for trainee costs, while indirect costs accounted for about 8 percent. (See app. IV.)

Other Federal funding at 11 schools

For the most part, funding from Federal sources other than NIH (and capitation funds) came from such agencies as the National Science Foundation, the Public Health Service, the Department of Defense, and the Environmental Protection Agency. As is the case with NIH research and training funds, these funds also have restrictions placed on their use. The following table shows the total funds available and the expenditures against these sources during school years 1973-74 through 1975-76 at each of the 11 schools.
Other Federal Revenues and Expenditures for School Years 1973-74 through 1975-76

<table>
<thead>
<tr>
<th>School</th>
<th>Revenue</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(000 omitted)</td>
<td></td>
</tr>
<tr>
<td>Public:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$2,182</td>
<td>$2,182</td>
</tr>
<tr>
<td>2</td>
<td>11,055</td>
<td>11,055</td>
</tr>
<tr>
<td>3</td>
<td>5,957</td>
<td>5,957</td>
</tr>
<tr>
<td>4</td>
<td>7,444</td>
<td>7,444</td>
</tr>
<tr>
<td>5</td>
<td>15,259</td>
<td>15,259</td>
</tr>
<tr>
<td>Private:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>16,698</td>
<td>16,698</td>
</tr>
<tr>
<td>7</td>
<td>7,310</td>
<td>7,310</td>
</tr>
<tr>
<td>8</td>
<td>20,434</td>
<td>20,434</td>
</tr>
<tr>
<td>9</td>
<td>3,986</td>
<td>3,986</td>
</tr>
<tr>
<td>10</td>
<td>5,846</td>
<td>5,846</td>
</tr>
<tr>
<td>11</td>
<td>3,016</td>
<td>3,016</td>
</tr>
<tr>
<td>Total</td>
<td>$99,185</td>
<td>$101,232</td>
</tr>
</tbody>
</table>

As shown in the following table, the percent of expenditures from other Federal funds have been decreasing in recent years.

Other Federal Expenditures for 11 Medical Schools

<table>
<thead>
<tr>
<th>School year</th>
<th>1973-74</th>
<th>1974-75</th>
<th>1975-76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditures (000 omitted)</td>
<td>$302,895</td>
<td>$355,558</td>
<td>$402,506</td>
</tr>
<tr>
<td>Other Federal expenditures (000 omitted)</td>
<td>33,511</td>
<td>35,162</td>
<td>32,559</td>
</tr>
<tr>
<td>Other Federal expenditures as a percent of total</td>
<td>11</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

Our analysis of the expenditures at the 11 schools shows that 52 percent of the expenditures from other Federal funds were for personnel costs. Expenditures for these costs at the schools ranged from about 25 to 69 percent of total expenditures from other Federal funds. About 24 percent of the total expenditures from other Federal funds were for equipment, supplies, and miscellaneous costs, while indirect costs accounted for 17 percent. (See app. VI.)
State and local funding at 11 schools

Total State and local funds accounted for 11 percent of the revenues received by the 11 schools during school years 1973-74 through 1975-76. State funding consists of general fund appropriations, capitation programs, and grants or contracts from medical research. Some of the State support provided was actually passed through Federal funds provided to a State department of human resources. For example, grants provided under title V of the Social Security Act (42 U.S.C. 701) to fund services for crippled children are awarded to the State which, in turn, allocated the funds to the medical school for delivering medical services. Local support provided to two schools included in our study was obtained through a local tax levy in cities where the schools are located.

The public- or State-supported schools are major recipients of State assistance and during school years 1973-74 through 1975-76 these schools received more than 90 percent of the total State and local funds made available to the 11 schools. Some State governments maintain fiscal control over general appropriations by requiring schools to submit line-item budgets.

The following table shows the total State and local funds available and expended at each school during school years 1973-74 through 1975-76.

<table>
<thead>
<tr>
<th>School</th>
<th>Revenue (000 omitted)</th>
<th>Expenditures (000 omitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$25,065</td>
<td>$25,065</td>
</tr>
<tr>
<td>2</td>
<td>5,619</td>
<td>5,441</td>
</tr>
<tr>
<td>3</td>
<td>17,850</td>
<td>17,850</td>
</tr>
<tr>
<td>4</td>
<td>18,258</td>
<td>13,532</td>
</tr>
<tr>
<td>5</td>
<td>39,675</td>
<td>39,675</td>
</tr>
<tr>
<td>Private:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>_</td>
<td>_</td>
</tr>
<tr>
<td>7</td>
<td>2,694</td>
<td>2,694</td>
</tr>
<tr>
<td>8</td>
<td>729</td>
<td>729</td>
</tr>
<tr>
<td>9</td>
<td>_</td>
<td>_</td>
</tr>
<tr>
<td>10</td>
<td>4,138</td>
<td>4,138</td>
</tr>
<tr>
<td>11</td>
<td>526</td>
<td>397</td>
</tr>
<tr>
<td>Total</td>
<td><strong>$114,554</strong></td>
<td><strong>$109,521</strong></td>
</tr>
</tbody>
</table>
State and Local Expenditures for 11 Medical Schools

