
LEGISLATIVE APPROPRIATIONS REQUEST

FISCAL YEARS 2022 AND 2023



Submitted to the Governor's Office
and the Legislative Budget Board

THE UNIVERSITY OF TEXAS
M. D. ANDERSON CANCER CENTER

October 2020

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Agency Code: 506	Agency Name: The University of Texas M. D. Anderson Cancer Center.	Prepared By: Tomas Guajardo	Date: October 2020	Request Level: Baseline
For the schedules identified below, the U. T. M. D. Anderson Cancer Center either has no information to report or the schedule is not applicable. Accordingly, these schedules have been excluded from the U. T. M. D. Anderson Cancer Center Legislative Appropriations Request for the 2022-23 biennium.				
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The University of Texas MD Anderson Cancer Center was created by the Texas Legislature in 1941 as a component of The University of Texas System. MD Anderson is one of the nation's original three Comprehensive Cancer Centers designated by the National Cancer Act of 1971 and is one of 51 Comprehensive Cancer Centers today.

U.S. News & World Report's "America's Best Hospitals" survey ranked MD Anderson as the top hospital in the nation for cancer care for 2020-21. The institution has ranked as one of the top two hospitals for cancer care since the magazine began its annual survey in 1990.

MD Anderson's mission is to eliminate cancer in Texas, the nation and the world through outstanding programs that integrate patient care, research and prevention and through education for undergraduate and graduate students, trainees, professionals, employees and the public.

Magnitude of the Cancer Problem

Cancer is the second most common cause of death in the United States. While cancer strikes at any age, 80% of all cancers occur in people age 55 and older. Over 129,700 Texans are estimated to have been newly diagnosed with cancer in 2019 and more than 41,800 Texans are estimated to die of the disease this year.

According to the American Cancer Society, as of January 2019, an estimated 16.9 million Americans are living with a history of surviving cancer. The five-year survival rate for all forms of cancer combined has risen to 67%, up from 49% in the 1970's, meaning more Americans are living with a history of cancer and require medical follow-up. Those not cured are living longer as a result of earlier detection and improved therapies but they require more medical resources.

MISSION OVERVIEW

Patient Care

Since 1944, more than 1.4 million patients have turned to MD Anderson for cancer care in the form of targeted therapy, surgery, chemotherapy, radiation therapy, immunotherapy or combinations of these and other treatments. MD Anderson pioneered the multidisciplinary approach to treating cancer, bringing together teams of experts across disciplines to collaborate on the best treatment plan for patients. MD Anderson experts focus solely on cancer and are renowned for treating all types, including rare or uncommon diseases.

In FY 2019, more than 148,700 patients sought care at MD Anderson and over 45,000 of them were new patients. Approximately one-third of these patients came from outside Texas seeking the research-based care that has made MD Anderson so widely respected. Over 11,600 registrants participated in therapeutic clinical research exploring novel treatments, the largest such cancer program in the nation.

The institution is accredited by the Joint Commission, an organization that ensures patients receive the best and safest health care possible. MD Anderson is among 1% of hospitals nationwide who have earned four consecutive Magnet Recognition Program® designations from the American Nurses Credentialing Center and is on its way towards its fifth. This designation recognizes exceptional professional nursing staff and the ways their practice translates into excellent patient care and clinical quality outcomes.

A significant challenge for MD Anderson is managing growth amid increasing patient demand. The institution must balance the number of patients with the resources available to care for them while accounting for the rising costs of health care. As with all healthcare institutions, MD Anderson faces strong pressures as reimbursements

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from state and federal programs decline, and commercial and managed care carriers negotiate coverage limits for certain services and payment rates. In FY 2019, MD Anderson provided more than \$238.6 million in uncompensated care to uninsured and underinsured patients.

The landscape for health care coverage and reimbursement continues to present opportunities and challenges. Value-based healthcare delivery is being discussed in a variety of healthcare forums. This concept is of great importance in the reform of the U.S. healthcare delivery system. Defining and applying the principles of value-based competition in healthcare delivery models will permit future evaluations of various delivery applications. However, there are relatively few examples of how to apply these principles to an existing care delivery system. Yet, we strive to assess the value created when treating cancer patients in a multidisciplinary care setting within a comprehensive cancer center. MD Anderson's Institute for Cancer Care Innovation is leading development of cancer care models through research that determines the best methods to deliver safe, efficient, cost-effective and patient-centered care.

The 1115 Medicaid Waiver ushered in value-based health care. As the system winds down, MD Anderson, like other providers, will consider ways to continue its projects such as mobile mammography services to working with local providers on improving colorectal cancer screening rates.

The legislature provides funding to support one of MD Anderson's primary mission areas of patient care. It established the Cancer Center Operations Formula designed to support the institution's growth in patient care the same way that the current Instruction and Operations (I&O) Formula supports student growth for Health-Related Institutions (HRIs). Based on Texas cancer patients served each year, the maximum increase in the Operations Formula cannot exceed the average increase in the I&O Formula for all HRIs. Sustaining this critical support which recognizes MD Anderson's unique mission is the institution's highest budget priority.

Research

Important scientific knowledge gained in the laboratory is rapidly translated into clinical care at MD Anderson. Our research program is considered one of the most productive efforts in the world aimed solely at cancer. In FY 2019, the institution invested more than \$902 million in research, a 16% increase over the last five years. Research support comes from a variety of sources: general revenue (GR) and tobacco funds (\$30 M); private industries (\$156 M); philanthropy (\$165 M); institutional funds (\$328 M); federal grants and contracts (\$179 M); and CPRIT (\$44 M).

MD Anderson continues to be a leader among its peers in the number of grants awarded and total amount of grant funding from the National Cancer Institute (NCI). The institution holds the highest number of Specialized Programs of Research Excellence grants in the nation with its nine programs in brain, endometrial, gastrointestinal, hepatocellular, leukemia, lung, melanoma, ovarian, and prostate cancers. A leader in accelerating progress and increasing access to novel agents for patients, MD Anderson ranks among the top institutions nationwide in revenue derived from IP-related agreements and corporate strategic research alliances. MD Anderson boasts one of the largest and most effective clinical trials programs in the nation, which gives our oncologists years of experience with cancer treatments before the Food and Drug Administration approves them.

The Institute for Applied Cancer Science continues to expand research and drug development capabilities. The Institute conducts stringent validation of new cancer targets, generates lead clinical compounds against those targets, and converts this deep scientific knowledge and sophisticated drug development activities into innovative clinical trials. The goal is to overcome an astounding 95% failure rate in cancer drug development.

The Sheikh Khalifa Bin Zayed Al Nahyan Institute for Personalized Cancer Therapy is an international center of clinical excellence focusing on using the latest advances in genetic information to develop safer, more effective treatments for patients on a case-by-case basis, commonly called precision medicine.

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The McCombs Institute for the Early Detection and Treatment of Cancer comprises seven translational research centers focused on genomics, proteomics, screening, diagnostic imaging and RNAi-based drug development.

In the Institute for Basic Science, laboratory researchers are working to understand the genetic basis of cancer genesis, progression, and recurrence, define the molecular and biological basis of primary and metastatic cancers, probe the biochemical basis of cancer metabolism and other hallmarks of cancer, and illuminate how cancer cells acquire stem cell like properties, among many other laboratory activities.

To ensure better quality of life for patients undergoing treatment, ongoing programs seek to better understand the makeup of healthy human cells, how they function under normal conditions and what happens when under cancer treatment. These laboratory efforts feed directly into clinical research and impact the entire cancer continuum from prevention and early detection, through treatment and survivorship.

Significant Research Accomplishments

MD Anderson treats all cancers, and always seeks ways to improve diagnostics and treatments. Much of our research centers on finding new methods for treating cancers that are resistant to current therapies.

A subset of lung cancers – EFGR-mutant non-small cell lung cancers with exon 20 mutations – has been historically difficult to treat. In preclinical laboratory screening, poziotinib was identified as an effective therapy for cells with these mutations. When patients received it in a clinical trial, 55% of patients with EFGR mutations and 50% of those with HER2 exon 20 mutations saw their tumors shrink. As early data showed that the size and specific location of the Exon 20 mutations may affect the therapeutic response, our scientists are working to develop modified compounds based on the poziotinib molecule that have increased specificity and selectivity and are likely to have fewer side effects.

Our researchers have pioneered adoptive cord blood-derived natural killer (CB-NK) cell therapy to improve outcomes of patients with multiple myeloma who were receiving autologous stem cell transplants. Patients who received the CB-NK cellular therapy prior to transplant showed an increase in complete response and prolonged progression-free survival compared to those receiving standard of care. Those with high-risk disease saw a greater impact, with 20% of those patients achieving complete response compared to 5% of high-risk patients on standard of care. Additionally, adding elotuzumab, which enhances NK cell activity, was shown to further increase the complete response rates, with 73% of these patients showing no sign of myeloma at 100 days post-transplant.

As our scientists learn more about differences in mutations and cancer subtypes, more work is being performed to find personalized therapies to help find the most effective treatment for each patient, while avoiding toxic side effects and unnecessary therapies.

Our researchers studied more than 6 different subtypes of triple negative breast cancer (TNBC). They found the tumor immune microenvironment plays an important role in therapeutic response, and patients with high levels of tumor infiltrating lymphocytes (TIL) have higher rates of complete response and a better prognosis. Retrospective analysis also suggests that low stage TNBC patients with high TIL levels may not need chemotherapy. Based on these results, a new trial has launched to find ways to reduce chemotherapy-related toxicities and de-escalate treatments for patients with high TIL levels while still successfully treating their cancer.

Moon Shots Program™

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In 2012, MD Anderson embarked on a comprehensive effort to accelerate the pace of converting scientific discoveries into clinical advances and significantly reduce cancer-related mortality and suffering over the next decade. Cancer science has reached a point of conceptual and technological maturity, positioning the field to accelerate and systemize this effort. This program brings together teams of researchers and clinicians to mount comprehensive attacks on major cancers. They work as part of thirteen disease-focused initiatives and ten platforms to support the program's team-science approach and accelerate the translation of data and discoveries for patients' benefit. The program has received \$453.5 million in private philanthropic commitments and has attracted new grants and contracts in excess of \$300 million. The ultimate goal is for all cancers to become moon shot efforts.

To aid the Moon Shots Program™, the Adaptive Patient-Oriented Longitudinal Learning and Optimization program was created, which will combine more than 230,000 patients' medical histories and data, research data and clinical knowledge to help learn from every patient and to determine the best treatment decisions for each patient.

Additionally, the immunotherapy platform continues advancing immune-based therapies to make this game-changing treatment available to more patients. Currently, there are more than 150 clinical studies at MD Anderson that are being accelerated as a result of the Moon Shots Program™, investigating novel drug compounds as well as new approaches to improve the effectiveness of existing drugs.

Education

In FY 2019, nearly 7,000 trainees took part in educational programs, including physicians, scientists, nurses and many health professionals. MD Anderson offers degrees in ten bachelor's programs and two master's programs in allied health disciplines in its School of Health Professions – 393 students. Notably, 75% of surveyed graduates stayed to work in Texas hospitals. This is a critical need area as the demand for allied health professionals increases.

While MD Anderson is proud to fulfill its education mission, the institution must rely on institutionally-generated funds and grants to cover most of the costs of its education programs because of the small number of students that qualify for support under the HRI formulas.

More than 1,900 clinical residents and fellows come to MD Anderson each year to receive specialized training in the investigation and treatment of cancer. Nearly 440 graduate students are working on advanced degrees at the Graduate School of Biomedical Sciences, which MD Anderson operates jointly with UT Health. 1,600 research trainees are taught in MD Anderson's laboratories. Accreditation by the Commission on Colleges of the Southern Association of Colleges and Schools affirms MD Anderson as a major teaching institution, recognizing the faculty for their influential role in educating graduate and undergraduate students.

Prevention

MD Anderson continues to set the standard in cancer prevention research and the translation of new knowledge into innovative, multidisciplinary care for patients, survivors and people at average or elevated risk of developing cancer. The Division of Cancer Prevention and Population Sciences is dedicated to eradicating cancer through pioneering research in the roles that biologic, genetic, environmental, behavioral and social factors play in cancer development and investigations of behavioral, surgical, medical and social interventions to prevent or reduce cancer risk.

In the context of the Moon Shots™ effort, the institution is increasingly focused on cancer prevention and control programs in policy, education (public and professional) and services in the community through the Cancer Prevention and Control Platform. The Platform is keenly focused on developing and implementing evidence-based interventions in cancer prevention, screening, early detection and survivorship, to achieve a measurable and lasting reduction in the cancer burden. A

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significant focus is the impact of tobacco-related illnesses. The use of tobacco is one of the greatest public health menaces of our time, driving approximately 30% of all cancer deaths in the United States. This year, almost 500,000 Americans and 7 million people worldwide will die from tobacco-related illnesses.

Motivated by the daily suffering that we witness by patients and their families, a cross-functional team delivered a comprehensive program, called EndTobacco™, that recommends strategic and tactical actions in the areas of policy, education and community-based services that MD Anderson can take to address the tobacco burden within the institution and beyond in organizations and communities across the state, the nation, and the world. EndTobacco™ is founded on best practices in tobacco control as established by the Centers for Disease Control and Prevention and the World Health Organization.

More than 100 faculty and staff at UT Health and MD Anderson have worked collaboratively for the past year on a joint Population Health Initiative to expand our institutions' capacity and impact across the lifespan. Together, we aim to bridge the gap between the fields of public health and medicine and cultivate a new generation of scientists, healthcare professionals, and community practitioners who think differently about health and disease. Phase 2 ("Blueprint for a Healthy Texas") will launch this fall to formalize a structure, fund priority Phase 1 recommendations, and plan for a shared data infrastructure to support Texas population health.

Human Resources and Facilities

MD Anderson employs nearly 22,000 people, including more than 1,700 faculty. A volunteer corps of about 2,100 people contributed over 120,000 hours of service in FY 2019. Becker's Healthcare named MD Anderson to its 2019 150 Great Places to Work in Healthcare list. MD Anderson was ranked No. 17 on Forbes' "America's Best Employers for 2019" list, which ranked 500 large employers and 500 mid-size employers. MD Anderson also was included in Forbes' ranking of "Best Employers for Diversity" and recognized by Military Times as a 2019 Best for Vets employer for the third consecutive year. MD Anderson was the highest health-related organization to make the list in the government and nonprofit sector.

With employees working in more than 50 buildings in the Greater Houston area and in central Texas, MD Anderson is the largest freestanding cancer center in the world. Facilities in the Texas Medical Center (TMC) cover more than 15 million square feet and feature the latest equipment and infrastructure to support growing needs in outpatient and inpatient care, research, prevention and education.

Recent construction includes: the Zayed Building for Personalized Cancer Care, a \$361 million, 12-floor, 626,000-square-foot, research and development facility, which was supported by Tuition Revenue Bond funding during the 84th Legislative Session; and the Pavilion, a \$198 million project providing much-needed expansion of space for clinical, diagnostic and support services in the Main Building.

Research campuses in Bastrop County, Texas include: the Virginia Harris Cockrell Cancer Center Research Center (Science Park) – Research Division and the Michale E. Keeling Center for Comparative Medicine and Research. Established in 1977 near Smithville, Science Park is recognized as a world leader in research on the origins of cancer and cancer prevention.

