

INTRODUCTION

The workforce policy question the Statewide Health Coordinating Council (SHCC) addressed in the *1999–2004 Texas State Health Plan: Ensuring a Quality Health Care Workforce for Texas* is whether or not the current and future supply of health care professionals in Texas will be adequate to meet the current and future needs of the population. The *1999–2004 Texas State Health Plan* was the state’s first fundamental health workforce-planning document incorporating policy, research, and a strategic plan with goals, objectives and strategies. The *2001–2002 Update* furthered that strategic plan with new strategies to strengthen the systems that support and ensure a quality health care workforce for Texas. The *2003–2004 Update*, the final update to the *Texas State Health Plan*, continued to build on that strategic plan with additional strategies for those areas that continued to present challenges and for new areas that had surfaced as significant workforce issues during the years since the *2001–2002 Update* was published.

In early 2003, the SHCC began to consider the approach it would take during the current six-year planning cycle and the production of the *2005–2010 Texas State Health Plan*. Due to critical health workforce shortages and the challenges of changing demographics, the members felt it was necessary to take a step back and consider a slightly different approach. Rather than continue to look only at the health workforce that would be required to fulfill the current traditional medical model, the SHCC decided to research innovative delivery models and the mix of health professionals required to ensure a quality health workforce under a non-traditional delivery model. This model would focus on “wellness” and on the implementation of evidence-based protocols.

In October 2004, the SHCC presented the *2005–2010 Texas State Health Plan* to Governor Rick Perry. This document, which presented innovative approaches to health workforce planning for Texas, continues to serve as the fundamental health workforce strategic plan for the state. The SHCC incorporated numerous recommendations utilizing information technology to ensure that Texas has a quality health care workforce for the present and future.

During the 79th Regular Legislative Session, S.B. 45 amended Chapter 104 of the Health and Safety Code to statutorily require the SHCC to consider and identify ways in which information technology can be used to ensure a quality health care workforce. S.B. 45 also directed the SHCC to consider the use of technology in other aspects of its planning activities and subsequent recommendations.

Additionally, S.B. 45 established the Health Information Technology Advisory Committee (HITAC) as a permanent advisory committee to the SHCC. The SHCC appointed the HITAC on November 17, 2005 and charged the group with developing a long-range plan for health information technology for Texas, including the use of electronic medical records, computerized clinical support systems, computerized physician order entry, regional data sharing interchanges for health care information, and other methods of incorporating information technology in pursuit of greater cost effectiveness and better patient outcomes.

The plan to be presented to the governor by November 1, 2006, will:

- Include formalized input from stakeholders within identified information technology domains (e.g. data standards, regional health information organizations, electronic health records, disease management);
- Include recommendations to accelerate the adoption of information technology and an electronic health information infrastructure to support quality, safety and efficiency within the health care arena;
- Consider the public health implications of health information technology; and
- Emphasize the applications of health information technology within the educational and employment arena of the health care workforce.

Identification of Issues

In order to establish a basis for the development of the *2007–2008 Texas State Health Plan Update (2007-2008 Update)*, an extensive assessment of issues concerning the health workforce and the use of information technology was conducted. The SHCC chose to approach the first biennial update from two perspectives. First, they identified the most critical health workforce issues that remain unresolved from the previous six-year planning cycle: ongoing and increasing workforce shortages across numerous health professions, the demand for an expanded workforce required to care for a burgeoning aging and disabled populations, and the critical nursing shortage. The second issue was to identify ways in which information technology could be used to support the health care workforce. This would include an assessment of how technology could be used to prepare the current and future health professionals to practice safely and effectively in a technology-rich environment.

Demographics

Changes in the rates and sources of population growth, increases in the non-Anglo population, aging of the population, and change in the household composition of Texas families are major demographic trends that will affect the future of health care delivery in Texas. Using the U.S. Census count for 2000, 53.1 percent of the Texas population was Anglo, 11.6 percent was Black, 32.0 percent was Hispanic, and 3.3 percent was Other. By 2004, it is estimated those percentages changed in Texas to 49.9 percent Anglo, 11.4 percent Black, 34.9 percent Hispanic, and 3.8 percent Other. Based on the Texas State Data Center's population projection 1.0, in 2040 those numbers will be 23.9 percent Anglo, 8.0 percent Black, 59.2 percent Hispanic, and 8.8 percent others.¹