<table>
<thead>
<tr>
<th>School Year</th>
<th>1973-74</th>
<th>1974-75</th>
<th>1975-76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenditures (000 omitted)</td>
<td>$302,985</td>
<td>$354,558</td>
<td>$402,506</td>
</tr>
<tr>
<td>State and local expenditures (000 omitted)</td>
<td>$30,128</td>
<td>$36,274</td>
<td>$43,119</td>
</tr>
<tr>
<td>State and local expenditures as a percent of total</td>
<td>10%</td>
<td>10%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Our analysis of the expenditures at the 11 schools shows that 74 percent of the expenditures from State and local funds were for personnel costs. Expenditures from personnel costs at the schools ranged from 56 to 89 percent of total expenditures from State and local funds. About 19 percent of the total expenditures from State and local funds were for equipment, supplies, and miscellaneous costs, while indirect costs accounted for 6 percent. (See app. VII.)

Private and nongovernmental funding at 11 schools

Total private and nongovernmental funds accounted for 14 percent of the revenues received by the 11 schools during school years 1973-74 through 1975-76. These revenues represent funds provided by foundations, alumni, endowments, corporations, and individual donors. The following table shows the total funds available and the expenditures against these sources during school years 1973-74 through 1975-76 at each of the 11 schools.
Private and Nongovernmental Revenues and Expenditures for School Years 1973-74 through 1975-76

<table>
<thead>
<tr>
<th>School</th>
<th>Revenue</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(000 omitted)</td>
<td></td>
</tr>
<tr>
<td>Public:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$11,668</td>
<td>$11,668</td>
</tr>
<tr>
<td>2</td>
<td>17,520</td>
<td>17,270</td>
</tr>
<tr>
<td>3</td>
<td>5,440</td>
<td>5,440</td>
</tr>
<tr>
<td>4</td>
<td>29,103</td>
<td>29,103</td>
</tr>
<tr>
<td>5</td>
<td>7,499</td>
<td>7,499</td>
</tr>
<tr>
<td>Private:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>28,859</td>
<td>28,859</td>
</tr>
<tr>
<td>7</td>
<td>5,693</td>
<td>5,693</td>
</tr>
<tr>
<td>8</td>
<td>17,030</td>
<td>17,030</td>
</tr>
<tr>
<td>9</td>
<td>2,529</td>
<td>2,109</td>
</tr>
<tr>
<td>10</td>
<td>12,383</td>
<td>11,873</td>
</tr>
<tr>
<td>11</td>
<td>13,872</td>
<td>11,706</td>
</tr>
<tr>
<td>Total</td>
<td>$151,596</td>
<td>$147,810</td>
</tr>
</tbody>
</table>

The following table shows that expenditures of private and nongovernmental funds have increased slightly in recent years.

Private and Nongovernmental Expenditures for 11 Medical Schools

<table>
<thead>
<tr>
<th>School year</th>
<th>1973-74</th>
<th>1974-75</th>
<th>1975-76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>expenditures (000 omitted)</td>
<td>$302,895</td>
<td>$355,558</td>
<td>$402,506</td>
</tr>
<tr>
<td>Private and nongovernmental expenditures (000 omitted)</td>
<td>$42,503</td>
<td>$49,721</td>
<td>$55,586</td>
</tr>
<tr>
<td>Private and nongovernmental expenditures as a percent of total</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Our analysis of the expenditures at the 11 schools shows that 56 percent of these expenditures from private and nongovernmental funds were for personnel costs. Expenditures for personnel costs at the schools ranged from 25 to 73 percent of total expenditures from private and nongovernmental funds. About 28 percent of the total expenditures from
private and nongovernmental funds were for equipment, supplies, and miscellaneous costs, while training and indirect costs accounted for 9 percent. (See apps. VIII and IX.)

Operating revenues and miscellaneous funding at 11 schools

The medical schools' operating revenues consist of student tuition and faculty practice fees--fees derived from patient care revenues provided by faculty members. Miscellaneous revenues are obtained from such sources as university subsidies (funds provided by the parent university to make up medical school deficits), sales of goods and services, and investment income. A dean's fund was in existence at only 4 of 11 schools, and in 2 schools it was merely an allocation (to the dean of the medical school) of funds available from faculty practice fees and university subsidies. At the two remaining schools, the dean's fund was so small that it was of little significance as a revenue source.