The Keeling Center for Comparative Medicine and Research, located on 375 acres near Bastrop, houses chimpanzees, rhesus monkeys, sheep, cattle, swine, chickens and rodents, and has an international reputation for innovation in breeding and managing many species vital to biomedical research at MD Anderson and all over the U.S. More than 100 personnel, including veterinarians, animal handlers, research technicians and administrative staff conduct research in cancer, HIV, hepatitis, obesity and vaccine development. The campus has earned an international reputation for laboratory animal science and comparative medicine as well as housing, care and

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re-socializing of chimpanzees.

Beginning in the summer of 2021, all of the research and operations of Science Park in Smithville will be relocated to the Texas Medical Center. The decision to relocate the Smithville Campus was made following an in-depth analysis of the aging facilities, requiring a more than \$100 million investment. Renovating would not address the need for researchers to increase collaboration with main campus researchers and clinicians. The closer proximity will enable free-flowing exchange of ideas among experts in different disciplines. This team science approach will leverage research strengths and collaborations to be enhanced further in the years ahead with scientists from multiple institutions housed in the TMC3 biomedical hub.

The TMC3 initiative is a vision to enhance collaboration, innovation, translation and commercialization in the Texas Medical Center. The collaborative and commercialization life sciences potential of Houston is underleveraged when compared to smaller cities with fewer institutions and less philanthropic and National Institutes of Health funding. Founding institutions are UT Health, UT MD Anderson Cancer Center, Texas A&M University System and the Texas Medical Center, Inc.

The project will develop a translational research campus on TMC-owned and UT System-owned land in the TMC Mid-Campus and UT System Research Park. The campus components include: four research buildings; collaborative space; shared core labs, office, meeting/conference/education space; building sites for industry; and parking. UT System institutions are collaborating to build a shared research facility, located in the UT Research Park, and focused on leveraging 2,000 investigators, staff and industry collaborators present in the UT Research Park, with a planned bridge connecting the South Campus to the TMC Mid-campus.

MD Anderson requested \$100 million in Tuition Revenue Bond (TRB) support last session for its portion of the project. If the 87th Texas Legislature considers TRBs, we respectfully request inclusion of this project.

MD Anderson has developed local, national and international locations. Our Houston Area Locations establish the institution's high quality cancer care in communities throughout the greater Houston area. Extension agreements incorporate the multidisciplinary care model beyond Texas through clinically integrated relationships with organizations in Arizona, New Mexico, New Jersey and Istanbul, Turkey and provide guidance and quality tools for affiliates in Florida, Oklahoma and Spain.

Houston Area Locations

Greater Houston: Bellaire, League City, Katy, Memorial City, West Houston, Sugar Land, The Woodlands, The Woman's Hospital of Texas.

Cancer Network

Partner Members & Extensions

Banner MD Anderson Cancer Center (Gilbert, AZ); MD Anderson Cancer Center at Cooper (Camden, NJ); Baptist MD Anderson Cancer Center (Jacksonville, FL); Scripps MD Anderson Cancer Center (San Diego, CA); UT Health San Antonio and UT Health North Campus Tyler; Harris Health System's Lyndon B. Johnson Hospital
Extensions include Banner MD Anderson Cancer Center at North Colorado Medical Center (Greeley, CO) and Banner MD Anderson Cancer Center at McKee Medical Center (Loveland, CO)

Associate Members

Vehbi Koc Foundation American Hospital (Istanbul, Turkey); MD Anderson Cancer Center Madrid (Spain)

Affiliates

MD Anderson Radiation Treatment Center at American Hospital (Istanbul, Turkey); MD Anderson Radiation Treatment Center at Presbyterian Kaseman Hospital (Albuquerque, NM)

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SIGNIFICANT ACHIEVEMENTS

MD Anderson's faculty is one of the most esteemed in the nation, including one Nobel Laureate, seven members of the National Academy of Medicine, six National Academy of Sciences members, four American Academy of Arts and Sciences members and 44 American Association for the Advancement of Science fellows. The HUB & Federal Small Business Program was recognized for supplier diversity excellence in FY2019 with several accolades. The HUB Program Associate Director, was awarded with "Extraordinary Women Making History" by She Said, She Led" organization of women assisting women businesses, MD Anderson received the "Accountability Champion" award from The Houston Minority Supplier Development Council (HMSDC), the organization was nominated by the Houston Women's Business Council (WBEA) for "WBEA Cutting Edge Award Greatest Use with WBEA WBEs" award, and MD Anderson was nominated for "Corporate Procurement" award from HMSDC for the corporation with largest percentage increase in MBE expenditures over year.

STATE SUPPORT

General Revenue

The GR appropriation, \$202 million in FY 2020, accounted for 3.7% of the total operating budgeted revenues prior to the COVID-19 pandemic, providing critical support for patient care, education, research and infrastructure. MD Anderson maximizes its leveraging of state funding. In FY 2019, the institution generated \$28.3 additional dollars for cancer patient care, education and research for each \$1 of GR; and \$40.2 in research support for every \$1 of GR from the state for research, illustrating a sound investment for Texas.

Tobacco Settlement Funds

MD Anderson received a permanent \$100 million endowment from the legislature in 1999. The fund provided \$6.4 million in FY 2020 for tobacco-related research programs. A separate endowment for all HRIs provided \$2.4 million for these purposes. The following programs received settlement funds in FY 2020: \$6.0 million for Cancer Prevention, including: Tobacco Outreach Education Program; Tobacco Faculty Support; Tobacco Trainee and Junior Faculty Program, and Tobacco Disparities and Fellows Program; Tobacco Treatment Program; Mexican American Cohort; Patient History Database and Population Sciences Laboratory Resource Center. It also provides \$0.6 million for Molecular Mechanisms Tobacco Carcinogenesis and \$2.2 million for Research Equipment.

5% General Revenue Reduction

To meet a 5% GR reduction for FY2022 - 2023, special item funding will be reduced given that formula funding appropriations are not included in the LAR per LBB instructions. A 5% reduction will result in a \$298,269 loss across strategies affecting the degree of support extended to the Inflammatory Breast Cancer Research Program and Clinic and Cord Blood Research Program.

Required Statement on Criminal History

MD Anderson's policy is to obtain state criminal history information on non-faculty finalists considered for appointment to a security sensitive position and national data on faculty candidates, as allowed by Government Code Sec. 411.094 and Education Code Sec. 51.215. All positions are designated as security-sensitive. Criminal

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background information may not be released or disclosed to any unauthorized person, except on court order.

COVID-19 RESPONSE

MD Anderson took unprecedented steps to protect our patients, workforce and community due to the Covid-19 pandemic. Our overarching goals during the pandemic have been to:

Protect our patients by implementing enhanced infection prevention protocols and procedures, creating a protective barrier around our clinical areas, further expansion of virtual care platforms and asymptomatic testing, continued screening vigilance at entries and limitation of on-campus traffic to a subset of employees absolutely needed for patient care.

Ensure the health of our workforce by continuing remote work, wherever possible, supporting the physical, mental, emotional and economic well-being of our employees, encouraging them to stay safe by following universal precautions (including handwashing, masking, self-monitoring and social distancing) and offering testing for all employees upon request.

Reduce the impact of Covid-19 on our community by maintaining bed capacity and staff preparedness for an unexpected surge, providing access to rapid testing results for Harris Health System and Texas Division of Emergency Management, offering expert insight to local and state leaders on public health issues, and working with city, county and state officials to advise on response and recovery efforts.

The institution began a phased, data driven approach to safely resume patient care volumes in early May. This initially included the strategic reopening of Lymphoma/Myeloma and Surgery, the flexible recovery of Radiation Oncology and the targeted reopening of Pediatrics. It subsequently included guidance to all other service lines and to downstream services on the process, timing and goals of reopening. The goal of the recovery plan is to achieve 100% pre-Covid levels by November 1, 2020 by addressing backlogs of deferred patient activity; providing outstanding care for all patients via prevention, treatments, trials; and by optimizing patient and provider experience with virtual tools and other technologies.

MD Anderson made the difficult decision to suspend all laboratory research activities and most clinical trials, except those deemed as essential by department chairs and the chief scientific officer by close of business March 24, 2020. This involved clinical research staff all working remotely, patients continuing on a small number of trials if they were deriving benefit, and limited trials open to new patient enrollment. As the institution adapts to the endemic Covid-19, the research team is implementing a data-driven approach to gradually resume clinical trials to pre-Covid levels and reopen laboratory research.

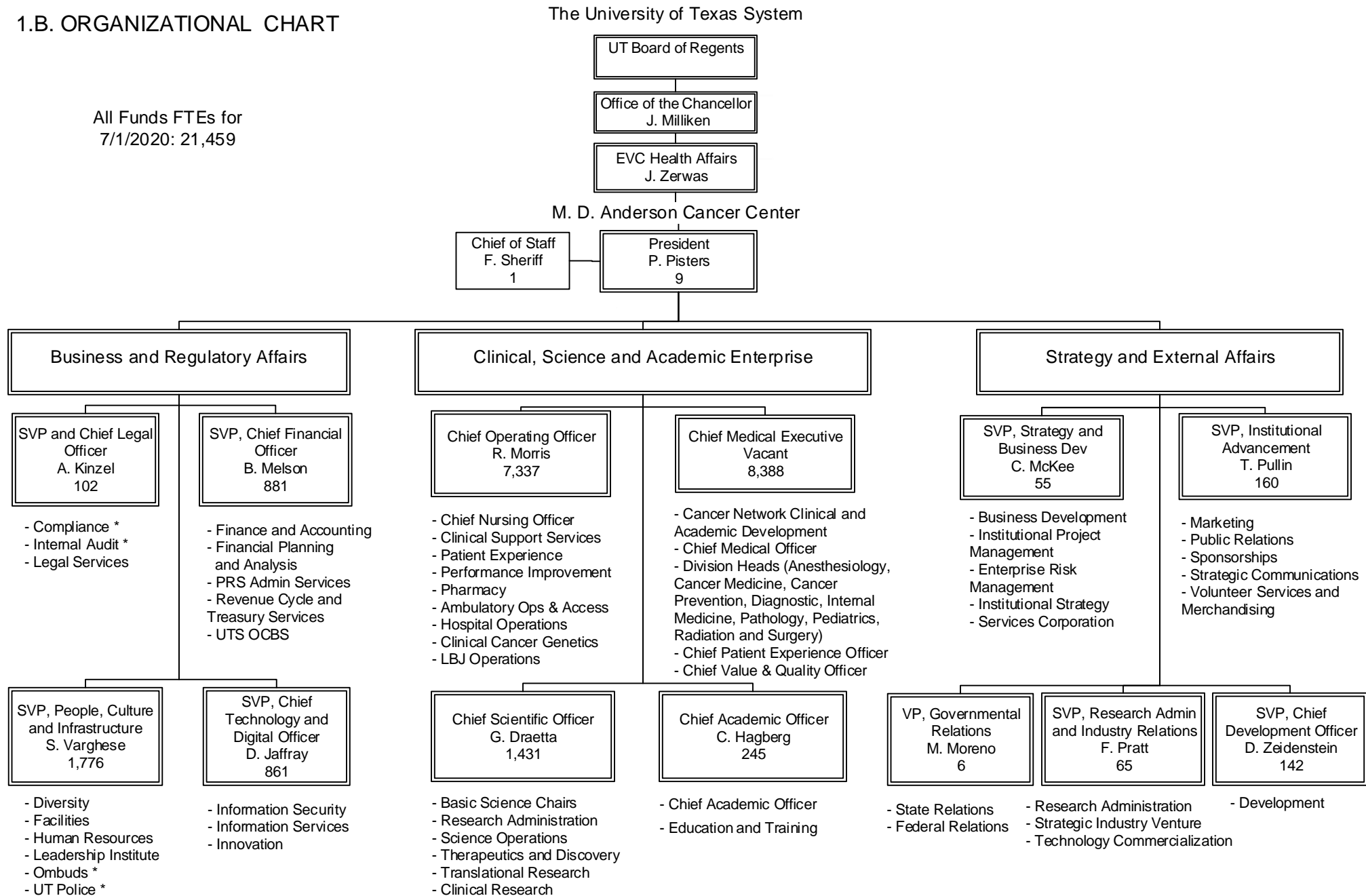
The patient care and research recovery efforts are proceeding with the understanding that we will closely monitor the number of Covid-19 positive cases in our community and within the patient and employee populations that we are committed to protect and that we will throttle down or scale-back activity, if and when needed, based on certain macro-level metrics that have been identified.

EXCEPTIONAL ITEMS

The institution is not requesting any new exceptional items this session. However, we are requesting that any reductions in General Revenue funding made as the General Appropriations Act for FY 2022 – 2023 is debated, are restored to FY 2020 – 2021 levels.

1.B. ORGANIZATIONAL CHART

All Funds FTEs for
7/1/2020: 21,459



*These functions have an administrative reporting relationship to the SVP/Chief and a functioning reporting relationship to the President.