Although minority populations are growing at a tremendous pace, they remain seriously underrepresented in the health care professions. In Texas, while it is estimated Hispanics constitute 34.9 percent of the population, they make up only 8.5 percent of registered nurses and only 11.2 percent of direct patient care physicians. Non-Hispanic African Americans are estimated to constitute 11.4 percent of the population, yet make up only 7.6 percent of registered nurses and 4.3 percent of direct patient care physicians.²

The Texas population of those over age 65 is expected to double from 2000 to 2040. Other sources project this population will triple during this time frame. Health care for persons over 65 is commonly projected to cost three times as much as for those under 65. The aging of the population and the increase in the Hispanic population pose numerous implications for the incidence of chronic disease. It is well documented that treatment for chronic diseases is the most costly aspect of medical care. Some project 90 percent of Medicare expenditures are spent for the management of chronic disease. At the same time, the incidence of chronic disease is increasing in all age groups due to the obesity epidemic.

Texas is the second-largest state in the United States, second only to California, and continues to be the second-fastest growing state in population. Currently, about 22.8 million people live in Texas. The Texas population is increasing at a rate roughly twice that of the nation as a whole and is second only to California in population growth. Texas has the distinction of having one of the fastest growing youth (18 and under) populations as well as one of the fastest growing aging populations (60 and over). Forecasts predict the Texas population will reach 35.8 million by 2030.³ The projected rates of growth in the youth and elderly populations and in minority populations will result in increased demand for health services. This increase in demand and the special health care needs of these populations must be taken into consideration in the planning and preparation of the health care workforce.⁴

Status of the Texas Health Workforce

Chapter 2 provides detailed information on health professions licensed in Texas. In addition to reporting the supply of health professionals practicing in Texas in 2005 for each of these professions, this report also shows the trends in the supply of the various providers over the last two decades, and compares those trends with the national trends. While these comparisons may not indicate whether or not Texas has a shortage of health professionals, they do show where the supply of health professionals in Texas is above or below the national average and whether the supply of those professionals in Texas and the United States has been increasing or declining over the years. Additional information about the individual professions is provided in Appendix B. Most of the data are presented as ratios and reflect the number of providers per 100,000 population. This allows comparisons to be made between areas with different populations, such as the United States and Texas or metropolitan counties and non-metropolitan counties. The provider-per-population ratio is a more accurate indicator of the supply of health providers in a given area than is the raw number of health providers. The higher the ratio, the greater the supply of health professionals available in an area for providing health care services.

Ratios are presented for Texas and the United States and for various geographic locations in Texas: metropolitan and non-metropolitan counties, border and non-border counties. The 43-county border area was defined by the state legislature and a map of this area is provided in Figure 2.1. The following is a summary of statistics presented in Chapter 2.

- Supply ratios vary according to geographic location:
 - Metropolitan county ratios are higher than non-metropolitan county ratios.
 - Non-border county ratios are higher than border county ratios.
 - Pharmacist ratios in non-metropolitan areas are decreasing more rapidly than pharmacist ratios in metropolitan areas.
- Over the past decade, Texas supply ratios have differed from U.S. average ratios as follows:
 - PC physician ratios in the United States have consistently exceeded the ratios of PC physicians in Texas; however, four years ago, the gap between the two began to widen. Metropolitan ratios are considerably larger than non-metropolitan ratios.
- Supply ratios for pediatricians per 100,000 children and internal medicine physicians have been well below the United States supply ratios over the past 20 years.

- Supply ratios for family practice physicians have been similar to United States ratios.
 - o Registered Nurse (R.N.) supply ratios in the United States have consistently exceeded the supply ratios in Texas for the past 20 years and will for the foreseeable future.
 - o Licensed Vocational Nurse (L.V.N.) ratios in the United States have consistently been lower than the Texas ratios for the past 20 years. In contrast with R.N. ratios, L.V.N. ratios in non-metropolitan areas in Texas are higher than ratios in metropolitan ratios.
 - o Medical Radiologic Technician ratios were below United States average ratios between 1994 and 2001; however, since that time Texas ratios have been increasing faster than United States ratios.
 - o The ratios for most of the other Texas-licensed health professions are below the United States average ratios.
 - o Dentist supply ratios in the United States have consistently exceeded the supply ratios in Texas for the past 20 years and the numbers both in the United States and Texas have remained virtually flat since 1998.
 - o Pharmacist ratios in non-metropolitan areas have been lower than the ratios in metropolitan areas for over 20 years. This gap is widening and the supply of pharmacists in non-metropolitan areas appears to be decreasing more rapidly than the supply in metropolitan areas.
 - o Psychiatrist supply ratios have remained flat in Texas since 1998 and are lower than in 1992.