Total operating revenues and miscellaneous funds accounted for 24 percent of the revenues received by the 11 schools during school years 1973-74 through 1975-76. The following table cumulatively shows the operating revenues and miscellaneous funds available and expended at each school during school years 1973-74 through 1975-76.

<table>
<thead>
<tr>
<th>School</th>
<th>Revenue</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public:</td>
<td></td>
<td>(000 omitted)</td>
</tr>
<tr>
<td>1</td>
<td>$ 18,964</td>
<td>$ 18,473</td>
</tr>
<tr>
<td>2</td>
<td>19,416</td>
<td>19,121</td>
</tr>
<tr>
<td>3</td>
<td>4,376</td>
<td>3,962</td>
</tr>
<tr>
<td>4</td>
<td>10,975</td>
<td>17,587</td>
</tr>
<tr>
<td>5</td>
<td>24,279</td>
<td>24,280</td>
</tr>
<tr>
<td>Private:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>35,499</td>
<td>35,499</td>
</tr>
<tr>
<td>7</td>
<td>9,259</td>
<td>9,259</td>
</tr>
<tr>
<td>8</td>
<td>56,367</td>
<td>56,367</td>
</tr>
<tr>
<td>9</td>
<td>22,534</td>
<td>23,209</td>
</tr>
<tr>
<td>10</td>
<td>46,511</td>
<td>44,719</td>
</tr>
<tr>
<td>11</td>
<td>8,618</td>
<td>8,991</td>
</tr>
<tr>
<td>Total</td>
<td>$256,798</td>
<td>$261,467</td>
</tr>
</tbody>
</table>
As shown in the following table, expenditures of operating revenue and miscellaneous funds have increased in recent years.

Operating Revenues and Miscellaneous Funding
Expenditures for 11 Medical Schools

<table>
<thead>
<tr>
<th>School year</th>
<th>1973-74</th>
<th>1974-75</th>
<th>1975-76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditures (000 omitted)</td>
<td>$302,895</td>
<td>$355,558</td>
<td>$402,506</td>
</tr>
<tr>
<td>Operating revenue and miscellaneous fund expenditures (000 omitted)</td>
<td>$71,309</td>
<td>$84,420</td>
<td>$105,738</td>
</tr>
<tr>
<td>Operating revenue and miscellaneous fund expenditures as a percent of total</td>
<td>24</td>
<td>24</td>
<td>26</td>
</tr>
</tbody>
</table>

Our analysis of the expenditures at the 11 schools shows that 66 percent of the expenditures from operating revenue and miscellaneous funds were for personnel costs. Expenditures for personnel costs at the schools ranged from 39 to 97 percent of the total from operating revenue and miscellaneous funds. About 24 percent of the total expenditures from these funds were for equipment, supplies, and miscellaneous costs. (See app. X.)

CONCLUSIONS

Federal funding to medical schools has increased but not at the same rate as other funding sources. By school year 1975-76, Federal support amounted to about 50 percent of the schools' total revenue—a decline of 3 percent since school year 1973-74. The major portion of Federal support comes from NIH research grants and, if this source of funding had not increased, the Federal share of medical school revenue would have been about 44 percent in school year 1975-76.

A comparison of the non-Federal funding sources shows that between school years 1973-74 through 1975-76 each funding source increased in dollar revenue to the schools. Operating revenues and miscellaneous funding increased by about 38 percent so that by school year 1975-76 these sources of funds accounted for about 26 percent of the schools' revenues.
Expenditure analysis shows the labor intensity of medical school operations. Revenues from each funding source were expended primarily on personnel costs.
CHAPTER 4

LIMITED ANALYSIS OF TOTAL REVENUES AND EXPENDITURES FOR 11 SCHOOLS

The total revenues available to the 11 schools increased by $84 million for school years 1973-74 through 1975-76, an increase of about 27 percent. Revenues available to the five State-supported schools increased by 35 percent, while revenues of the six private schools increased by 22 percent. The increases for individual schools ranged from 9 to 50 percent. We noted that some of those schools with the highest revenues in prior years were among those with the highest percentage increase.

FEDERAL REVENUE

Federal revenues declined from 53 to 50 percent of total revenues during school years 1973-74 through 1975-76. However, 3 of the 11 schools did not fit this pattern, as their Federal revenues increased. It should be noted that a 3-percent increase in NIH research funds at the 11 schools prevented Federal revenues from declining below the 50-percent level.

NON-FEDERAL REVENUE

Percentage increases in non-Federal revenue came from increases in State, faculty practice, and miscellaneous funds. However, revenue from these sources is either not always or not evenly available to all schools.