Budget Overview - Biennial Amounts
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Appropriation Years: 2022-23

	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2022-23
Goal: 1. Provide Instructional and Operations Support											
1.1.1. Allied Health Professions Training	6,855,920		1,074,326						7,930,246		
1.1.2. Graduate Medical Education	1,755,144								1,755,144		
1.2.1. Cancer Center Operations	280,815,980								280,815,980		
1.3.1. Staff Group Insurance Premiums			67,450	62,897					67,450	62,897	
1.4.1. Texas Public Education Grants			250,724	258,295					250,724	258,295	
Total, Goal	289,427,044		1,392,500	321,192					290,819,544	321,192	
Goal: 2. Provide Research Support											
2.1.1. Research Enhancement	23,059,276								23,059,276		
Total, Goal	23,059,276								23,059,276		
Goal: 3. Provide Infrastructure Support											
3.1.1. E&G Space Support	63,079,932		461,041						63,540,973		
3.2.1. Tuition Revenue Bond Retirement	22,654,350	22,655,000							22,654,350	22,655,000	
Total, Goal	85,734,282	22,655,000	461,041						86,195,323	22,655,000	
Goal: 5. Provide Non-formula Support											
5.1.1. Cord Blood And Cellular Therapy	2,201,828	2,779,102							2,201,828	2,779,102	
5.1.2. Breast Cancer Research Program	3,040,000	2,888,000							3,040,000	2,888,000	
5.2.1. Institutional Enhancement	723,543						5,415	4,328	728,958	4,328	
Total, Goal	5,965,371	5,667,102					5,415	4,328	5,970,786	5,671,430	
Goal: 7. Tobacco Funds											
7.1.1. Tobacco Earnings - Ut Md Anderson							19,027,026	13,100,000	19,027,026	13,100,000	
7.1.2. Tobacco - Permanent Health Fund							7,336,887	4,831,208	7,336,887	4,831,208	
Total, Goal							26,363,913	17,931,208	26,363,913	17,931,208	
Total, Agency	404,185,973	28,322,102	1,853,541	321,192			26,369,328	17,935,536	432,408,842	46,578,830	
Total FTEs									709.8	709.8	0.0

506 The University of Texas M.D. Anderson Cancer Center

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
1 Provide Instructional and Operations Support					
1 <i>Instructional Programs</i>					
1 ALLIED HEALTH PROFESSIONS TRAINING (1)	2,940,101	3,965,123	3,965,123	0	0
2 GRADUATE MEDICAL EDUCATION (1)	786,191	877,572	877,572	0	0
2 <i>Cancer Center Operations</i>					
1 CANCER CENTER OPERATIONS (1)	132,400,857	140,407,990	140,407,990	0	0
3 <i>Operations - Staff Benefits</i>					
1 STAFF GROUP INSURANCE PREMIUMS	28,082	36,924	30,526	31,137	31,760
4 <i>Operations - Statutory Funds</i>					
1 TEXAS PUBLIC EDUCATION GRANTS	115,991	125,362	125,362	127,869	130,426
TOTAL, GOAL 1	\$136,271,222	\$145,412,971	\$145,406,573	\$159,006	\$162,186

2 Provide Research Support**1** *Research Activities*

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

2.A. Summary of Base Request by Strategy

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Automated Budget and Evaluation System of Texas (ABEST)

506 The University of Texas M.D. Anderson Cancer Center

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
1 RESEARCH ENHANCEMENT (1)	10,561,379	11,529,638	11,529,638	0	0
TOTAL, GOAL 2	\$10,561,379	\$11,529,638	\$11,529,638	\$0	\$0
3 Provide Infrastructure Support					
1 Operations and Maintenance					
1 E&G SPACE SUPPORT (1)	32,585,600	31,764,251	31,776,722	0	0
2 Infrastructure Support					
1 TUITION REVENUE BOND RETIREMENT	11,327,650	11,327,000	11,327,350	11,327,350	11,327,650
TOTAL, GOAL 3	\$43,913,250	\$43,091,251	\$43,104,072	\$11,327,350	\$11,327,650
5 Provide Non-formula Support					
1 Research					
1 CORD BLOOD AND CELLULAR THERAPY	1,100,914	1,100,914	1,100,914	1,389,551	1,389,551
2 BREAST CANCER RESEARCH PROGRAM	1,520,000	1,520,000	1,520,000	1,444,000	1,444,000
2 Institutional					

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

2.A. Summary of Base Request by Strategy

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Automated Budget and Evaluation System of Texas (ABEST)

506 The University of Texas M.D. Anderson Cancer Center

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
1 INSTITUTIONAL ENHANCEMENT	371,414	365,022	363,936	2,164	2,164
TOTAL, GOAL 5	\$2,992,328	\$2,985,936	\$2,984,850	\$2,835,715	\$2,835,715
7 Tobacco Funds					
1 Tobacco Earnings for Research					
1 TOBACCO EARNINGS - UT MD ANDERSON	10,470,613	10,377,026	8,650,000	6,550,000	6,550,000
2 TOBACCO - PERMANENT HEALTH FUND	150,523	3,891,283	3,445,604	2,415,604	2,415,604
TOTAL, GOAL 7	\$10,621,136	\$14,268,309	\$12,095,604	\$8,965,604	\$8,965,604
TOTAL, AGENCY STRATEGY REQUEST	\$204,359,315	\$217,288,105	\$215,120,737	\$23,287,675	\$23,291,155
TOTAL, AGENCY RIDER APPROPRIATIONS REQUEST*				\$0	\$0
GRAND TOTAL, AGENCY REQUEST	\$204,359,315	\$217,288,105	\$215,120,737	\$23,287,675	\$23,291,155

506 The University of Texas M.D. Anderson Cancer Center

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>METHOD OF FINANCING:</u>					
General Revenue Funds:					
1 General Revenue Fund	192,893,720	202,092,811	202,093,162	14,160,901	14,161,201
SUBTOTAL	\$192,893,720	\$202,092,811	\$202,093,162	\$14,160,901	\$14,161,201
General Revenue Dedicated Funds:					
704 Est Bd Authorized Tuition Inc	47,153	65,848	65,848	0	0
770 Est. Other Educational & General	787,664	857,886	863,959	159,006	162,186
SUBTOTAL	\$834,817	\$923,734	\$929,807	\$159,006	\$162,186
Other Funds:					
802 Lic Plate Trust Fund No. 0802, est	9,642	3,251	2,164	2,164	2,164
810 Perm Health Fund Higher Ed, est	150,523	3,891,283	3,445,604	2,415,604	2,415,604
812 Perm Endow FD UTMD AND, estimated	10,470,613	10,377,026	8,650,000	6,550,000	6,550,000
SUBTOTAL	\$10,630,778	\$14,271,560	\$12,097,768	\$8,967,768	\$8,967,768
TOTAL, METHOD OF FINANCING	\$204,359,315	\$217,288,105	\$215,120,737	\$23,287,675	\$23,291,155

*Rider appropriations for the historical years are included in the strategy amounts.

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 506		Agency name: The University of Texas M.D. Anderson Cancer Center				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
<u>1</u> General Revenue Fund						
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$192,894,019	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)		\$0	\$202,092,811	\$202,093,162	\$0	\$0
Regular Appropriations from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$14,160,901	\$14,161,201
<i>LAPSED APPROPRIATIONS</i>						
FY 2019 Tuition Revenue Bond Lapse		\$(299)	\$0	\$0	\$0	\$0
TOTAL,	General Revenue Fund	\$192,893,720	\$202,092,811	\$202,093,162	\$14,160,901	\$14,161,201
TOTAL, ALL	GENERAL REVENUE	\$192,893,720	\$202,092,811	\$202,093,162	\$14,160,901	\$14,161,201

GENERAL REVENUE FUND - DEDICATED

2.B. Summary of Base Request by Method of Finance

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Agency code: 506		Agency name: The University of Texas M.D. Anderson Cancer Center				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE FUND - DEDICATED</u>						
<u>704</u>	GR Dedicated - Estimated Board Authorized Tuition Increases Account No. 704					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)					
		\$0	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)					
		\$0	\$69,750	\$69,750	\$0	\$0
	<i>BASE ADJUSTMENT</i>					
	Revised Receipts					
		\$47,153	\$(3,902)	\$(3,902)	\$0	\$0
TOTAL,	GR Dedicated - Estimated Board Authorized Tuition Increases Account No. 704	\$47,153	\$65,848	\$65,848	\$0	\$0
<u>770</u>	GR Dedicated - Estimated Other Educational and General Income Account No. 770					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)					
		\$918,810	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)					

2.B. Summary of Base Request by Method of Finance

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Agency code: 506		Agency name: The University of Texas M.D. Anderson Cancer Center				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE FUND - DEDICATED</u>						
		\$0	\$703,095	\$703,095	\$0	\$0
	Regular Appropriations from MOF Table (2022-23 GAA)					
		\$0	\$0	\$0	\$159,006	\$162,186
	<i>BASE ADJUSTMENT</i>					
	Revised Receipts					
		\$(131,146)	\$154,791	\$160,864	\$0	\$0
TOTAL,	GR Dedicated - Estimated Other Educational and General Income Account No. 770					
		\$787,664	\$857,886	\$863,959	\$159,006	\$162,186
TOTAL GENERAL REVENUE FUND - DEDICATED - 704, 708 & 770						
		\$834,817	\$923,734	\$929,807	\$159,006	\$162,186
TOTAL, ALL	GENERAL REVENUE FUND - DEDICATED					
		\$834,817	\$923,734	\$929,807	\$159,006	\$162,186
TOTAL,	GR & GR-DEDICATED FUNDS					
		\$193,728,537	\$203,016,545	\$203,022,969	\$14,319,907	\$14,323,387
<u>OTHER FUNDS</u>						
<u>802</u>	License Plate Trust Fund Account No. 0802, estimated					
	<i>REGULAR APPROPRIATIONS</i>					

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code:	506	Agency name:	The University of Texas M.D. Anderson Cancer Center			
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$2,164	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)		\$0	\$2,164	\$2,164	\$0	\$0
Regular Appropriations from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$2,164	\$2,164
<i>RIDER APPROPRIATION</i>						
Art III, Special Provisions, Section 57 (2018-2019)		\$8,813	\$0	\$0	\$0	\$0
Art III, Special Provisions, Section 57 (2020-2021)		\$(1,087)	\$1,087	\$0	\$0	\$0
<i>BASE ADJUSTMENT</i>						
Revised Receipts		\$(248)	\$0	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 506		Agency name: The University of Texas M.D. Anderson Cancer Center				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
TOTAL,	License Plate Trust Fund Account No. 0802, estimated					
		\$9,642	\$3,251	\$2,164	\$2,164	\$2,164
<u>810</u>	Permanent Health Fund for Higher Education, estimated					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)					
		\$2,519,678	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)					
		\$0	\$2,625,058	\$2,625,058	\$0	\$0
	Regular Appropriations from MOF Table (2022-23 GAA)					
		\$0	\$0	\$0	\$2,415,604	\$2,415,604
	<i>RIDER APPROPRIATION</i>					
	M.D. Anderson, Art III, Rider 5 UB Authority (2018-2019)					
		\$1	\$0	\$0	\$0	\$0
	M.D. Anderson, Art III, Rider 5 UB Authority (2020-2021)					
		\$(2,497,065)	\$2,497,065	\$0	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 506		Agency name: The University of Texas M.D. Anderson Cancer Center				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
M.D. Anderson, Art III, Rider 5 UB Authority (2020-2021)		\$0	\$(1,000,000)	\$1,000,000	\$0	\$0
BASE ADJUSTMENT						
Revised Receipts - Distribution Adjustment		\$105,380	\$(261,085)	\$(209,454)	\$0	\$0
Revised Receipts - Interest		\$22,529	\$30,245	\$30,000	\$0	\$0
TOTAL,	Permanent Health Fund for Higher Education, estimated	\$150,523	\$3,891,283	\$3,445,604	\$2,415,604	\$2,415,604
<u>812</u>	Permanent Endowment Fund, UT MD Anderson Cancer Center, estimated					
REGULAR APPROPRIATIONS						
Regular Appropriations from MOF Table (2018-19 GAA)		\$6,120,000	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)		\$0	\$6,280,000	\$6,280,000	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code:	506	Agency name:	The University of Texas M.D. Anderson Cancer Center			
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
Regular Appropriations from MOF Table (2022-23 GAA)						
		\$0	\$0	\$0	\$6,550,000	\$6,550,000
<i>RIDER APPROPRIATION</i>						
M.D. Anderson, Art III Rider 5 UB Authority (2018-2019)						
		\$9,856,389	\$0	\$0	\$0	\$0
M.D. Anderson, Art III Rider 5 UB Authority (2020-2021)						
		\$(5,851,366)	\$5,851,366	\$0	\$0	\$0
M.D. Anderson, Art III Rider 5 UB Authority (2020-2021)						
		\$0	\$(2,000,000)	\$2,000,000	\$0	\$0
<i>BASE ADJUSTMENT</i>						
Revised Receipts - Distributions						
		\$160,000	\$130,000	\$270,000	\$0	\$0
Revised Receipts - Interest						
		\$185,590	\$115,660	\$100,000	\$0	\$0

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code:	506	Agency name:	The University of Texas M.D. Anderson Cancer Center			
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
TOTAL,	Permanent Endowment Fund, UT MD Anderson Cancer Center, estimated					
		\$10,470,613	\$10,377,026	\$8,650,000	\$6,550,000	\$6,550,000
TOTAL, ALL	OTHER FUNDS					
		\$10,630,778	\$14,271,560	\$12,097,768	\$8,967,768	\$8,967,768
GRAND TOTAL		\$204,359,315	\$217,288,105	\$215,120,737	\$23,287,675	\$23,291,155
FULL-TIME-EQUIVALENT POSITIONS						
REGULAR APPROPRIATIONS						
Regular Appropriations from MOF Table (2018-19 GAA)		871.9	0.0	0.0	0.0	0.0
Regular Appropriations from MOF Table (2020-21 GAA)		0.0	753.9	753.9	0.0	0.0
Regular Appropriations from MOF Table (2022-23 GAA)		0.0	0.0	0.0	709.8	709.8
RIDER APPROPRIATION						
Article IX, Section 6.10 (a)(2)		0.0	20.3	0.0	0.0	0.0
UNAUTHORIZED NUMBER OVER (BELOW) CAP						
Unauthorized number over (below) the cap		(229.1)	0.0	(44.1)	0.0	0.0
TOTAL, ADJUSTED FTES		642.8	774.2	709.8	709.8	709.8

2.B. Summary of Base Request by Method of Finance

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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: **506**Agency name: **The University of Texas M.D. Anderson Cancer Center****METHOD OF FINANCING****Exp 2019****Est 2020****Bud 2021****Req 2022****Req 2023****NUMBER OF 100% FEDERALLY FUNDED
FTEs**

2.C. Summary of Base Request by Object of Expense

10/14/2020 4:03:25PM

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Automated Budget and Evaluation System of Texas (ABEST)**506 The University of Texas M.D. Anderson Cancer Center**

OBJECT OF EXPENSE	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1001 SALARIES AND WAGES	\$172,145,904	\$178,773,163	\$178,893,893	\$2,779,377	\$2,779,377
1002 OTHER PERSONNEL COSTS	\$1,225,738	\$1,804,171	\$1,805,644	\$1,439,624	\$1,440,247
1005 FACULTY SALARIES	\$11,435,270	\$11,393,969	\$11,387,921	\$708,345	\$708,345
2001 PROFESSIONAL FEES AND SERVICES	\$902,298	\$1,084,536	\$1,054,932	\$245,531	\$245,531
2003 CONSUMABLE SUPPLIES	\$406,274	\$341,319	\$277,396	\$105,229	\$105,229
2004 UTILITIES	\$1,464,716	\$1,248,406	\$1,260,722	\$0	\$0
2005 TRAVEL	\$14,666	\$36,694	\$35,915	\$3,000	\$3,000
2007 RENT - MACHINE AND OTHER	\$11,133	\$15,265	\$15,265	\$1,214	\$1,214
2008 DEBT SERVICE	\$11,327,650	\$11,327,000	\$11,327,350	\$11,327,350	\$11,327,650
2009 OTHER OPERATING EXPENSE	\$1,317,467	\$6,263,622	\$3,489,221	\$2,781,116	\$2,781,116
4000 GRANTS	\$125,633	\$128,613	\$127,526	\$130,033	\$132,590
5000 CAPITAL EXPENDITURES	\$3,982,566	\$4,871,347	\$5,444,952	\$3,766,856	\$3,766,856
OOE Total (Excluding Riders)	\$204,359,315	\$217,288,105	\$215,120,737	\$23,287,675	\$23,291,155
OOE Total (Riders)					
Grand Total	\$204,359,315	\$217,288,105	\$215,120,737	\$23,287,675	\$23,291,155

2.D. Summary of Base Request Objective Outcomes

10/14/2020 4:03:25PM

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Automated Budget and Evaluation system of Texas (ABEST)