Some counties in Texas have been chronically short of various health professions; other counties have never had various types of professionals employed in their area and may not have the population to support those professions. L.V.N. is the most widespread profession throughout the state, with only seven of 254 counties having no providers from this profession. In contrast, Certified Nurse-Midwife is the least widespread profession with 214 counties not having a representative from this profession.

As far as primary care providers are concerned, non-metropolitan areas have only 11 percent of the state's primary care physicians, but have 13.6 percent of the population. Metropolitan areas have 89 percent of the primary care physicians, but only 86.4 percent of the population. In addition, the growth rate of Nurse Practitioners (N.P.s) and Physician Assistants (P.A.s) in Texas has greatly

exceeded the growth rate of primary care physicians. Some of that increased growth rate of P.A.s can be attributed to their increased growth rate in non-metropolitan areas, compared to the rate in metropolitan areas:

- N.P.s increased their supply ratios at a rate eight times faster than physicians (185 percent compared to 23 percent); and
- P.A.s increased their supply ratios at a rate nine times faster than physicians (207 percent compared with 23 percent).

79th Legislative Session and Interim Period

During the 79th Regular Legislative Session, there were numerous bills proposed that were identified as relating to the SHCC's recommendations on workforce in the *2005–2010 Texas State Health Plan*, including legislation to increase the number of nursing graduates, telemedicine and telehealth, safe working environment for nurses, and other legislation to strengthen the use of technology in health care delivery and to strengthen the infrastructure for strategic planning within the state.

The health workforce-related bills passed are as follows:

Senate Bill 45 – Relating to the establishment of an advisory committee on health care information technology.

S.B. 45 amended Chapter 104 of the Health and Safety Code to statutorily require the SHCC to consider and identify ways in which information technology can be used to ensure a quality health care workforce. S.B. 45 also directed the SHCC to consider the use of technology in other aspects of its planning activities and subsequent recommendations.

Additionally, S.B. 45 established the Health Information Technology Advisory Committee (HITAC) as a permanent advisory committee to the SHCC. The SHCC appointed the HITAC on November 17, 2005 and charged the group with developing a long-range plan for health information technology for Texas, including the use of electronic medical records, computerized clinical support systems, computerized physician order entry, regional data sharing interchanges for health care information, and other methods of incorporating information technology in pursuit of greater cost effectiveness and better patient outcomes.

House Bill 916 - Relating to a study of the health care delivery system in certain medically underserved communities and creating the Texas Health Care Policy Council.

H.B. 916 created the Texas Health Care Policy Council within the Office of the Governor which reports to the governor or the governor's designee. The council is composed of the administrative head of the following agencies or that person's designee: Health and Human Services Commission, Department of State Health Services, Department of Aging and Disability Services, Texas Workforce Commission, the Texas Higher Education Coordinating Board, Texas Department of Insurance, Employees Retirement System of Texas, Teacher Retirement System of Texas, each health care related licensing agency identified by the governor; and any other state agency or system of higher education identified by the governor that purchases or provides health care services.

House Bill 916 also created The Texas Health Workforce Planning Partnership as a standing subcommittee of the council and is composed of the members of the council representing the Health and Human Services Commission, the Department of State Health Services, the Texas Workforce Commission, the Texas Higher Education Coordinating Board, and any other state agency or system of higher education identified by the governor that impacts health care or workforce planning, and the administrative head or that person's designee of the Health Professions Council and the Office of Rural Community Health Affairs.

The partnership shall monitor the health care workforce needs of the state, including monitoring the number and type of health care workers in the state by region and the health care workforce needs of the state, identifying any changes in the number of health care workers or health care workforce needs, and monitoring the quality of care provided by the health care workforce. The partnership shall also undertake and implement appropriate health care workforce planning activities and research and identify ways to increase funding for health care, including obtaining money from federal, state, private, or public sources.

Senate Bill 1340 - Relating to the regulation and reimbursement of health care services provided through telehealth or telemedicine under the state Medicaid program.