The six private schools visited received only limited State support ($8 million) in school years 1973-74 through 1975-76, while the five State-supported schools received $106 million. Moreover, more than 50 percent of the $8 million available to six private schools went to one school. Two of the six private schools receive State capitation funds based on school enrollment. However, some schools have not received direct State support. The dean of one school stated that a court ruling prohibited State support for private education.

Faculty practice funds were not available to 3 of the 11 schools because they do not operate clinical facilities. Faculty practice income at the eight schools operating
clinical facilities ranged from $974,000 to $9.9 million in school year 1975-76. Those schools that do not operate clinical facilities use affiliated hospitals as their principal teaching facilities, but they generate no revenue for themselves from this operation.

Revenue from student tuition at the 11 schools increased from $16.2 million in school year 1973-74 to $21.7 million in school year 1975-76. This increase can be attributed to increases in both enrollment and tuition rates, as shown on the following table.

<table>
<thead>
<tr>
<th>School</th>
<th>Enrollmen during school years</th>
<th>Percent increase or decrease (−)</th>
<th>Annual tuition rate during school years</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>517</td>
<td>514</td>
<td>-.6</td>
<td>1,092</td>
</tr>
<tr>
<td>2</td>
<td>191</td>
<td>383</td>
<td>100</td>
<td>2,600</td>
</tr>
<tr>
<td>3</td>
<td>397</td>
<td>464</td>
<td>17</td>
<td>741</td>
</tr>
<tr>
<td>4</td>
<td>463</td>
<td>708</td>
<td>53</td>
<td>1,350</td>
</tr>
<tr>
<td>5</td>
<td>1,044</td>
<td>1,228</td>
<td>18</td>
<td>1,000</td>
</tr>
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As can be seen from this schedule, most schools have substantially increased tuition fees in recent years, with fees at private schools being well above fees at four of the five State-supported schools.

**TOTAL EXPENDITURES**

The total expenditures by the 11 schools increased by $100 million, about 30 percent, for school years 1973-74 through 1975-76. Expenditures by five State-supported schools increased 37 percent, while expenditures by six private schools increased 29 percent. The increases for individual schools ranged from 9 to 57 percent.
Relative expenditures for personnel costs at the 11 schools remained almost constant at about 57 percent of total expenditures during school years 1973-74 through 1975-76, with personnel expenditures being somewhat higher at the five State-supported schools than at the six private schools. (See apps. V through VIII.) All other expenditures' categories retained about the same relative position to total expenditures during this period.

ANALYSIS OF EXPENDITURES AND ENROLLMENT

We analyzed the expenditures at each school in relation to its enrollment for 1976 and found considerable variance between the schools. As shown in the following table, school 9 had annual expenditures of $12.9 million and an enrollment of 440. In comparison, schools 8 and 10 had expenditures of $61 and $57 million, respectively, with only slightly higher enrollment. Moreover, school 6 had expenditures of $56.7 million with total enrollment of 396.

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Total 6,004 $402,506 $274,983
Our analyses also included tests to determine the impact of various funding sources on expenditures per student. For example, we reasoned that NIH research funding might be appreciably affecting expenditures per student. Our analyses showed, however, that nonrecognition of research expenditures did not explain the variance.

CONCLUSION

Medical school revenues are increasing. From 1974 to 1976, public-supported medical schools increased their revenues by about 30 percent, whereas private medical schools increased their revenue by only 22 percent. Also, medical school expenditures have increased. However, there is considerable variability among the medical schools regarding expenditures per student.
EXPLANATORY NOTES ON APPENDIXES

ABBREVIATIONS

Pers. Personnel Trav. Travel
Cons. Consultant services Alts. Alterations
Equip. Equipment Other Other expenses
Supp. Supplies Trng. Trainee expenses

FOOTNOTES

1 Totals may not add, due to rounding.

2 The amount of the capitation award excludes carryover from prior years.

3 The subtotal of "Other Funding" includes tuition, faculty practice fund, dean's fund, and miscellaneous. Housestaff funding was deleted and corresponding totals were reduced because comparable data was not available for all schools.

4 Private funding generally includes gifts from alumni, foundations, corporations, and others.

5 Nongovernmental funds includes research and training grants and contracts from private nonprofit organizations and drug companies.