506 The University of Texas M.D. Anderson Cancer Center

Goal/ Objective / Outcome	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1 Provide Instructional and Operations Support					
1 Instructional Programs					
KEY 14 Percent Allied Health Grads Passing Certif/Licensure Exam First Try	93.50%	90.00%	90.00%	90.00%	90.00%
KEY 15 Percent Allied Health Graduates Licensed or Certified in Texas	100.00%	100.00%	100.00%	100.00%	100.00%
2 Cancer Center Operations					
KEY 1 Percent of Medical Residency Completers Practicing in Texas	40.00%	59.00%	50.00%	50.00%	50.00%
KEY 2 Total Uncompensated Care Provided by Faculty	88,716,569.00	80,079,101.00	82,881,869.00	85,782,735.00	88,785,131.00
KEY 4 Administrative (Instit Support) Cost As % of Total Expenditures	3.46%	3.17%	3.50%	3.50%	3.50%
KEY 5 Total Uncompensated Care Provided in State-owned Facilities	194,918,607.00	185,430,420.00	192,847,637.00	200,561,543.00	208,584,004.00
2 Provide Research Support					
1 Research Activities					
KEY 1 Total External Research Expenditures	544,831,456.00	564,029,382.00	537,170,840.00	553,285,965.00	569,884,544.00
2 External Research Expends As % of State Appropriations for Research	4,022.66%	3,886.55%	3,701.48%	3,812.53%	3,926.90%

2.F. Summary of Total Request by Strategy
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Automated Budget and Evaluation System of Texas (ABEST)

DATE : 10/14/2020
TIME : 4:03:26PM

Agency code: 506 Agency name: The University of Texas M.D. Anderson Cancer Center

Goal/Objective/STRATEGY	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
1 Provide Instructional and Operations Support						
1 Instructional Programs						
1 ALLIED HEALTH PROFESSIONS TRAINING	\$0	\$0	\$0	\$0	\$0	\$0
2 GRADUATE MEDICAL EDUCATION	0	0	0	0	0	0
2 Cancer Center Operations						
1 CANCER CENTER OPERATIONS	0	0	0	0	0	0
3 Operations - Staff Benefits						
1 STAFF GROUP INSURANCE PREMIUMS	31,137	31,760	0	0	31,137	31,760
4 Operations - Statutory Funds						
1 TEXAS PUBLIC EDUCATION GRANTS	127,869	130,426	0	0	127,869	130,426
TOTAL, GOAL 1	\$159,006	\$162,186	\$0	\$0	\$159,006	\$162,186
2 Provide Research Support						
1 Research Activities						
1 RESEARCH ENHANCEMENT	0	0	0	0	0	0
TOTAL, GOAL 2	\$0	\$0	\$0	\$0	\$0	\$0
3 Provide Infrastructure Support						
1 Operations and Maintenance						
1 E&G SPACE SUPPORT	0	0	0	0	0	0
2 Infrastructure Support						
1 TUITION REVENUE BOND RETIREMENT	11,327,350	11,327,650	0	0	11,327,350	11,327,650
TOTAL, GOAL 3	\$11,327,350	\$11,327,650	\$0	\$0	\$11,327,350	\$11,327,650

2.F. Summary of Total Request by Strategy
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE : 10/14/2020
TIME : 4:03:26PM

Agency code: 506	Agency name: The University of Texas M.D. Anderson Cancer Center					
Goal/Objective/STRATEGY	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
5 Provide Non-formula Support						
1 <i>Research</i>						
1 CORD BLOOD AND CELLULAR THERAPY	\$1,389,551	\$1,389,551	\$0	\$0	\$1,389,551	\$1,389,551
2 BREAST CANCER RESEARCH PROGRAM	1,444,000	1,444,000	0	0	1,444,000	1,444,000
2 <i>Institutional</i>						
1 INSTITUTIONAL ENHANCEMENT	2,164	2,164	0	0	2,164	2,164
TOTAL, GOAL 5	\$2,835,715	\$2,835,715	\$0	\$0	\$2,835,715	\$2,835,715
7 Tobacco Funds						
1 <i>Tobacco Earnings for Research</i>						
1 TOBACCO EARNINGS - UT MD ANDERSON	6,550,000	6,550,000	0	0	6,550,000	6,550,000
2 TOBACCO - PERMANENT HEALTH FUND	2,415,604	2,415,604	0	0	2,415,604	2,415,604
TOTAL, GOAL 7	\$8,965,604	\$8,965,604	\$0	\$0	\$8,965,604	\$8,965,604
TOTAL, AGENCY STRATEGY REQUEST	\$23,287,675	\$23,291,155	\$0	\$0	\$23,287,675	\$23,291,155
TOTAL, AGENCY RIDER APPROPRIATIONS REQUEST						
GRAND TOTAL, AGENCY REQUEST	\$23,287,675	\$23,291,155	\$0	\$0	\$23,287,675	\$23,291,155

2.F. Summary of Total Request by Strategy
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE : 10/14/2020
TIME : 4:03:26PM

Agency code: 506		Agency name: The University of Texas M.D. Anderson Cancer Center					
Goal/Objective/STRATEGY		Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
General Revenue Funds:							
1	General Revenue Fund	\$14,160,901	\$14,161,201	\$0	\$0	\$14,160,901	\$14,161,201
		\$14,160,901	\$14,161,201	\$0	\$0	\$14,160,901	\$14,161,201
General Revenue Dedicated Funds:							
704	Est Bd Authorized Tuition Inc	0	0	0	0	0	0
770	Est. Other Educational & General	159,006	162,186	0	0	159,006	162,186
		\$159,006	\$162,186	\$0	\$0	\$159,006	\$162,186
Other Funds:							
802	Lic Plate Trust Fund No. 0802, est	2,164	2,164	0	0	2,164	2,164
810	Perm Health Fund Higher Ed, est	2,415,604	2,415,604	0	0	2,415,604	2,415,604
812	Perm Endow FD UTMD AND, estimated	6,550,000	6,550,000	0	0	6,550,000	6,550,000
		\$8,967,768	\$8,967,768	\$0	\$0	\$8,967,768	\$8,967,768
TOTAL, METHOD OF FINANCING		\$23,287,675	\$23,291,155	\$0	\$0	\$23,287,675	\$23,291,155
FULL TIME EQUIVALENT POSITIONS							
		709.8	709.8	0.0	0.0	709.8	709.8

2.G. Summary of Total Request Objective Outcomes
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

Date : 10/14/2020

Time: 4:03:26PM

Agency code: **506**

Agency name: **The University of Texas M.D. Anderson Cancer Center**

Goal/ Objective / Outcome

		BL 2022	BL 2023	Excp 2022	Excp 2023	Total Request 2022	Total Request 2023
1	Provide Instructional and Operations Support						
1	<i>Instructional Programs</i>						
KEY	14 Percent Allied Health Grads Passing Certif/Licensure Exam First Try						
		90.00%	90.00%			90.00%	90.00%
KEY	15 Percent Allied Health Graduates Licensed or Certified in Texas						
		100.00%	100.00%			100.00%	100.00%
2	<i>Cancer Center Operations</i>						
KEY	1 Percent of Medical Residency Completers Practicing in Texas						
		50.00%	50.00%			50.00%	50.00%
KEY	2 Total Uncompensated Care Provided by Faculty						
		85,782,735.00	88,785,131.00			85,782,735.00	88,785,131.00
KEY	4 Administrative (Instit Support) Cost As % of Total Expenditures						
		3.50%	3.50%			3.50%	3.50%
KEY	5 Total Uncompensated Care Provided in State-owned Facilities						
		200,561,543.00	208,584,004.00			200,561,543.00	208,584,004.00
2	Provide Research Support						
1	<i>Research Activities</i>						
KEY	1 Total External Research Expenditures						
		553,285,965.00	569,884,544.00			553,285,965.00	569,884,544.00

2.G. Summary of Total Request Objective Outcomes
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation system of Texas (ABEST)

Date : 10/14/2020
 Time: 4:03:26PM

Agency code: **506**

Agency name: **The University of Texas M.D. Anderson Cancer Center**

Goal/ *Objective* / **Outcome**

	BL 2022	BL 2023	Excp 2022	Excp 2023	Total Request 2022	Total Request 2023
2 External Research Expends As % of State Appropriations for Research						
	3,812.53%	3,926.90%			3,812.53%	3,926.90%

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support
OBJECTIVE: 1 Instructional Programs
STRATEGY: 1 Allied Health Professions Training

Service Categories:

Service: 19 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
Efficiency Measures:						
KEY 1	Avg Cost of Resident Undergraduate Tuition and Fees for 15 Sch	1,867.00	1,867.00	2,017.00	2,101.00	2,191.00
Explanatory/Input Measures:						
KEY 1	Minority Admissions As % of Total First-Year Admissions (All Schools)	35.80 %	30.00 %	30.00 %	30.00 %	30.00 %
KEY 4	Average Financial Aid Award per Full-Time Student	10,507.00	10,025.00	10,025.00	10,025.00	10,025.00
KEY 5	Percent of Full-Time Students Receiving Financial Aid	59.00 %	67.00 %	67.00 %	67.00 %	67.00 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$839,946	\$906,365	\$906,365	\$0	\$0
1005	FACULTY SALARIES	\$1,452,845	\$1,743,762	\$1,743,762	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$597,905	\$729,037	\$729,037	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$9,412	\$121,883	\$121,883	\$0	\$0
2005	TRAVEL	\$10,506	\$32,915	\$32,915	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$6,572	\$13,534	\$13,534	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$22,915	\$135,373	\$135,373	\$0	\$0
5000	CAPITAL EXPENDITURES	\$0	\$282,254	\$282,254	\$0	\$0

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support
OBJECTIVE: 1 Instructional Programs
STRATEGY: 1 Allied Health Professions Training

Service Categories:

Service: 19 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
TOTAL, OBJECT OF EXPENSE		\$2,940,101	\$3,965,123	\$3,965,123	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$2,756,702	\$3,427,960	\$3,427,960	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,756,702	\$3,427,960	\$3,427,960	\$0	\$0
Method of Financing:						
704	Est Bd Authorized Tuition Inc	\$47,153	\$65,848	\$65,848	\$0	\$0
770	Est. Other Educational & General	\$136,246	\$471,315	\$471,315	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$183,399	\$537,163	\$537,163	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,940,101	\$3,965,123	\$3,965,123	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		8.0	10.7	9.9	9.9	9.9
STRATEGY DESCRIPTION AND JUSTIFICATION:						

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support

OBJECTIVE: 1 Instructional Programs

Service Categories:

STRATEGY: 1 Allied Health Professions Training

Service: 19

Income: A.2

Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
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The Instruction and Operations Formula provides funding for faculty salaries, departmental operating expense, library, instructional administration, student services and institutional support. The formula for this strategy is based on weighted allied health student full time equivalent. The rate per weighted student headcount or full time equivalent is established by the Legislature each biennium.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The clinical experience offered by the School of Health Professions prepares students to enter the job market with a wide range of skills and knowledge, so that they can garner highly sought-after jobs within health care organizations.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$7,930,246	\$0	\$ (7,930,246)	\$ (7,930,246)	Formula funded strategies are not requested in 2022-23
			<u>\$ (7,930,246)</u>	Total of Explanation of Biennial Change

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support
OBJECTIVE: 1 Instructional Programs
STRATEGY: 2 Graduate Medical Education

Service Categories:

Service: 19 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
Output Measures:						
KEY 1	Total Number of MD or DO Residents	162.00	158.00	158.00	158.00	158.00
Explanatory/Input Measures:						
KEY 1	Minority MD or DO Residents as a Percent of Total MD or DO Residents	10.49 %	12.03 %	12.03 %	12.03 %	12.03 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$190,915	\$277,268	\$277,268	\$0	\$0
1005	FACULTY SALARIES	\$595,276	\$600,304	\$600,304	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$786,191	\$877,572	\$877,572	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$786,191	\$877,572	\$877,572	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$786,191	\$877,572	\$877,572	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$786,191	\$877,572	\$877,572	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		2.7	3.5	3.3	3.3	3.3

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support

OBJECTIVE: 1 Instructional Programs

Service Categories:

STRATEGY: 2 Graduate Medical Education

Service: 19

Income: A.2

Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Graduate Medical Education (GME) formula allocates funding based on the number of medical residents in accredited programs. These funds shall be used to increase the number of resident slots in the State of Texas as well as faculty costs relating to GME.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Successful GME programs require adequate resources to retain and recruit talented faculty and support staff, provide state-of-the-art facilities and maintain quality training programs. MDACC is committed to enhancing and identifying new sources of funding for these critical elements of its instruction mission.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$1,755,144	\$0	\$(1,755,144)	\$(1,755,144)	Formula funded strategies are not requested in 2022-23
			\$(1,755,144)	Total of Explanation of Biennial Change

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support
OBJECTIVE: 2 Cancer Center Operations
STRATEGY: 1 Cancer Center Operations

Service Categories:

Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
Efficiency Measures:						
2	Net Revenue Per Equivalent Patient Day	5,616.97	5,978.17	5,613.04	5,716.96	5,840.36
Objects of Expense:						
1001	SALARIES AND WAGES	\$128,281,277	\$136,152,347	\$136,152,347	\$0	\$0
1005	FACULTY SALARIES	\$4,119,580	\$4,255,643	\$4,255,643	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$132,400,857	\$140,407,990	\$140,407,990	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$132,400,857	\$140,407,990	\$140,407,990	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$132,400,857	\$140,407,990	\$140,407,990	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$132,400,857	\$140,407,990	\$140,407,990	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		455.7	559.9	514.1	514.1	514.1
STRATEGY DESCRIPTION AND JUSTIFICATION:						

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support

OBJECTIVE: 2 Cancer Center Operations

Service Categories:

STRATEGY: 1 Cancer Center Operations

Service: 22

Income: A.2

Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
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The Cancer Center Operations Formula provides funding for faculty salaries, departmental operating expense, and institutional support. The formula for this strategy is based on the total number of Texas cancer patients served at The University of Texas M. D. Anderson Cancer Center. The rate per Texas cancer patient served is established by the Legislature each biennium. The amount of growth in total funding from one biennium to another may not exceed the average growth in funding for Health Related Institutions in the Instruction and Operations formula for the current biennium.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Efficient patient care programs require adequate resources to recruit and retain talented faculty and support staff and provide state-of-the-art facilities.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$280,815,980	\$0	\$(280,815,980)	\$(280,815,980)	Formula funded strategies are not requested in 2022-23
			<u>\$(280,815,980)</u>	Total of Explanation of Biennial Change

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support
OBJECTIVE: 3 Operations - Staff Benefits
STRATEGY: 1 Staff Group Insurance Premiums

Service Categories:

Service: 06 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1002	OTHER PERSONNEL COSTS	\$28,082	\$36,924	\$30,526	\$31,137	\$31,760
TOTAL, OBJECT OF EXPENSE		\$28,082	\$36,924	\$30,526	\$31,137	\$31,760
Method of Financing:						
770	Est. Other Educational & General	\$28,082	\$36,924	\$30,526	\$31,137	\$31,760
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$28,082	\$36,924	\$30,526	\$31,137	\$31,760
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$31,137	\$31,760
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$28,082	\$36,924	\$30,526	\$31,137	\$31,760

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy is to provide proportional share of staff group insurance premiums paid from Other Educational and General funds.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Staff Group Insurance Premium rates are set through U. T. System.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support

OBJECTIVE: 3 Operations - Staff Benefits

Service Categories:

STRATEGY: 1 Staff Group Insurance Premiums

Service: 06

Income: A.2

Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$67,450	\$62,897	\$(4,553)	\$(4,553)	Driven by estimated changes in benefit proportionality rates for 2022-23.
			<u>\$(4,553)</u>	Total of Explanation of Biennial Change

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support
OBJECTIVE: 4 Operations - Statutory Funds
STRATEGY: 1 Texas Public Education Grants

Service Categories:

Service: 20 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
4000	GRANTS	\$115,991	\$125,362	\$125,362	\$127,869	\$130,426
TOTAL, OBJECT OF EXPENSE		\$115,991	\$125,362	\$125,362	\$127,869	\$130,426
Method of Financing:						
770	Est. Other Educational & General	\$115,991	\$125,362	\$125,362	\$127,869	\$130,426
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$115,991	\$125,362	\$125,362	\$127,869	\$130,426
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$127,869	\$130,426
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$115,991	\$125,362	\$125,362	\$127,869	\$130,426

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy represents tuition set aside for the Texas Public Education Grants program as required by Section 56.033 of the Texas Education Code.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 1 Provide Instructional and Operations Support

OBJECTIVE: 4 Operations - Statutory Funds

Service Categories:

STRATEGY: 1 Texas Public Education Grants

Service: 20

Income: A.1

Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$250,724	\$258,295	\$7,571	\$7,571	Driven by projected increases in enrollment for the 2022-23 biennium
			<u>\$7,571</u>	Total of Explanation of Biennial Change

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 2 Provide Research Support
OBJECTIVE: 1 Research Activities
STRATEGY: 1 Research Enhancement

Service Categories:

Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
Objects of Expense:						
1001	SALARIES AND WAGES	\$6,574,910	\$7,657,255	\$7,657,255	\$0	\$0
1005	FACULTY SALARIES	\$3,986,469	\$3,872,383	\$3,872,383	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$10,561,379	\$11,529,638	\$11,529,638	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$10,561,379	\$11,529,638	\$11,529,638	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$10,561,379	\$11,529,638	\$11,529,638	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$10,561,379	\$11,529,638	\$11,529,638	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		36.9	46.5	42.9	42.9	42.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Research Enhancement formula allocates a base amount of \$1,412,500 to each institution in addition to a percentage of the total research expenditures as reported to the Texas Higher Education Coordinating Board. The percent of additional funding above the base is established by the Legislature each biennium. These funds are used to support the research activities of the institution.