S.B. 1340 expands and defines the use and reimbursement of telemedicine in the state Medicaid Program.

Senate Bill 1188 – Relating to the medical assistance program and other health and human services.

The Health and Human Services commission shall establish the office of medical technology within the commission. The office shall explore and evaluate new developments in medical technology and propose implementing the technology in the medical assistance program under Chapter 32, Human Resources Code, if appropriate and cost-effective. The staff must have skills and experience in research regarding health care technology.

Other bills were filed that addressed the important subject of telemedicine and telehealth as a means to use technology to overcome the distances many Texas residents must travel to see a health care provider. However, none of those bills passed.

Another bill identified as affecting the state’s health workforce is as follows:

House Bill 1126 – Relating to emergency medical services vehicles and personnel and the collection and use of certain health-related data.

H.B. 1126 amends Chapter 104 of the Health and Safety Code and directs the SHCC to report all workforce-related data by rural and urban categories.

Several additional bills passed during the 79th Regular Legislative Session that have a direct impact on nursing in Texas:

Senate Bill 132 – Relating to goals and strategies concerning the number of graduates from professional nursing education programs and incentives to recruit and retain professional nursing program faculty.

S.B. 132 sets statewide goals for increasing the number of initial RN graduates, develops strategies for increasing graduation rates from nursing programs and promotes innovation in nursing education through the regionalization of common administrative and instructional functions, pooled or shared faculty and new clinical instruction models to maximize the use of existing resources and faculty.

House Bill 916 – Health Care Delivery System Study

H.B. 916, among other things, mandates the SHCC, with area health education centers, study the system in five geographically diverse, medically underserved (MUA) communities to identify how nonphysician providers are being used; to determine which MUAs have been successful in recruiting physicians; to identify the nonphysician providers who

could provide supplementary services within the scope of their licenses; to examine whether alternative supervision of nonphysician health care providers or service delivery in nontraditional settings would provide a benefit; to examine whether a medically underserved area is caused by a shortage of providers, a shortage of health care facilities, or both; and to evaluate the measures each MUA has taken to resolve the shortage in their area and identify innovative solutions.

Senate Bill 39 – Relating to continuing education in forensic evidence collection for certain physicians and nurses.

S.B. 39 requires ER Nurses receive two hours of continuing education training in forensic evidence collection.

Senate Bill 502 – Relating to common undergraduate admission application forms for public institutions of higher education in this state.

S.B. 502 requires the Texas Higher Education Coordinating Board to work with junior college districts, public state colleges and public technical colleges to adopt an electronic common application form, much in the way Texas public universities now have.

Senate Bill 1 – General Appropriations Bill

S.B. 1 designates the Texas Higher Education Coordinating Board, as trustee of \$6 million in funds, \$4 million in tobacco settlement dollars and \$1.8 million in financial aid, to achieve an increase in the number of professional nursing program graduates, an increase in the percentage of professional nursing program students who graduate within a reasonable period of time, and an increase in the number of master's and doctoral programs graduates that join the faculty of a professional nursing program. Funds can be used to create additional nurse faculty positions, provide temporary salary supplements for professional nursing faculty, and engage qualified preceptors to expand faculty capacity. Appropriated funds will be distributed in an equitable manner to institutions based on increases in numbers of graduating nursing students. Rider was added requiring APNs (and PAs) to bill under their own Medicaid provider number.

Senate Bill 1000 – Relating to the regulation of the practice of nursing.

S.B. 1000 amends the definition of “vocational nursing” adding more detail (scope of practice definition for LVNs) and parallel format with definition of “professional nursing;” clarifies a nurse’s conduct is reportable to the Board of Nurse Examiners (BNE) only when the conduct creates an unnecessary risk of harm to patient; clarifies relationship between employer reporting and conducting of nursing peer review when a terminated nurse elects not to participate in peer review; addresses employer reporting of temporary agency nurses to the BNE; and makes the Nurse Licensure Compact permanent in Texas.

House Bill 1366 – Relating to the regulation of nursing.

H.B. 1366 expands the BNE’s authority to investigate criminal charges against nurses through establishment of a criminal investigations unit, allows the BNE to consider deferred adjudication when considering candidates applying for nurse licensure, and adds a list of offenses which require suspension, revocation or denial of licensure.