6 The amount of the capitation award includes carryover from the prior year.

7 Appendix III covers school years 1972-73 through 1976-77, all others cover school years 1973-74 through 1975-76.

Appendix I: Footnotes 1-5
Appendix III: Footnotes 1, 6
Appendix V: Footnotes 1, 5
## Medical Schools

### Total Medical School Revenue 1974-1976 (1,000 Dollars)

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## MEDICAL SCHOOLS

### APPENDIX I

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## APPENDIX I

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## APPENDIX I

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**APPENDIX I**

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# MEDICAL SCHOOLS

**APPENDIX II**

**MEDICAL EXPENDITURES BY SCHOOL FOR THREE YEAR PERIOD 1974-1976 (000) DOLLARS**

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**Legend**: PERS. = Personnel; CONS. = Consultants; EQUIP. = Equipment; SUPP. = Supplies; TRAV. = Travel; ALTS. = Alternatives; OTHER = Other; TRAN. = Transfers; DIRECT = Direct Costs; INDIRECT = Indirect Costs; TOTAL = Total Costs.
## MEDICAL SCHOOLS

### TOTAL EXPENDITURES BY SCHOOL - 1974 (000 DOLLARS)

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| PRIVATE SCHOOL | SIX | 25.5 | 2.4 | 2.7 | 0.2 | 0 | 0 | 0 | 2.150 | 10.848 | 2.218 | 45.33 | 6.945 | 52.282 |
| SEVEN | 11.1 | 2.0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.150 | 10.848 | 2.218 | 45.33 | 6.945 | 52.282 |
| EIGHT | 57.2 | 1.0 | 57.2 | 1.0 | 2.2 | 1.2 | 1.2 | 1.2 | 69.0 | 1.0 | 71.0 |
| NINE | 54.2 | 2.2 | 54.2 | 2.2 | 2.2 | 1.2 | 1.2 | 1.2 | 69.0 | 1.0 | 71.0 |
| TEN | 6.8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.150 | 10.848 | 2.218 | 45.33 | 6.945 | 52.282 |
| ELEVEN | 23.4 | 0.2 | 23.4 | 0.2 | 2.2 | 1.2 | 1.2 | 1.2 | 69.0 | 1.0 | 71.0 |
| PRIVAT TOTAL | 10.7 | 2.0 | 10.7 | 2.0 | 2.2 | 1.2 | 1.2 | 1.2 | 69.0 | 1.0 | 71.0 |
| GRAND TOTAL | 199.5 | 2.0 | 201.5 | 2.0 | 2.0 | 1.2 | 1.2 | 1.2 | 69.0 | 1.0 | 71.0 |

Note: The table provides a breakdown of medical school costs by category and school type, including personnel, consulting, equipment, and supplies, among others. The data is presented for both public and private schools, with a focus on the total cost breakdown.
## MEDICAL SCHOOLS

**APPENDIX II**

### MEDICAL SCHOOL

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<th>INDIRECT</th>
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*Note: The table data is presented in thousands of dollars.*
### APPENDIX III

**CAPITATION FUNDING AND EXPENDITURES BY SCHOOL FOR FIVE YEAR PERIOD 1973-1977 (000) DOLLARS**

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PRIVATE

| SIX            | 698   |            | 7          | 37        | 24       | 0      | 3      | 55    | 0        | 653         | 0             | 653         |
| SEVEN          | 887   | 282        | 0          | 0         | 0        | 0      | 0      | 0     | 0        | 882         | 0             | 882         |
| EIGHT          | 839   | 522        | 1          | 15        | 44       | 9      | 0      | 148   | 0        | 839         | 0             | 839         |
| NINE           | 746   | 677        | 0          | 0         | 0        | 0      | 1      | 0     | 0        | 678         | 0             | 678         |
| TEN            | 871   | 573        | 0          | 4         | 20       | 3      | 0      | 2     | 0        | 602         | 0             | 602         |
| ELEVEN         | 759   | 611        | 0          | 70        | 16       | 1      | 0      | 81    | 0        | 759         | 0             | 759         |
| PRIVATE TOTAL  | 4800  | 3892       | 8          | 126       | 104      | 13     | 4      | 256   | 0        | 4413        | 0             | 4413        |

GRAND TOTAL: 9876 67993 21 202 330 18 46 285 0 7895 0 7895
### CAPITATION FUNDING AND EXPENDITURES BY SCHOOL - 1974 (000) DOLLARS

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<th>ALTS.</th>
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<th>DIRECT COSTS</th>
<th>INDIRECT COSTS</th>
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## Appendix III

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*Note: The table represents NIH research funding and expenditures by school for the period 1974-1976 (in 000s) dollars.*
APPENDIX V