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 2 Provide Research Support

OBJECTIVE: 1 Research Activities

STRATEGY: 1 Research Enhancement

Service Categories:

Service: 21

Income: A.2

Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Successful research programs require adequate resources to recruit and retain talented faculty and support staff, provide state-of-the-art facilities and maintain quality training programs. MDACC is committed to enhancing and identifying new sources of funding for these critical elements of its research mission.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$23,059,276	\$0	\$(23,059,276)	\$(23,059,276)	Formula funded strategies are not requested in 2022-23
			\$(23,059,276)	Total of Explanation of Biennial Change

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 3 Provide Infrastructure Support
OBJECTIVE: 1 Operations and Maintenance
STRATEGY: 1 E&G Space Support

Service Categories:

Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
Objects of Expense:						
1001	SALARIES AND WAGES	\$31,118,411	\$30,513,940	\$30,513,940	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$3,262	\$1,905	\$2,060	\$0	\$0
2004	UTILITIES	\$1,463,927	\$1,248,406	\$1,260,722	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$32,585,600	\$31,764,251	\$31,776,722	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$32,078,255	\$31,539,966	\$31,539,966	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$32,078,255	\$31,539,966	\$31,539,966	\$0	\$0
Method of Financing:						
770	Est. Other Educational & General	\$507,345	\$224,285	\$236,756	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$507,345	\$224,285	\$236,756	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$32,585,600	\$31,764,251	\$31,776,722	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		108.6	128.5	113.1	113.1	113.1

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 3 Provide Infrastructure Support
OBJECTIVE: 1 Operations and Maintenance
STRATEGY: 1 E&G Space Support

Service Categories:

Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022 ⁽¹⁾	BL 2023 ⁽¹⁾
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Infrastructure Support formula distributes funding associated with plant support and utilities. This formula is driven by the predicted square feet for health related institutions produced by the Texas Higher Education Coordinating Board's Space Projection Model.

Because the Space Projection Model does not account for hospital space, separate infrastructure funding for hospital space at the University of Texas M. D. Anderson Cancer Center shall be included in the total funding for the Cancer Center Operations formula.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Continuing expansion of MDACC to meet patient care and research demands may impact the strategy. Conversion of obsolete clinic and laboratory areas to provide adequate office space for MDACC faculty and staff may also affect the strategy.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$63,540,973	\$0	\$(63,540,973)	\$(63,540,973)	Formula funded strategies are not requested in 2022-23
			\$(63,540,973)	Total of Explanation of Biennial Change

(1) - Formula funded strategies are not requested in 2022-23 because amounts are not determined by institutions.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 3 Provide Infrastructure Support
OBJECTIVE: 2 Infrastructure Support
STRATEGY: 1 Tuition Revenue Bond Retirement

Service Categories:

Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
2008	DEBT SERVICE	\$11,327,650	\$11,327,000	\$11,327,350	\$11,327,350	\$11,327,650
TOTAL, OBJECT OF EXPENSE		\$11,327,650	\$11,327,000	\$11,327,350	\$11,327,350	\$11,327,650
Method of Financing:						
1	General Revenue Fund	\$11,327,650	\$11,327,000	\$11,327,350	\$11,327,350	\$11,327,650
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$11,327,650	\$11,327,000	\$11,327,350	\$11,327,350	\$11,327,650
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$11,327,350	\$11,327,650
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$11,327,650	\$11,327,000	\$11,327,350	\$11,327,350	\$11,327,650
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 3 Provide Infrastructure Support
OBJECTIVE: 2 Infrastructure Support
STRATEGY: 1 Tuition Revenue Bond Retirement

Service Categories:

Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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The Tuition Revenue Bond Retirement strategy is for the debt service on four Tuition Revenue bond projects.

The first was funding of \$20,000,000 toward the total project cost of \$221,900,000 for the George and Cynthia Mitchell Basic Science Research Building (BSRBI). The facility is approximately 486,000 square feet, dedicated to research and the Graduate School of Biological Sciences.

The second project was the funding of \$20,000,000 toward infrastructure improvements for the development of the UT Research Park near the Texas Medical Center. The mission of the Research Park is to create medical and economic benefit from the incubation of life science research and technology through collaboration and partnership.

The third project was funding of \$40,000,000 toward the Center for Targeted Therapy Research Building located on the UT Research Park. The facility provides space for the expanding experimental and molecular therapy research programs, which enable the discovery and development of novel drugs that block genetic and molecular changes to treat and prevent cancers. The fourth project was funding of \$70,000,000 towards the Zayed building for personalized cancer care to accommodate the expanding research mission of M.D. Anderson and related programs focused on developing and advancing the most innovative therapeutics, diagnostics, early detection and prevention techniques to combat cancer.

Debt service for outstanding TRBs has been requested based on actual, known TRB debt service requirements for FY 2022 and 2023.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 3 Provide Infrastructure Support
OBJECTIVE: 2 Infrastructure Support
STRATEGY: 1 Tuition Revenue Bond Retirement

Service Categories:

Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$22,654,350	\$22,655,000	\$650	\$650	Based on actual, known TRB debt service requirements for 2022-23
			<u>\$650</u>	Total of Explanation of Biennial Change

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 5 Provide Non-formula Support

OBJECTIVE: 1 Research

Service Categories:

STRATEGY: 1 Cord Blood and Cellular Therapy Research Program

Service: 21

Income: A.2

Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,097,543	\$0	\$0	\$0	\$0
1005	FACULTY SALARIES	\$3,371	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$0	\$1,100,914	\$1,100,914	\$1,389,551	\$1,389,551
TOTAL, OBJECT OF EXPENSE		\$1,100,914	\$1,100,914	\$1,100,914	\$1,389,551	\$1,389,551
Method of Financing:						
1	General Revenue Fund	\$1,100,914	\$1,100,914	\$1,100,914	\$1,389,551	\$1,389,551
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,100,914	\$1,100,914	\$1,100,914	\$1,389,551	\$1,389,551
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,389,551	\$1,389,551
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,100,914	\$1,100,914	\$1,100,914	\$1,389,551	\$1,389,551
FULL TIME EQUIVALENT POSITIONS:		3.8	0.0	0.0	0.0	0.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 5 Provide Non-formula Support

OBJECTIVE: 1 Research

Service Categories:

STRATEGY: 1 Cord Blood and Cellular Therapy Research Program

Service: 21

Income: A.2

Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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With approval from the LBB and Governor's office, non-formula item renamed from Research Support to Cord Blood & Cellular Therapy Research Program. General Revenue Funding from Institutional Enhancement is being consolidated into this strategy for the 2022-2023 biennium.

Funding supports the UT MD Anderson Cord Blood Bank and GMP (Good Manufacturing Laboratory) with the development and management of critical research protocols for cord blood transplantation and other cellular therapies. Cord blood provides a source of stem cells for transplant for minority patients who often have no registered donors. MD Anderson serves an unmet need as 75% of the cord blood units in the bank are of Hispanic origin and the institution finds units for patients that otherwise would not have donors.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Additional information for this strategy is available in Schedule 9, Non formula Support.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$2,201,828	\$2,779,102	\$577,274	\$577,274	With approval from the LBB and Governor's office, general Revenue Funding from Institutional Enhancement increased by \$723,543. It also includes a 5% reduction to the baseline of (146,269)
			\$577,274	Total of Explanation of Biennial Change

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 5 Provide Non-formula Support
OBJECTIVE: 1 Research
STRATEGY: 2 Breast Cancer Research Program

Service Categories:

Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$773,421	\$764,321	\$885,051	\$885,051	\$885,051
1002	OTHER PERSONNEL COSTS	\$245,102	\$257,077	\$264,948	\$264,948	\$264,948
1005	FACULTY SALARIES	\$68,102	\$67,241	\$61,193	\$61,193	\$61,193
2001	PROFESSIONAL FEES AND SERVICES	\$178,102	\$190,706	\$161,102	\$130,000	\$130,000
2003	CONSUMABLE SUPPLIES	\$181,587	\$196,676	\$132,598	\$90,608	\$90,608
2005	TRAVEL	\$2,153	\$3,779	\$3,000	\$3,000	\$3,000
2007	RENT - MACHINE AND OTHER	\$311	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$37,951	\$34,408	\$2,908	\$0	\$0
5000	CAPITAL EXPENDITURES	\$33,271	\$5,792	\$9,200	\$9,200	\$9,200
TOTAL, OBJECT OF EXPENSE		\$1,520,000	\$1,520,000	\$1,520,000	\$1,444,000	\$1,444,000
Method of Financing:						
1	General Revenue Fund	\$1,520,000	\$1,520,000	\$1,520,000	\$1,444,000	\$1,444,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,520,000	\$1,520,000	\$1,520,000	\$1,444,000	\$1,444,000

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 5 Provide Non-formula Support
OBJECTIVE: 1 Research
STRATEGY: 2 Breast Cancer Research Program

Service Categories:

Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,444,000	\$1,444,000
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,520,000	\$1,520,000	\$1,520,000	\$1,444,000	\$1,444,000
FULL TIME EQUIVALENT POSITIONS:		11.4	11.6	14.0	14.0	14.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Breast Cancer Research Program strategy funds programmatic research for Inflammatory Breast Cancer (IBC), a rare and often lethal type of breast cancer, which represents 10% of breast cancer mortality. Our mission is to eliminate IBC from Texas, USA, and the world. We want Texas to continue to be recognized as the preeminent worldwide leader of fighting this rare but deadly disease.

Since it was established in 2007, the "Morgan Welch Inflammatory Breast Cancer (IBC) Research Program and Clinic" at MD Anderson Cancer Center continues to lead the way in diagnosis, treatment, translational research, collaboration, and community education for this aggressive disease.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Additional information for this strategy is available in Schedule 9, Non formula support.

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 5 Provide Non-formula Support
OBJECTIVE: 1 Research
STRATEGY: 2 Breast Cancer Research Program

Service Categories:

Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$3,040,000	\$2,888,000	\$(152,000)	\$(152,000)	Reduced baseline funding for 2022-23 per policy letter
			<u>\$(152,000)</u>	Total of Explanation of Biennial Change

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 5 Provide Non-formula Support
OBJECTIVE: 2 Institutional
STRATEGY: 1 Institutional Enhancement

Service Categories:

Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$361,772	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$0	\$361,771	\$361,772	\$0	\$0
4000	GRANTS	\$9,642	\$3,251	\$2,164	\$2,164	\$2,164
TOTAL, OBJECT OF EXPENSE		\$371,414	\$365,022	\$363,936	\$2,164	\$2,164
Method of Financing:						
1	General Revenue Fund	\$361,772	\$361,771	\$361,772	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$361,772	\$361,771	\$361,772	\$0	\$0
Method of Financing:						
802	Lic Plate Trust Fund No. 0802, est	\$9,642	\$3,251	\$2,164	\$2,164	\$2,164
SUBTOTAL, MOF (OTHER FUNDS)		\$9,642	\$3,251	\$2,164	\$2,164	\$2,164
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$2,164	\$2,164
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$371,414	\$365,022	\$363,936	\$2,164	\$2,164
FULL TIME EQUIVALENT POSITIONS:		1.3	0.0	0.0	0.0	0.0

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 5 Provide Non-formula Support
OBJECTIVE: 2 Institutional
STRATEGY: 1 Institutional Enhancement

Service Categories:

Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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STRATEGY DESCRIPTION AND JUSTIFICATION:

With approval from the LBB and Governor's office, general revenue funding from the Institutional Enhancement strategy is being consolidated into the Cord Blood & Cellular Therapy Research program for the 2022-23 biennium. Funding in this strategy beginning in FY 2022 will only include funds from the Texas Collegiate license plate trust fund

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Additional information for this strategy is available in Schedule 9, Non formula support.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$728,958	\$4,328	\$(724,630)	\$(724,630)	With approval from the LBB and Governor's office, general Revenue Funding from this strategy was consolidated into the cord blood and cellular therapy strategy.
			<u>\$(724,630)</u>	Total of Explanation of Biennial Change

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 7 Tobacco Funds

OBJECTIVE: 1 Tobacco Earnings for Research Service Categories:

STRATEGY: 1 Tobacco Earnings for The University of Texas MD Anderson Cancer Center Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,907,709	\$2,501,667	\$2,501,667	\$1,894,326	\$1,894,326
1002	OTHER PERSONNEL COSTS	\$952,554	\$1,510,170	\$1,510,170	\$1,143,539	\$1,143,539
1005	FACULTY SALARIES	\$1,209,627	\$854,636	\$854,636	\$647,152	\$647,152
2001	PROFESSIONAL FEES AND SERVICES	\$126,291	\$0	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$212,013	\$0	\$0	\$0	\$0
2004	UTILITIES	\$789	\$0	\$0	\$0	\$0
2005	TRAVEL	\$2,007	\$0	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$4,250	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$1,106,078	\$3,010,553	\$1,206,778	\$913,803	\$913,803
5000	CAPITAL EXPENDITURES	\$3,949,295	\$2,500,000	\$2,576,749	\$1,951,180	\$1,951,180
TOTAL, OBJECT OF EXPENSE		\$10,470,613	\$10,377,026	\$8,650,000	\$6,550,000	\$6,550,000
Method of Financing:						
812	Perm Endow FD UTMD AND, estimated	\$10,470,613	\$10,377,026	\$8,650,000	\$6,550,000	\$6,550,000
SUBTOTAL, MOF (OTHER FUNDS)		\$10,470,613	\$10,377,026	\$8,650,000	\$6,550,000	\$6,550,000