House Bill 1718 – Relating to the regulation of certain nursing practices including circulating duties in an operating room.

H.B. 1718 further defines a nurse first assistant and clarifies an APN who has completed the registered nurse first assistant (RNFA) education course can function as a nurse first assistant. It authorizes nurses who are not RNFAs to assist in surgery provided they do not use the first assistant title and assist only under the direct personal supervision of a physician, podiatrist or dentist in the same sterile field. H.B. 1718 includes language providing for an RN to perform circulating duties in the operating room and allows LVNs and surgical technologists under the direct supervision of an RN.

House Bill 2680 – Relating to services provided by health care practioners to charities and liability insurance for those practioners.

H.B. 2680 calls for reduced fees and continuing education requirements for a retired health care practitioner whose only practice is voluntary charity care.

Senate Bill 1525 – Related to safe patient handling and movement practices of nurses in hospitals and nursing homes.

S.B. 1525 requires facilities to set up policies and procedures for the safe handling of patients. It discourages, but does not prohibit, manual moving and handling of patients.

A tracking list of all health workforce–related bills introduced during the 79th Regular Texas Legislative Session is available in Appendix C.

Several charges from the 79th Legislative Interim Committee relate to the health workforce:

House Committee on Government Reform – Review the feasibility and benefits of consolidating existing health professions licensing boards.

House Public Health Committee – Examine the selected scope of practice issues related to health professions which maintain the safety of patients through demonstrated competency and education, and balance improved cost efficiency within the health care system.

Senate Health & Human Services Committee – Study and make recommendations relating to filling shortages in the health care workforce and improving medical educational services. Evaluate the state’s use of the National Health Service Corps and Federally Qualified Health Centers (FQHCs) to address the needs of the Medicaid/Medicare and underinsured populations. Examine the strategies used by other states that have had success with FQHCs and make recommendations for increasing the number of FQHCs in Texas.

The House Public Health Committee invited Ben G. Raimer, M.D., SHCC chair, to present expert testimony on their Interim Charge One relating to the selected scope of practice issues related to health professions, which maintain the safety of patients through demonstrated competency and education, and balance improved cost efficiency within the health care system at their committee hearing on June 15, 2006. Dr. Raimer also presented to the Texas Health Workforce Planning Partnership on the SHCC’s statutory charge, key findings, and recommendations that have been included in the *2005-2010 Texas State Health Plan* and the *2007-2008 Update*. Finally, SHCC staff was invited to provide expert testimony at the Senate Health and Human Services Committee Hearing on May 3, 2006, relating to filling shortages in the health care workforce and improving medical educational services.

Other State Health Workforce Initiatives

Texas Center for Nursing Workforce Studies and the Texas Center for Nursing Workforce Studies Advisory Committee

In response to the passage of House Bill 3126 from the 78th Regular Legislative Session, the Texas Center for Nursing Workforce Studies (TxCNWS) in the Texas Department of State Health Services, Center for Health Statistics, was established in January 2004. The Texas Center for Nursing Workforce Studies Advisory Committee (TxCNWSAC) was added to the structure of the Statewide Health Coordinating Council and serves as a permanent advisory committee to review policy matters on the collection of data and reports, develop priorities and an operations plan for the Center, and review reports and information before dissemination. The funding for the Center and the Data Section and Nursing Workforce Advisory Committee comes from surcharges made on nurse license renewal fees (\$3 for R.N.s, \$2 for L.V.N.s).

The TxCNWS serves as a resource for data and research about educational and employment trends concerning the nursing workforce in Texas. One of the roles of the TxCNWS is coordination with other organizations (such as the Board of Nurse Examiners, the Texas Higher Education Coordinating Board, the Center for Health Economics and Policy, the Texas Nurses Association, the Texas Hospital Association, and regional health care organizations and educational councils) that gather nursing workforce data. The coordination is needed in order to avoid duplication of efforts in gathering data, to avoid overloading employers and educators with completing a large number of duplicative surveys, to share resources in the development and implementation of studies, and to establish better sources of data and methods for providing data to legislators, policy makers, and key stakeholders.