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| SEVEN  | 6,456   | 3,351 | 93    | 384    | 550   | 100   | 0     | 66    | 771   | 9       | 5,324    | 1,532  | 6,856 |
| EIGHT  | 14,151  | 6,519 | 26    | 758    | 2,068 | 112   | 0     | 1,734 | 108   | 11,325 | 2,026    | 14,151 |
| NINE   | 793     | 263   | 9     | 49     | 42    | 16    | 1     | 23    | 0     | 403     | 135      | 538   |
| TEN    | 16,463  | 6,471 | 64    | 888    | 2,589 | 133   | 36    | 722   | 0     | 9,360   | 1,784    | 11,144 |
| ELEVEN | 10,316  | 4,893 | 64    | 888    | 2,589 | 133   | 36    | 722   | 0     | 9,360   | 1,784    | 11,144 |
| PRIVATE TOTAL | 64,247 | 28,348 | 192 | 4,258 | 6,911 | 518 | 107 | 7,560 | 126 | 48,026 | 14,254 | 62,280 |

| GRAND TOTAL | 91,212 | 42,736 | 341 | 5,577 | 9,592 | 823 | 214 | 9,946 | 155 | 69,394 | 19,632 | 89,026 |

Feudal
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Feeds
### APPENDIX V

**NIM RESEARCH FUNDING AND EXPENDITURES BY SCHOOL - 1976 (000) DOLLARS**

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<th>SUPP.</th>
<th>TRAV.</th>
<th>ALTS.</th>
<th>OTHER</th>
<th>TRNG</th>
<th>DIRECT COSTS</th>
<th>INDIRECT COSTS</th>
<th>TOTAL COSTS</th>
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<th>ALTS.</th>
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### APPENDIX VI

**OTHER FEDERAL FUNDING AND EXPENDITURES BY SCHOOL FOR THE PERIOD 1974-1976 (000 DOLLARS)**

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| SIX            | 16,698  | 9,087 | 0     | 891    | 0     | 0     | 0     | 2,756 | 951  | 12,395 | 4,303     | 16,698 |
| SEVEN          | 7,310   | 4,108 | 108   | 242    | 639   | 117   | 77    | 895   | 257  | 6,443  | 867       | 7,310 |
| EIGHT          | 20,434  | 10,005| 223   | 1,558  | 2,338  | 296   | 31    | 1,372 | 197  | 12,010 | 4,424     | 20,434 |
| NINE           | 3,986   | 2,336 | 207   | 59     | 324   | 64    | 14    | 198   | 14   | 2,304  | 151       | 3,355 |
| TEN             | 5,046   | 4,554 | 0     | 713    | 1,256  | 172   | 104   | 184   | 254  | 7,237  | 1,042     | 8,282 |
| ELEVEN         | 3,016   | 1,783 | 94    | 109    | 436   | 80    | 0     | 231   | 100  | 2,833  | 423       | 3,256 |
| PRIVATE TOTAL  | 57,290  | 30,673| 632   | 3,572  | 4,993  | 729   | 226   | 5,646 | 1,651| 48,122 | 11,213    | 59,335 |
| GRAND TOTAL    | 99,185  | 52,494| 2,205 | 8,242  | 1,175  | 548   | 10,970| 3,756 | 84,319| 16,914 | 101,232   |       |

---

*Source: [Original Document]*
### Appendix VI

#### "Other" Federal Funding and Expenditures by School - 1974 (000) Dollars

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| Private Six    | 5,870   | 2,849 | 0     | 315    | 0     | 0     | 0     | 0     | 998   | 244         | 4,406         | 1,464       |
| Private Seven  | 2,390   | 1,110 | 46    | 133    | 269   | 49    | 32    | 377   | 95    | 2,111       | 279           | 2,390       |
| Private Eight  | 6,569   | 3,320 | 46    | 497    | 757   | 98    | 21    | 536   | 100   | 5,375       | 1,124         | 6,569       |
| Private Nine   | 1,290   | 598   | 35    | 30     | 66    | 3     | 5     | 47    | 0     | 785         | 12            | 798         |
| Private Ten    | 3,076   | 1,550 | 0     | 348    | 315   | 60    | 102   | 149   | 50    | 2,487       | 302           | 2,789       |
| Private Eleven | 1,743   | 1,269 | 75    | 97     | 260   | 46    | 0     | 149   | 53    | 1,952       | 297           | 2,249       |
| **Total**      | 21,138  | 10,896| 202   | 1,420  | 1,665 | 256   | 160   | 2,129 | 545   | 17,117      | 3,548         | 20,665      |

| Grand Total    | 33,982  | 17,414| 617   | 1,655  | 2,668 | 374   | 317   | 4,190 | 1,430 | 28,665      | 4,846         | 33,511      |