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 7 Tobacco Funds
OBJECTIVE: 1 Tobacco Earnings for Research Service Categories:
STRATEGY: 1 Tobacco Earnings for The University of Texas MD Anderson Cancer Center Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$6,550,000	\$6,550,000
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$10,470,613	\$10,377,026	\$8,650,000	\$6,550,000	\$6,550,000
FULL TIME EQUIVALENT POSITIONS:		14.4	13.5	12.5	12.5	12.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

Funding for this strategy is derived from annual distributions of Permanent Health Funds established Section 63.101 of the Texas Education Code. These are appropriated for research and other programs that are conducted by the institution and that benefit the public health.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

MDACC is committed to leveraging the tobacco funds to enhance and identify new sources of funding for these critical elements of its research mission.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$19,027,026	\$13,100,000	\$(5,927,026)	\$(5,927,026)	Prior biennium represented prior year balances, interest income and current year distributions.
			\$(5,927,026)	Total of Explanation of Biennial Change

506 The University of Texas M.D. Anderson Cancer Center

GOAL:	7	Tobacco Funds	
OBJECTIVE:	1	Tobacco Earnings for Research	Service Categories:
STRATEGY:	2	Tobacco Earnings from the Permanent Health Fund for Higher Ed. No. 810	Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$164,793	\$164,793	\$115,531	\$115,531
2003	CONSUMABLE SUPPLIES	\$0	\$20,855	\$20,855	\$14,621	\$14,621
2007	RENT - MACHINE AND OTHER	\$0	\$1,731	\$1,731	\$1,214	\$1,214
2009	OTHER OPERATING EXPENSE	\$150,523	\$1,620,603	\$681,476	\$477,762	\$477,762
5000	CAPITAL EXPENDITURES	\$0	\$2,083,301	\$2,576,749	\$1,806,476	\$1,806,476
TOTAL, OBJECT OF EXPENSE		\$150,523	\$3,891,283	\$3,445,604	\$2,415,604	\$2,415,604
Method of Financing:						
810	Perm Health Fund Higher Ed, est	\$150,523	\$3,891,283	\$3,445,604	\$2,415,604	\$2,415,604
SUBTOTAL, MOF (OTHER FUNDS)		\$150,523	\$3,891,283	\$3,445,604	\$2,415,604	\$2,415,604
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$2,415,604	\$2,415,604
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$150,523	\$3,891,283	\$3,445,604	\$2,415,604	\$2,415,604
FULL TIME EQUIVALENT POSITIONS:						

506 The University of Texas M.D. Anderson Cancer Center

GOAL: 7 Tobacco Funds

OBJECTIVE: 1 Tobacco Earnings for Research Service Categories:

STRATEGY: 2 Tobacco Earnings from the Permanent Health Fund for Higher Ed. No. 810 Service: 21 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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STRATEGY DESCRIPTION AND JUSTIFICATION:

This strategy includes the institution's allocation of the Permanent Health Fund for Higher Education. The purpose of these funds includes medical research, health education or treatment programs.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

MDACC is committed to leveraging the tobacco funds to enhance and identify new sources of funding for these critical elements of its research mission.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		<u>BIENNIAL CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$7,336,887	\$4,831,208	\$(2,505,679)	\$(2,505,679)	Prior biennium represented prior year balances, interest income, and current year distributions.
			<u>\$(2,505,679)</u>	Total of Explanation of Biennial Change

SUMMARY TOTALS:

OBJECTS OF EXPENSE:	\$204,359,315	\$217,288,105	\$215,120,737	\$23,287,675	\$23,291,155
METHODS OF FINANCE (INCLUDING RIDERS):				\$23,287,675	\$23,291,155
METHODS OF FINANCE (EXCLUDING RIDERS):	\$204,359,315	\$217,288,105	\$215,120,737	\$23,287,675	\$23,291,155
FULL TIME EQUIVALENT POSITIONS:	642.8	774.2	709.8	709.8	709.8

3.A.1. PROGRAM-LEVEL REQUEST SCHEDULE
87th Regular Session, Agency Submission, Version 1

Agency Code: 506		Agency: The University of Texas M. D. Anderson Cancer Center			Prepared By: Tomas G. Guajardo					
Date: October 2020		Program Priority	Program Name	Legal Authority	2020-21 Base	Requested 2022	Requested 2023	Biennial Total 2022-23	Biennial Difference	
Strategy	Strategy Name								\$	%
A.1.1	Allied Health Professions Training	4	Allied Health Professions	State: Ed Code Ch 73, Sub C	\$7,930,246	\$0	\$0	\$0	(7,930,246)	-100.0%
A.1.2	Graduate Medical Education	7	Graduate Medical Education	State: Ed Code Ch 73	\$1,755,144	\$0	\$0	\$0	(1,755,144)	-100.0%
A.2.1	Cancer Center Operations	1	Cancer Center Operations	State: Ed Code Ch 73	\$280,815,980	\$0	\$0	\$0	(280,815,980)	-100.0%
A.3.1	Staff Group Insurance Premiums	13	Staff Group Insurance	State: Insurance Code Ch 1601	\$67,450	\$31,137	\$31,760	\$62,897	(4,553)	-6.8%
A.4.1	Texas Public Education Grants	12	Texas Public Education Grants	State: Ed Code 56.033	\$250,724	\$127,869	\$130,426	\$258,295	7,571	3.0%
B.1.1	Research Enhancement	3	Research Enhancement	State: Ed Code Ch 73	\$23,059,276	\$0	\$0	\$0	(23,059,276)	-100.0%
C.1.1	E&G Space Support	2	Formula Funding - E&G Support	State: Ed Code Ch 73	\$63,540,973	\$0	\$0	\$0	(63,540,973)	-100.0%
C.2.1	Tuition Revenue Bond Retirement	8	Tuition Revenue Bond Debt Service	State: Ed Code Ch 55	\$22,654,350	\$11,327,350	\$11,327,650	\$22,655,000	650	0.0%
D.1.1	Cord Blood and Cellular Therapy	9	Cord Blood and Cellular Therapy	State: Ed Code Ch 73	\$2,201,828	\$1,389,551	\$1,389,551	\$2,779,102	577,274	26.2%
D.1.2	Breast Cancer Research Program	10	Breast Cancer Research Program	State: Ed Code Ch 73	\$3,040,000	\$1,444,000	\$1,444,000	\$2,888,000	(152,000)	-5.0%
D.1.3	Institutional Enhancement	11	Academic Support (License Plate Trust Fund Scholarships)	State: Ed Code Ch 73	\$728,958	\$2,164	\$2,164	\$4,328	(724,630)	-99.4%
E.1.1	Tobacco Earnings - UT MD Anderson	5	Tobacco Earnings - MD Anderson	State: Ed Code 63.001	\$19,027,026	\$6,550,000	\$6,550,000	\$13,100,000	(5,927,026)	-31.2%
E.1.2	Tobacco - Permanent Health Fund	6	Tobacco - Permanent Health Fund	State: Ed Code 63.001	\$7,336,887	\$2,415,604	\$2,415,604	\$4,831,208	(2,505,679)	-34.2%
Total, Agency					\$432,408,842	\$23,287,675	\$23,291,155	\$46,578,830	(385,830,012)	-89.2%

Program Prioritization: *Indicate the methodology or approach taken by the agency, court, or institution to determine the ranking of each program by priority.*

Funding for all programs listed above provide critical state funds in support to the institution. The methodology for the program prioritization is based on the institution missions: patient care, research, prevention and education.

3.B. Rider Revisions and Additions Request

Agency Code: 506	Agency Name: The University of Texas M. D. Anderson Cancer Center	Prepared By: Tomas Guajardo	Date: October 2020	Request Level:
Current Rider Number	Page Number in 2020-21 GAA	Proposed Rider Language		
5	III-191	<p>5. Estimated Appropriation and Unexpended Balance. Included in the amounts appropriated above are: (1) estimated appropriations of amounts available for distribution or investment returns out of the Permanent Endowment Fund for The University of Texas M.D. Anderson Cancer Center No. 812 and (2) estimated appropriations of the institution's estimated allocation of amounts available for distribution out of the Permanent Health Fund for Higher Education No.810.</p> <p>a. Amounts available for distribution or investment returns in excess of the amounts estimated above are also appropriated to the institution. In the event that amounts available for distribution or investment returns are less than the amounts estimated above, this Act may not be construed as appropriating funds to make-up the difference.</p> <p>b. All balances of estimated appropriations from the Permanent Endowment Fund for The University of Texas M.D. Anderson Cancer Center No. 812 and of the institution's allocation from the amounts available for distribution out of the Permanent Health Fund for Higher Education No. 810, except for any General Revenue, at the close of the fiscal year ending August 31, 2019 2021, and the income to said fund during the fiscal years beginning September 1, 2019 2021, are hereby appropriated. Any unexpended appropriations made above as of August 31, 2020 2022, are hereby appropriated to the institution for the same purposes for fiscal year 2021 2023.</p> <p><i>M.D. Anderson requests that the dates in the rider be updated for the next biennium.</i></p>		
8	III-184	<p>8. Rare and Aggressive Breast Cancer Research Program. Of the amounts appropriated above in Strategy D.1.2, Breast Cancer Research Program, \$1,520,000 in fiscal year 2020 2022 and \$1,520,000 in fiscal year 2021 2023 in General Revenue is for the rare and aggressive breast cancer research program. Its efforts will contribute to improving the diagnostics in patients with breast cancer.</p> <p><i>M.D. Anderson requests that the dates in the rider be updated for the next biennium.</i></p>		

6.A. Historically Underutilized Business Supporting Schedule
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: **10/14/2020**
Time: **4:03:38PM**

Agency Code: **506** Agency: **The University of Texas M.D. Anderson Cancer Center**

COMPARISON TO STATEWIDE HUB PROCUREMENT GOALS

A. Fiscal Year - HUB Expenditure Information

Statewide HUB Goals	Procurement Category	% Goal	HUB Expenditures FY 2018			Total Expenditures		HUB Expenditures FY 2019			Total Expenditures	
			% Actual	Diff	Actual \$	FY 2018	% Goal	% Actual	Diff	Actual \$	FY 2019	
11.2%	Heavy Construction	0.0 %	0.0%	0.0%	\$0	\$0	0.0 %	0.0%	0.0%	\$0	\$0	
21.1%	Building Construction	10.0 %	3.1%	-6.9%	\$3,428,315	\$111,944,622	8.0 %	5.2%	-2.8%	\$3,472,730	\$66,844,828	
32.9%	Special Trade	9.5 %	12.8%	3.3%	\$2,867,961	\$22,355,335	9.5 %	10.5%	1.0%	\$2,464,207	\$23,385,651	
23.7%	Professional Services	40.0 %	38.0%	-2.0%	\$2,459,879	\$6,474,087	38.0 %	10.1%	-27.9%	\$1,117,104	\$11,076,680	
26.0%	Other Services	8.0 %	12.0%	4.0%	\$34,627,365	\$287,593,830	8.0 %	16.4%	8.4%	\$55,680,804	\$339,713,228	
21.1%	Commodities	2.0 %	1.1%	-0.9%	\$12,744,025	\$1,131,577,669	1.5 %	1.6%	0.1%	\$21,973,356	\$1,388,372,225	
	Total Expenditures		3.6%		\$56,127,545	\$1,559,945,543		4.6%		\$84,708,201	\$1,829,392,612	

B. Assessment of Fiscal Year - Efforts to Meet HUB Procurement Goals

Attainment:

FY18: The agency exceeded ST and OS goals and fell below in BC, PS and CC category goals. FY19: The agency exceeded ST, OS, and CC goals and fell below in BC and PS category goals.

Applicability:

The "Heavy Construction" category was not applicable to agency operations in either FY2018 or FY2019.

Factors Affecting Attainment:

Changes in healthcare in recent years have necessitated tight budgets and careful spending. In both FY18 and FY19, the agency began construction projects and marketing efforts previously on hold, positively impacting BC and OS spend. Specialized pharmaceutical expenditures limit HUB availability resulted in an adverse impact on the agency's ability to meet HUB objectives. The agency's business as a dedicated cancer research and patient care center pose challenges to achieving HUB objectives. Purchases are restricted for clinical and research applications with limited (non-HUB) manufacturers or distributors. Additionally, many purchases are made through group purchasing organization, Premier Inc., to maximize the value of the funds entrusted to the agency. Specific areas of impact include specialized medical diagnostic equipment, pharmaceuticals and professional health services.

"Good-Faith" Efforts:

The agency made the following good faith efforts to comply with statewide HUB procurement goals per 1TAC Sec 34 TAC Sec. 20.284.

6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART B - NATURAL OR MAN-MADE DISASTERS

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CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
OBJECTS OF EXPENSE						
2009	OTHER OPERATING EXPENSE	\$163,000	\$0	\$0	\$0	\$0
TOTAL, OBJECTS OF EXPENSE		\$163,000	\$0	\$0	\$0	\$0
METHOD OF FINANCING						
555	Federal Funds					
	CFDA 97.036.002, Hurricane Harvey Public Assistance	\$163,000	\$0	\$0	\$0	\$0
	Subtotal, MOF (Federal Funds)	\$163,000	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE		\$163,000	\$0	\$0	\$0	\$0
FULL-TIME-EQUIVALENT POSITIONS						

NO FUNDS WERE PASSED THROUGH TO LOCAL ENTITIES**NO FUNDS WERE PASSED THROUGH TO OTHER STATE AGENCIES OR INSTITUTIONS OF HIGHER EDUCATION****USE OF HOMELAND SECURITY FUNDS**

Hurricane Harvey impact to MD Anderson (August-September 2017). Incident command was activated, 79 flood gates were deployed, 1,000+ ride out employees stayed on site to care for 530+ inpatients and 300+ patient family members. Water damage occurred in first floor areas and some basement areas of some buildings due to overwhelmed drains and excessive water system overloads. Several roof leaks occurred on top level floors due to expansion gap seals and excessive wind-driven rainfall totals. Approximately 2,000+ employees participated in remediation, aftermath clean up and build-back during the interim in order for the institution to resume normal patient care, research, education and cancer prevention operations on September 5th 2017. FEMA public grant assistance funding was received in FY2019 to partially offset facility costs mentioned above. Hurricane Harvey business continuity and interruption costs were partially covered with UT System comprehensive insurance protection policy.