The TxCNWS is also implementing the Hospital Registered Nurse Staffing Study and the School of Nursing Capacity Study. The results of both studies should provide current and pertinent supply and demand trends on nursing workforce in Texas. In addition, a *Demographics of the Nursing Workforce Texas – 2003* was developed and is available for public distribution. This report includes supply trends, gender, age, and racial-ethnic data on R.N.s, Advanced Practice Nurses, Licensed Vocational Nurses, Certified Nurse Aides, Medication Aides, and Documented Midwives. Other demographic and data reports will be available on enrollment and graduation trends, characteristics of nursing faculty, and migration of Registered Nurses in and out of Texas.

In the future, a study will be done with qualified applicants who were unable to be admitted to nursing programs. The TxCNWS is also working with the Board of Nurse Examiners to establish an online system for deans and directors of nursing programs to enter information about their programs, students, and faculty in order that data can be collected and analyzed in a more efficient and effective manner.

Shared Vision Project

Recognizing the need to develop a shared vision of health and health care delivery for the state of Texas, the Texas Health Institute (THI), formerly the Texas Institute for Health Policy Research, launched the Shared Vision for Health Care in Texas Project. To create this vision, the Institute is establishing a forum for dialogue among the leaders of Texas' health care providers, payers, and consumers for informed decision-making. This collaborative effort is the only statewide effort that brings stakeholders together to provide leadership in developing innovative products and ideas to improve the state's access to health care and that care's quality and cost effectiveness.

As part of that process, the institute identified the following six focus areas: delivery systems, finance, information technology, workforce, rural issues, and community and public health issues. An expert workgroup was created for each of the focus areas. Recognizing the SHCC has the statutory charge in Texas for making policy recommendations related to the health workforce, the Institute asked the SHCC to serve as the expert workgroup for the workforce area. The SHCC members approved this request in early 2004.

In an effort to educate stakeholders on the issues relating to health information technology as part of the implementation of S.B. 45, 79th Regular Legislative Session, the SHCC and the THI co-hosted a Statewide Health Information Technology Policy Forum in Austin on December 1, 2005. Approximately 200 stakeholders from throughout the state attended the forum. In February, the SHCC and the THI followed up the state forum with four regional health information technology forums that were held in Harlingen, Houston, Dallas, and Lubbock.

Texas Nurses Association's 2004 Redesign of Nursing Practice and Education

Another current initiative has the potential to greatly impact the status of nursing practice and policy in Texas. The Texas Nurses Association (TNA) has initiated the 2004 Redesign of Nursing Practice and Education. Two task forces of multiple stakeholders have met to review what reinvented models of nursing and education could look like. The two task forces were charged to define what patients will need by 2007 in care planning and delivery, describe the best person to fill this need, identify collaborative imperatives in the new nurse practice model, and prioritize the environmental, legal, administrative, and regulatory changes that will be needed to support the new nursing practice model. Both task forces have completed their work and have made recommendations to TNA's Board of Directors.

Texas State Strategic Health Partnership

The Texas State Strategic Health Partnership (Partnership) is a group of public and private organizations convened by the Texas Commissioner of Health to identify priority goals to improve the health of Texans. Six of the goals focus on improving the health status of Texans and six goals focus on improving the public health system.

Two of the Partnership's public health system goals relate to the health workforce for Texas. Goal J states by 2010, the public health system workforce will have the education and training to meet evolving public health needs. Goal L states by 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system (s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level, while at the same time protecting the privacy of Texans. The SHCC has voted to formally join the Partnership in support of Goals J and L.

Texas Workforce Commission and Local Workforce Development Boards

The Texas Workforce Commission (Commission) and the Local Workforce Development Boards (Boards) serve as partners in Texas health workforce development. In 2000, Governor Rick Perry named nursing as one of the state's three targeted occupations. The Commission and the Boards launched several initiatives across the state that focused on the nursing shortage. These initiatives included recruiting and training efforts using the Boards' formula funds, state discretionary funds, and the federal funds, notably federal H-1B grants.

Notes

- ¹ Murdock SH. Projected Proportion of Population by Race/Ethnicity in Texas, 2000-2040. Texas State Data Center data presented to the Texas Health Care Policy Council, June 20, 2006; Austin, TX.
- ² Brian King, Texas Department of State Health Services, Center for Health Statistics, Health Professions Resource Center, data confirmed verbally to Connie Turney, June 21, 2006; Austin, TX.
- ³ Texas State Data Center, University of Texas at San Antonio, Web site statistics. Available online at: <http://txsdc.utsa.edu> . Accessed July 24, 2006.
- ⁴ Ibid.