---

"Total"
### 'OTHER' FEDERAL FUNDING AND EXPENDITURES BY SCHOOL - 1975 (000) DOLLARS

#### MEDICAL SCHOOL  FUNDING  PERS.  CONS.  EQUIP.  SUPP.  TRAV.  ALTS.  OTHER  TRNS.  DIRECT  INDIRECT  TOTAL

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| SIX    | 5,969  | 2,850  |         | 0     | 401   | 0      | 0     | 0     | 961   | 286   | 4,498 | 1,471  | 5,969   |       |
| SEVEN  | 2,235  | 1,338  | 27      | 35    | 176   | 29     | 22    | 228   | 93    | 1,975 | 459   | 2,235  |          |       |
| EIGHT  | 7,663  | 3,715  | 51      | 945   | 870   | 122    | 7     | 383   | 42    | 6,135 | 1,528 | 7,663  |          |       |
| NINE   | 1,742  | 813    | 109     | 19    | 123   | 44     | 4     | 73    | 0     | 1,188 | 45    | 1,233  |          |       |
| TEN    | 1,575  | 1,464  | 0       | 203   | 454   | 50     | 2     | 53    | 66    | 2,490 | 433   | 2,923  |          |       |
| ELEVEN | 418    | 290    | 6       | 5     | 700   | 13     | 0     | 27    | 0     | 327   | 46    | 373    |          |       |
| PRIVATE TOTAL | 19,302 | 10,576 | 193     | 1,638 | 1,701 | 258    | 42    | 1,723 | 487   | 16,614 | 3,862 | 20,416 |          |       |

| GRAND TOTAL | 34,048 | 18,837 | 829     | 2,122 | 2,699 | 437    | 118   | 2,916 | 1,167 | 29,325 | 5,828 | 35,162 |          |       |

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### Appendix VI

#### Other Federal Funding and Expenditures by School - 1976 (000) Dollars

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## APPENDIX VII

**STATE FUNDING AND EXPENDITURES BY SCHOOL FOR THE PERIOD 1974-1976 (000) DOLLARS**

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### STATE FUNDING AND EXPENDITURES BY SCHOOL - 1975 (000) DOLLARS

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| SEVEN          | 792     | 598   | 6    | 7      | 40    | 6     | 5     | 52    | 4     | 718          | 74            | 792        |
| EIGHT          | 163     | 117   | 2    | 6      | 9     | 2     | 0     | 11    | 10    | 157          | 6             | 163        |
| NINE           | 0       | 0     | 0    | 0      | 0     | 0     | 0     | 0     | 0     | 0            | 0             | 0          |
| TEN            | 1,223   | 889   | 0    | 28     | 112   | 10    | 10    | 39    | 42    | 1,159        | 46            | 1,205      |
| ELEVEN         | 376     | 171   | 0    | 12     | 77    | 2     | 0     | 3     | 136   | 301          | 24            | 325        |
| **PRIVATE TOTAL** | 2,554 | 1,775 | 8    | 53     | 238   | 28    | 15    | 105   | 112   | 2,334        | 150           | 2,484      |

**GRAND TOTAL**  78,650  52,235  112  639  3,728  178  127  2,527  311  34,657  2,217  36,874

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### Appendix VIII

#### Private Funding and Expenditures by School for the Period 1974-1976 (000 Dollars)

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| **Private** |
| Six     | 22,428  | 9,416 | 0     | 2,281  | 0     | 0     | 4,833| 3,990 | 1,908 | 22,428      | 0            | 22,428      |
| Seven   | 1,898   | 1,028 | 40    | 81     | 245   | 44    | 29   | 345   | 11    | 1,823       | 75           | 1,898       |
| Eight   | 16,263  | 7,916 | 231   | 997    | 2,139 | 356   | 38   | 1,153 | 1,796 | 16,906      | 1,247        | 18,153      |
| Nine    | 1,124   | 0     | 0     | 0      | 0     | 0     | 0    | 0     | 0     | 1,124       | 1,124        | 1,124       |
| Ten     | 4,771   | 3,034 | 0     | 300    | 301   | 140   | 71   | 259   | 81    | 4,681       | 42           | 4,723       |
| Eleven  | 7,374   | 2,495 | 0     | 777    | 1,645 | 254   | 0    | 226   | 102   | 5,127       | 17           | 5,144       |
| **Total** | 54,078 | 23,919| 271   | 4,441  | 4,410 | 974   | 4,971| 5,021 | 4,248 | 49,075      | 2,505        | 51,580      |

**Grand Total**

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### APPENDIX VIII

#### PRIVATE FUNDING AND EXPENDITURES BY SCHOOL - 1974 (000) DOLLARS

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<td>1,303</td>
<td>28,770</td>
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*Note: The table provides a breakdown of funding and expenditures by medical school, with columns for funding, personnel (PERS.), consultants (CONS.), equipment (EQUIP.), supplies (SUPP.), travel (TRAV.), alternatives (ALTS.), other expenses (OTHER), training (TRNG.), direct costs, indirect costs, and total costs.*
### PRIVATE FUNDING AND EXPENDITURES BY SCHOOL - 1975 (000) DOLLARS