6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART C - COVID-19 RELATED EXPENDITURES

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CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
OBJECTS OF EXPENSE						
1001	SALARIES AND WAGES	\$0	\$1,656,156	\$1,079,273	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$0	\$450,817	\$252,814	\$0	\$0
2005	TRAVEL	\$0	\$4,330	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$0	\$22,399,605	\$12,202,434	\$0	\$0
4000	GRANTS	\$0	\$285,840	\$214,160	\$0	\$0
5000	CAPITAL EXPENDITURES	\$0	\$2,375,287	\$1,297,738	\$0	\$0
TOTAL, OBJECTS OF EXPENSE		\$0	\$27,172,035	\$15,046,419	\$0	\$0
METHOD OF FINANCING						
8888	Local/Not Appropriated Funds	\$0	\$26,886,195	\$14,832,259	\$0	\$0
	Subtotal, MOF (Other Funds)	\$0	\$26,886,195	\$14,832,259	\$0	\$0
325	CORONAVIRUS RELIEF FUND					
	CFDA 84.425.119, COV19 Education Stabilization Fund	\$0	\$285,840	\$214,160	\$0	\$0
	Subtotal, MOF (Federal Funds)	\$0	\$285,840	\$214,160	\$0	\$0
TOTAL, METHOD OF FINANCE		\$0	\$27,172,035	\$15,046,419	\$0	\$0
FULL-TIME-EQUIVALENT POSITIONS						
NO FUNDS WERE PASSED THROUGH TO LOCAL ENTITIES						
NO FUNDS WERE PASSED THROUGH TO OTHER STATE AGENCIES OR INSTITUTIONS OF HIGHER EDUCATION						

6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART C - COVID-19 RELATED EXPENDITURES

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USE OF HOMELAND SECURITY FUNDS

Expenditures include: 1) Salary wages/other personnel costs include increased personnel expenses for overtime, disaster pay and shift differential costs related to covid; 2) Other Operating Expenses include: a) Medical and Drug Supplies attributed to NP swabs, masks, tourniquet, safety googles, gowns, supplies to run Covid testing, PPe, sanitation supplies, etc, b) Other supplies due to laboratory supplies, software licenses to expand work at home infrastructure, software licenses for information signage at campus entry checkpoints, c) Purchased Services - courier services to transport covid specimens and other equipment, d) facilities equipment to run covid testing, e) minor equipment furnishings including iPads, stands, scanners, printers, etc; 3) Travel costs attributed to hotel cancellation fees for trips that were cancelled and hotels would not reimburse; 4) Capital equipment

MD Anderson is scheduled to receive \$500,000 from the Department of Education CARES Higher Education Emergency Relief Fund (HEERF) to support students. MD Anderson has decided to allocate 100% of the funding to support students whose lives and education has been disrupted by Covid-19. In FY 2020 the institution received \$285,840 which includes \$142,920 attributed to the student share and \$142,920 from the institutional Share. If FY2021 it is expected to receive \$214,160 attributed to FIPSE. These expenses are reported as grants (or scholarships to students).

Funding sources: \$500,000 scholarships to students covered with CARES DOE funds. All other Covid related expenses are being covered with institutional funds.

In addition to covid expenses, the institution experienced significant revenue losses due to decreases of NCE patient appointments and observation days during March and April and the recovery period. MD Anderson received up to date a total of \$87,107,603 from the CARES (Health and Human Services) Provider Relief funds to partially offset some of the revenue losses.

University of Texas M. D. Anderson Cancer Center
Estimated Funds Outside the Institution's Bill Pattern
2020-21 and 2022-23 Biennia

	2020-21 Biennium				2022-23 Biennium			
	FY 2020 Revenue	FY 2021 Revenue	Biennium Total	Percent of Total	FY 2022 Revenue	FY 2023 Revenue	Biennium Total	Percent of Total
APPROPRIATED SOURCES INSIDE THE BILL PATTERN								
State Appropriations (excluding HEGI & State Paid Fringes)	202,092,811	\$ 202,093,162	\$ 404,185,973		\$ 202,092,811	\$ 202,093,162	\$ 404,185,973	
Tuition and Fees (net of Discounts and Allowances)	923,734	929,807	1,853,541		947,080	964,635	1,911,715	
Endowment and Interest Income	8,919,878	9,095,604	18,015,482		8,965,604	8,965,604	17,931,208	
Sales and Services of Educational Activities (net)	-	-	-		-	-	-	
Sales and Services of Hospitals (net)	-	-	-		-	-	-	
Other Income	2,164	2,164	4,328		2,164	2,164	4,328	
Total	211,938,587	212,120,737	424,059,324	3.7%	212,007,659	212,025,565	424,033,224	3.3%
APPROPRIATED SOURCES OUTSIDE THE BILL PATTERN								
State Appropriations (HEGI & State Paid Fringes)	\$ 16,151,362	\$ 16,620,202	\$ 32,771,564		\$ 16,620,202	\$ 16,620,202	\$ 33,240,405	
Higher Education Assistance Funds	-	-	-		-	-	-	
Available University Fund	-	-	-		-	-	-	
Sales and Services of Hospital (net)	3,952,075,604	4,278,462,376	8,230,537,980		4,619,981,397	4,989,649,899	9,609,631,296	
Other Income	6,674,943	2,944,076	9,619,019		3,017,678	3,093,120	6,110,798	
Endowment and Interest Income	128,505,085	119,186,569	247,691,654		122,166,233	125,220,389	247,386,622	
State Grants and Contracts	64,512	101,345	165,857		101,345	101,345	202,690	
Total	4,103,471,506	4,417,314,568	8,520,786,074	73.6%	4,761,886,855	5,134,684,955	9,896,571,811	76.3%
NON-APPROPRIATED SOURCES								
Tuition and Fees (net of Discounts and Allowances)	982,971	989,581	1,972,552		1,053,904	1,122,408	2,176,312	
Federal Grants and Contracts	216,974,106	183,560,344	400,534,450		187,231,551	190,976,182	378,207,733	
State Grants and Contracts	43,421,306	44,687,648	88,108,954		45,581,401	46,493,029	92,074,430	
Local Government Grants and Contracts	228,784,530	178,481,396	407,265,926		182,051,024	185,692,044	367,743,068	
Private Gifts and Grants	130,895,142	90,500,000	221,395,142		92,310,000	94,156,200	186,466,200	
Endowment and Interest Income	213,345,669	141,297,704	354,643,373		144,123,658	147,006,131	291,129,789	
Sales and Services of Educational Activities (net)	2,033,498	2,300,000	4,333,498		2,346,000	2,392,920	4,738,920	
Sales and Services of Hospitals (net)	-	-	-		-	-	-	
Professional Fees (net)	395,298,600	458,237,637	853,536,237		494,815,467	534,408,201	1,029,223,668	
Auxiliary Enterprises (net)	33,096,205	29,857,300	62,953,505		31,350,165	32,917,673	64,267,838	
Other Income	132,212,141	110,241,793	242,453,934		112,446,629	114,695,562	227,142,191	
Total	1,397,044,168	1,240,153,403	2,637,197,571	22.8%	1,293,309,799	1,349,860,350	2,643,170,149	20.4%
TOTAL SOURCES	\$ 5,712,454,261	\$ 5,869,588,708	\$ 11,582,042,969	100.0%	\$ 6,267,204,313	\$ 6,696,570,870	\$ 12,963,775,184	100.0%

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	Act 2019	Act 2020	Bud 2021	Est 2022	Est 2023
Gross Tuition					
Gross Resident Tuition	586,745	616,435	616,435	628,764	641,339
Gross Non-Resident Tuition	539,914	615,813	615,813	628,129	640,692
Gross Tuition	1,126,659	1,232,248	1,232,248	1,256,893	1,282,031
Less: Resident Waivers and Exemptions (excludes Hazlewood)	0	0	0	0	0
Less: Non-Resident Waivers and Exemptions	(262,225)	(281,653)	(281,653)	(287,286)	(293,032)
Less: Hazlewood Exemptions	(11,650)	(1,900)	(1,900)	(1,938)	(1,977)
Less: Board Authorized Tuition Increases (TX. Educ. Code Ann. Sec. 54.008)	(47,153)	(65,848)	(65,848)	(67,165)	(68,508)
Less: Tuition increases charged to doctoral students with hours in excess of 100 (TX. Educ. Code Ann. Sec. 54.012)	0	0	0	0	0
Less: Tuition increases charged to undergraduate students with excessive hours above degree requirements. (TX. Educ. Code Ann. Sec. 61.0595)	0	0	0	0	0
Less: Tuition rebates for certain undergraduates (TX. Educ. Code Ann. Sec. 54.0065)	0	0	0	0	0
Plus: Tuition waived for Students 55 Years or Older (TX. Educ. Code Ann. Sec. 54.013)	0	0	0	0	0
Less: Tuition for repeated or excessive hours (TX. Educ. Code Ann. Sec. 54.014)	0	0	0	0	0
Plus: Tuition waived for Texas Grant Recipients (TX. Educ. Code Ann. Sec. 56.307)	0	0	0	0	0
Subtotal	805,631	882,847	882,847	900,504	918,514
Less: Transfer of funds for Texas Public Education Grants Program (Tex. Educ. Code Ann. Sec. 56c) and for Emergency Loans (Tex. Educ. Code Ann. Sec. 56d)	(115,991)	(125,362)	(125,362)	(127,869)	(130,426)
Less: Transfer of Funds (2%) for Physician/Dental Loans (Medical Schools)	0	0	0	0	0
Less: Statutory Tuition (Tx. Educ. Code Ann. Sec. 54.051) Set Aside for Doctoral Incentive Loan Repayment Program (Tx. Educ. Code Ann. Sec. 56.095)	0	0	0	0	0
Less: Other Authorized Deduction					
Net Tuition	689,640	757,485	757,485	772,635	788,088
Student Teaching Fees	0	0	0	0	0

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	Act 2019	Act 2020	Bud 2021	Est 2022	Est 2023
Special Course Fees	0	0	0	0	0
Laboratory Fees	0	0	0	0	0
Subtotal, Tuition and Fees (Formula Amounts for Health-Related Institutions)	689,640	757,485	757,485	772,635	788,088
OTHER INCOME					
Interest on General Funds:					
Local Funds in State Treasury	12,163	15,242	15,242	15,547	15,858
Funds in Local Depositories, e.g., local amounts	0	0	0	0	0
Other Income (Itemize)					
Subtotal, Other Income	12,163	15,242	15,242	15,547	15,858
Subtotal, Other Educational and General Income	701,803	772,727	772,727	788,182	803,946
Less: O.A.S.I. Applicable to Educational and General Local Funds Payrolls	(15,366)	(19,454)	(16,478)	(17,449)	(18,477)
Less: Teachers Retirement System and ORP Proportionality for Educational and General Funds	(14,764)	(20,749)	(17,652)	(18,687)	(19,768)
Less: Staff Group Insurance Premiums	(28,082)	(36,924)	(30,526)	(31,137)	(31,760)
Total, Other Educational and General Income (Formula Amounts for General Academic Institutions)	643,591	695,600	708,071	720,909	733,941
Reconciliation to Summary of Request for FY 2019-2021:					
Plus: Transfer of Funds for Texas Public Education Grants Program and Physician Loans	115,991	125,362	125,362	127,869	130,426
Plus: Transfer of Funds 2% for Physician/Dental Loans (Medical Schools)	0	0	0	0	0
Plus: Transfer of Funds for Cancellation of Student Loans of Physicians	0	0	0	0	0
Plus: Organized Activities	0	0	0	0	0
Plus: Staff Group Insurance Premiums	28,082	36,924	30,526	31,137	31,760
Plus: Board-authorized Tuition Income	47,153	65,848	65,848	67,165	68,508
Plus: Tuition Increases Charged to Doctoral Students with Hours in Excess of 100	0	0	0	0	0
Plus: Tuition Increases Charged to Undergraduate Students with Excessive Hours above Degree Requirements (TX. Educ. Code Ann. Sec. 61.0595)	0	0	0	0	0

Schedule 1A: Other Educational and General Income

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Plus: Tuition rebates for certain undergraduates (TX Educ.Code Ann. Sec. 54.0065)	0	0	0	0	0
Plus: Tuition for repeated or excessive hours (TX. Educ. Code Ann. Sec. 54.014)	0	0	0	0	0
Less: Tuition Waived for Students 55 Years or Older	0	0	0	0	0
Less: Tuition Waived for Texas Grant Recipients	0	0	0	0	0
Total, Other Educational and General Income Reported on Summary of Request	834,817	923,734	929,807	947,080	964,635

Schedule 1B: Health-related Institutions Patient Related Income

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	Act 2019	Act 2020	Bud 2021	Est 2022	Est 2023
Health-related Institutions Patient Income:					
Medical Patient Income	4,122,567,867	3,952,075,604	4,278,462,376	4,619,981,397	4,989,649,899
Dental Patient Income	0	0	0	0	0
Interest on Funds in Local Depositories	117,240,401	128,505,085	119,186,569	122,166,233	125,220,389
Other (Itemize)					
Other Operating Revenue	1,118,851	6,674,942	2,944,076	3,017,678	3,093,120
Less: OASI Applicable to Other Funds Payroll	(87,410,852)	(96,350,255)	(97,689,009)	(103,446,267)	(109,542,824)
Less: Teachers Retirement System and ORP Proportionality for Other Funds	(83,987,019)	(102,761,750)	(104,650,210)	(110,787,632)	(117,199,113)
Less: Staff Group Insurance Premiums Applicable to Other Funds	(159,905,206)	(183,132,425)	(180,439,220)	(184,048,004)	(187,728,964)
Total, Health-related Institutions Patient Related Income	3,909,624,042	3,705,011,201	4,017,814,582	4,346,883,405	4,703,492,507
Health-related Institutions Patient-Related FTEs	13,858.8	14,993.6	15,846.4	16,674.2	17,543.4

Schedule 2: Selected Educational, General and Other Funds

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	Act 2019	Act 2020	Bud 2021	Est 2022	Est 2023
General Revenue Transfers					
Transfer from Coordinating Board for Texas College Work Study Program (2019, 2020, 2021)	0	0	0	0	0
Transfer from Coordinating Board for Professional Nursing Shortage Reduction Program	0	0	0	0	0
Transfer of GR Group Insurance Premium from Comptroller (UT and TAMU Components only)	8,519,653	6,474,799	7,009,502	7,009,502	7,009,502
Less: Transfer to Other Institutions	0	0	0	0	0
Less: Transfer to Department of Health, Disproportionate Share - State-Owned Hospitals (2019, 2020, 2021)	0	0	0	0	0
Other (Itemize)					
Permanent Fund - Military and Veterans Exemption	863	851	851	851	851
Other: Fifth Year Accounting Scholarship	0	0	0	0	0
Texas Grants	96,049	64,552	82,963	82,963	82,963
B-on-Time Program	0	0	0	0	0
Texas Research Incentive Program	0	0	0	0	0
Less: Transfer to System Administration	0	0	0	0	0
GME Expansion	0	0	0	0	0
Subtotal, General Revenue Transfers	8,616,565	6,540,202	7,093,316	7,093,316	7,093,316
General Revenue HEF for Operating Expenses	0	0	0	0	0
Transfer from Available University Funds (UT, A&M and Prairie View A&M Only)	0	0	0	0	0
Other Additions (Itemize)					
Increase Capital Projects - Educational and General Funds	0	0	0	0	0
Transfer from Department of Health, Disproportionate Share - State-owned Hospitals (2019, 2020, 2021)	0	0	0	0	0
Transfers from Other Funds, e.g., Designated funds transferred for educational and general activities (Itemize)	0	0	0	0	0
Other (Itemize)					
Permanent Fund - Military and Veterans Exemptions	503	500	500	500	500
Gross Designated Tuition (Sec. 54.0513)	623,388	656,355	670,142	720,403	774,433
Indirect Cost Recovery (Sec. 145.001(d))	93,313,434	99,448,226	98,037,427	100,488,362	103,000,571