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<th>EQUIP.</th>
<th>SUPP.</th>
<th>TRAV.</th>
<th>ALTS.</th>
<th>OTHER</th>
<th>TRANS.</th>
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<th>INDIRECT</th>
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<tr>
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<td>26</td>
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<td>1,601</td>
<td>291</td>
<td>16,788</td>
<td>473</td>
<td>17,261</td>
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| PRIVATE  |          |       |       |        |       |       |       |       |        |        |          |       |
| SIX      | 7,863    | 3,109 | 0     | 719    | 0     | 0     | 2,150 | 1,284 | 601    | 7,063  | 0        | 7,863 |
| SEVEN    | 561      | 301   | 11    | 26     | 76    | 12    | 9     | 97    | 0      | 532    | 29       | 561   |
| EIGHT    | 5,488    | 2,627 | 62    | 395    | 807   | 194   | 7     | 369   | 654    | 5,115  | 373      | 5,488 |
| NINE     | 309      | 0     | 0     | 0      | 0     | 0     | 0     | 0     | 0      | 359    | 359      | 359   |
| TEN      | 1,948    | 816   | 0     | 91     | 154   | 55    | 23    | 151   | 87     | 1,345  | 18       | 1,363 |
| ELEVEN   | 2,726    | 829   | 0     | 258    | 469   | 98    | 69    | 95    | 1,649  | 0      | 1,649    | 1,649 |
| PRIVATE TOTAL | 18,515 | 7,788 | 73   | 1,499  | 1,506 | 357  | 2,189 | 1,632 | 1,367 | 16,504 | 777      | 17,283 |
| GRAND TOTAL | 35,919  | 18,385 | 187 | 2,866  | 3,238 | 841  | 2,484 | 3,433 | 1,659 | 35,292 | 1,252    | 36,544 |

---
### Private Funding and Expenditures by School - 1976 (000) Dollars

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<td>23</td>
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<td>62</td>
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appendix viii
## NON-GOVERNMENTAL FUNDING AND EXPENDITURES BY SCHOOL FOR THE PERIOD 1974-1976 (000) DOLLARS

<table>
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<th>MEDICAL SCHOOL</th>
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<th>CONS.</th>
<th>EQUIP.</th>
<th>SUPP.</th>
<th>TRAV.</th>
<th>ALTS.</th>
<th>OTHER</th>
<th>TRNG.</th>
<th>DIRECT</th>
<th>INDIRECT</th>
<th>TOTAL</th>
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<td>52</td>
<td>1,182</td>
<td>50</td>
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<td>68</td>
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<td>597</td>
<td>171</td>
<td>767</td>
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Note: Data represents non-governmental funding and expenditures by school for the period 1974-1976. Categories include funding, personnel, consultants, equipment, supplies, travel, alternatives, other, training, direct costs, indirect costs, and total costs. The data is presented in thousands of dollars (000).
## APPENDIX IX

### NON-GOVERNMENTAL FUNDING AND EXPENDITURES BY SCHOOL - 1974 (000) DOLLARS

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>MEDICAL FUNDING</th>
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<th>CONSTRUCTION</th>
<th>EQUIPMENT</th>
<th>SUPPORT</th>
<th>TRAVEL</th>
<th>ALM</th>
<th>OTHER</th>
<th>TRANSG.</th>
<th>DIRECT COSTS</th>
<th>INDIRECT COSTS</th>
<th>TOTAL COSTS</th>
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Note: The table represents the distribution of funding and expenditures between public and private schools for the period 1974-1976. The columns include different categories such as funding, personnel, consulting, equipment, supply, travel, alterations, other, training, direct costs, indirect costs, and total costs.
**APPENDIX X**

**"OTHER" FUNDING AND EXPENDITURES BY SCHOOL - 1974 (000) DOLLARS**

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### Appendix X

#### Other Funding and Expenditures by School – 1976 (000 Dollars)

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*Note: The table above shows the funding and expenditures for different medical schools in 1976.*
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### Tuition Funding and Expenditures by School - 1974 (000) Dollars

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**Note:** The table above represents the tuition funding and expenditures for various schools in 1974, measured in 000 dollars.
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| GRAND TOTAL   | 18,351  | 12,907| 45    | 675    | 1,411 | 143   | 44    | 1,426 | 150   | 16,801  | 2,171    | 18,972 |

Note: The table represents tuition funding and expenditures by school for the year 1975 in (000) dollars.
TUITION FUNDING AND EXPENDITURES BY SCHOOL - 1976 (000) DOLLARS

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Feada