Schedule 2: Selected Educational, General and Other Funds

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	Act 2019	Act 2020	Bud 2021	Est 2022	Est 2023
Correctional Managed Care Contracts	0	0	0	0	0

Schedule 3B: Staff Group Insurance Data Elements (UT/A&M)

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	E&G Enrollment	GR Enrollment	GR-D/OEGI Enrollment	Total E&G (Check)	Local Non-E&G
GR & GR-D Percentages					
GR %	4.89%				
GR-D/Other %	95.11%				
Total Percentage	100.00%				
FULL TIME ACTIVES					
1a Employee Only	8,320	407	7,913	8,320	3,141
2a Employee and Children	2,637	129	2,508	2,637	849
3a Employee and Spouse	1,322	65	1,257	1,322	458
4a Employee and Family	2,675	131	2,544	2,675	1,214
5a Eligible, Opt Out	88	4	84	88	25
6a Eligible, Not Enrolled	32	2	30	32	18
Total for This Section	15,074	738	14,336	15,074	5,705
PART TIME ACTIVES					
1b Employee Only	758	37	721	758	116
2b Employee and Children	226	11	215	226	10
3b Employee and Spouse	67	3	64	67	7
4b Employee and Family	219	11	208	219	17
5b Eligible, Opt Out	18	1	17	18	4
6b Eligible, Not Enrolled	25	1	24	25	8
Total for This Section	1,313	64	1,249	1,313	162
Total Active Enrollment	16,387	802	15,585	16,387	5,867

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	E&G Enrollment	GR Enrollment	GR-D/OEGI Enrollment	Total E&G (Check)	Local Non-E&G
FULL TIME RETIREES by ERS					
1c Employee Only	2,432	119	2,313	2,432	1,119
2c Employee and Children	89	4	85	89	41
3c Employee and Spouse	964	47	917	964	443
4c Employee and Family	103	5	98	103	47
5c Eligible, Opt Out	24	1	23	24	11
6c Eligible, Not Enrolled	64	3	61	64	29
Total for This Section	3,676	179	3,497	3,676	1,690
PART TIME RETIREES by ERS					
1d Employee Only	0	0	0	0	0
2d Employee and Children	0	0	0	0	0
3d Employee and Spouse	0	0	0	0	0
4d Employee and Family	0	0	0	0	0
5d Eligible, Opt Out	0	0	0	0	0
6d Eligible, Not Enrolled	0	0	0	0	0
Total for This Section	0	0	0	0	0
Total Retirees Enrollment	3,676	179	3,497	3,676	1,690
TOTAL FULL TIME ENROLLMENT					
1e Employee Only	10,752	526	10,226	10,752	4,260
2e Employee and Children	2,726	133	2,593	2,726	890
3e Employee and Spouse	2,286	112	2,174	2,286	901
4e Employee and Family	2,778	136	2,642	2,778	1,261
5e Eligible, Opt Out	112	5	107	112	36
6e Eligible, Not Enrolled	96	5	91	96	47
Total for This Section	18,750	917	17,833	18,750	7,395

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	E&G Enrollment	GR Enrollment	GR-D/OEGI Enrollment	Total E&G (Check)	Local Non-E&G
TOTAL ENROLLMENT					
1f Employee Only	11,510	563	10,947	11,510	4,376
2f Employee and Children	2,952	144	2,808	2,952	900
3f Employee and Spouse	2,353	115	2,238	2,353	908
4f Employee and Family	2,997	147	2,850	2,997	1,278
5f Eligible, Opt Out	130	6	124	130	40
6f Eligible, Not Enrolled	121	6	115	121	55
Total for This Section	20,063	981	19,082	20,063	7,557

Schedule 4: Computation of OASI
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency 506 The University of Texas M.D. Anderson Cancer Center

Proportionality Percentage Based on Comptroller Accounting Policy Statement #011, Exhibit 2	2019		2020		2021		2022		2023	
	<u>% to Total</u>	<u>Allocation of OASI</u>	<u>% to Total</u>	<u>Allocation of OASI</u>	<u>% to Total</u>	<u>Allocation of OASI</u>	<u>% to Total</u>	<u>Allocation of OASI</u>	<u>% to Total</u>	<u>Allocation of OASI</u>
General Revenue (% to Total)	4.4160	\$4,039,109	4.8909	\$4,955,726	4.5337	\$4,640,039	4.5337	\$4,913,498	4.5337	\$5,203,072
Other Educational and General Funds (% to Total)	0.0168	\$15,366	0.0192	\$19,454	0.0161	\$16,478	0.0161	\$17,449	0.0161	\$18,477
Health-Related Institutions Patient Income (% to Total)	95.5672	\$87,410,852	95.0899	\$96,350,255	95.4502	\$97,689,009	95.4502	\$103,446,267	95.4502	\$109,542,824
Grand Total, OASI (100%)	100.0000	\$91,465,327	100.0000	\$101,325,435	100.0000	\$102,345,526	100.0000	\$108,377,213	100.0000	\$114,764,373

Schedule 5: Calculation of Retirement Proportionality and ORP Differential

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Description	Act 2019	Act 2020	Bud 2021	Est 2022	Est 2023
Proportionality Amounts					
Gross Educational and General Payroll - Subject To TRS Retirement	1,094,565,530	1,221,527,304	1,219,734,424	1,256,326,456	1,294,016,250
Employer Contribution to TRS Retirement Programs	74,430,456	91,614,548	91,480,082	97,365,300	103,521,300
Gross Educational and General Payroll - Subject To ORP Retirement	203,821,615	249,294,676	275,128,227	283,382,074	291,883,536
Employer Contribution to ORP Retirement Programs	13,452,227	16,453,449	18,158,463	18,703,217	19,264,313
Proportionality Percentage					
General Revenue	4.4160 %	4.8909 %	4.5337 %	4.5337 %	4.5337 %
Other Educational and General Income	0.0168 %	0.0192 %	0.0161 %	0.0161 %	0.0161 %
Health-related Institutions Patient Income	95.5672 %	95.0899 %	95.4502 %	95.4502 %	95.4502 %
Proportional Contribution					
Other Educational and General Proportional Contribution (Other E&G percentage x Total Employer Contribution to Retirement Programs)	14,764	20,749	17,652	18,687	19,768
HRI Patient Income Proportional Contribution (HRI Patient Income percentage x Total Employer Contribution To Retirement Programs)	83,987,019	102,761,750	104,650,210	110,787,632	117,199,113
Differential					
Differential Percentage	1.9000 %	1.9000 %	1.9000 %	1.9000 %	1.9000 %
Gross Payroll Subject to Differential - Optional Retirement Program	58,675,920	71,766,649	79,203,581	81,579,688	84,027,079
Total Differential	1,114,842	1,363,566	1,504,868	1,550,014	1,596,515

Schedule 6: Constitutional Capital Funding
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Automated Budget and Evaluation System of Texas (ABEST)

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Activity	Act 2019	Act 2020	Bud 2021	Est 2022	Est 2023
A. PUF Bond Proceeds Allocation	4,683,730	77,298,375	4,775,000	4,500,000	4,500,000
Project Allocation					
Library Acquisitions	0	0	0	0	0
Construction, Repairs and Renovations	2,130,000	74,950,000	2,275,000	2,000,000	2,000,000
Furnishings & Equipment	0	0	0	0	0
Computer Equipment & Infrastructure	0	0	0	0	0
Reserve for Future Consideration	0	0	0	0	0
Other (Itemize)					
PUF Bond Proceeds					
PUF Bond Proceeds	2,553,730	2,348,375	2,500,000	2,500,000	2,500,000
B. HEF General Revenue Allocation	0	0	0	0	0
Project Allocation					
Library Acquisitions	0	0	0	0	0
Construction, Repairs and Renovations	0	0	0	0	0
Furnishings & Equipment	0	0	0	0	0
Computer Equipment & Infrastructure	0	0	0	0	0
Reserve for Future Consideration	0	0	0	0	0
HEF for Debt Service	0	0	0	0	0
Other (Itemize)					

Schedule 7: Personnel
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Date: 10/14/2020
Time: 4:03:40PM

Agency code: **506** Agency name: **UT MD Anderson Cancer Ctr**

	Actual	Actual	Budgeted	Estimated	Estimated
Part A.					
FTE Postions					
Directly Appropriated Funds (Bill Pattern)					
Educational and General Funds Faculty Employees	55.5	64.8	59.4	59.4	59.4
Educational and General Funds Non-Faculty Employees	587.3	709.4	650.4	650.4	650.4
Subtotal, Directly Appropriated Funds	642.8	774.2	709.8	709.8	709.8
Other Appropriated Funds					
Other (Itemize)	13,858.8	14,993.6	15,846.4	16,674.2	17,543.4
Subtotal, Other Appropriated Funds	13,858.8	14,993.6	15,846.4	16,674.2	17,543.4
Subtotal, All Appropriated	14,501.6	15,767.8	16,556.2	17,384.0	18,253.2
Non Appropriated Funds Employees	6,263.3	6,244.3	6,369.2	6,496.6	6,626.5
Subtotal, Other Funds & Non-Appropriated	6,263.3	6,244.3	6,369.2	6,496.6	6,626.5
GRAND TOTAL	20,764.9	22,012.1	22,925.4	23,880.6	24,879.7

Schedule 8B: Tuition Revenue Bond Issuance History

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Automated Budget and Evaluation System of Texas (ABEST)

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Authorization Date	Authorization Amount	Issuance Date	Issuance Amount	Authorized Amount Outstanding as of 08/31/2020	Proposed Issuance Date for Outstanding Authorization	Proposed Issuance Amount for Outstanding Authorization
2001	\$20,000,000	Jan 23 2003	\$20,000,000			
		Subtotal	\$20,000,000	\$0		
2003	\$20,000,000	Nov 4 2004	\$20,000,000			
		Subtotal	\$20,000,000	\$0		
2006	\$40,000,000	Feb 14 2008	\$1,036,000			
		Feb 15 2008	\$1,036,000			
		Aug 15 2008	\$1,417,000			
		Jan 6 2009	\$23,480,000			
		Feb 18 2009	\$1,520,000			
		Aug 3 2009	\$2,813,000			
		Mar 25 2010	\$8,698,000			
		Subtotal	\$40,000,000	\$0		
2015	\$70,000,000	May 10 2016	\$35,000,000			
		Jul 1 2016	\$15,000,000			
		Aug 22 2016	\$20,000,000			
		Subtotal	\$70,000,000	\$0		

Schedule 8C: Tuition Revenue Bonds Request by Project
86th Regular Session, Agency Submission, Version 1

Agency Code: 506 Agency Name: The University of Texas M.D. Anderson Cancer Center

Project Name	Authorization Year	Estimated Final Payment Date	Requested Amount 2022	Requested Amount 2023
MDA Mitchell Basic Science Research Building	2001	8/15/2023	\$ 1,863,500.00	\$ 1,097,250.00
MDA Infrastructure Improvements	2003	8/15/2023	\$ 1,611,000.00	\$ 1,307,250.00
MDA Center for Targeted Therapy	2006	8/15/2024	\$ 2,438,100.00	\$ 3,508,400.00
MDA Building for Personalized Cancer Care	2015	8/15/2027	\$ 5,414,750.00	\$ 5,414,750.00
			\$ 11,327,350.00	\$ 11,327,650.00

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Cord Blood & Cellular Therapy Research Program

(1) Year Non-Formula Support Item First Funded:	2002
Year Non-Formula Support Item Established:	2002
Original Appropriation:	\$2,000,000

(2) Mission:

With approval from the LBB and Governor's office, non-formula item renamed from Research Support to Cord Blood & Cellular Therapy Research Program. General Revenue Funding from Institutional Enhancement will be consolidated into this strategy for the 2022-2023 biennium.

Funding supports the UT MD Anderson Cord Blood Bank and GMP (Good Manufacturing Laboratory) with the development and management of critical research protocols for cord blood transplantation and other cellular therapies. Cord blood provides a source of stem cells for transplant for minority patients who often have no registered donors. MD Anderson serves an unmet need as 75% of the cord blood units in the bank are of Hispanic origin and the institution finds units for patients that otherwise would not have donors.

(3) (a) Major Accomplishments to Date:

More than 30,000 cord blood units have been banked from five Houston Hospitals, and 1900 of those units have been transplanted into patients with no other therapeutic options. This has allowed the team to pioneer the use of novel cord blood derived cells for the treatment of cancer. Katy Rezvani MD PhD has developed cord blood natural killer cells genetically manipulated to express a chimeric antigen receptor (CAR) targeting CD19+ tumors. These NK-CAR cells are producing very impressive responses in leukemia (CLL) and lymphoma patients with no toxicity. These results will likely change the standard of care for patients with otherwise fatal cancers, Elizabeth Shpall MD has developed strategies to expand cord blood hematopoietic cells in the laboratory to make the doses higher and thus the recovery faster when transplanted into patients. Developed a strategy called fucosylation to enhance the homing of cord blood to the bone marrow, by putting a sugar molecule on the surface of the cells. Both have demonstrated more rapid recovery compared to unmanipulated cord blood, making the transplants safer from infections and bleeding. The team is now combining expansion and fucosylation to try and make the recovery in cord blood patients even faster. They are also developing cord blood tissue derived mesenchymal stromal cells (MSCs) which can be life-saving when used to treat graft versus host disease, the most serious and often fatal complication following stem cell transplantation.

(3) (b) Major Accomplishments Expected During the Next 2 Years:

NK-CAR cells are being developed to target other cancers including acute myelogenous leukemia (AML), T cell leukemia and several solid tumors such as lung, pancreas and ovarian cancers. We are combining cord blood expansion and fucosylation to maximally enhance the recovery time of the cells when infused into patients which may allow us to do cord blood transplants as an outpatient. Cord blood tissue-derived MSCs and MSC-derived exosomes will be used for the eradication of GVHD, and to treat cancer patients who have developed cardiac injury from chemotherapy (anthracyclines) and cancer patients who have developed respiratory failure. Additionally we are developing cord tissue MSCs, and MSC-derived exosomes as vehicles to deliver gene therapy to patients with otherwise fatal tumors such as glioblastoma and pancreatic cancer.

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(4) Funding Source Prior to Receiving Non-Formula Support Funding:

Prior to the budget reductions for FY 2012 - 2013, the MD Anderson Cord Blood Bank received funding from the legislature through the Texas Health and Human Services Commission.

(5) Formula Funding:

This item does not generate formula funding

(6) Category:

Research Support

(7) Transitional Funding:

N

(8) Non-General Revenue Sources of Funding:

General Revenue support is instrumental in advancing the field of cord blood transplantation and these funds have been leveraged to generate around \$17 million external funding for the program for the biennium.

(9) Impact of Not Funding:

Inability to continue the cutting edge research which will allow us to treat cancer patients who have very few options. This includes those with refractory cancers for whom we are developing NK-CAR therapies. It also includes cancer patients with refractory GVHD which is often fatal without MSCs as well as cancer patients with chemotherapy induced heart and lung disease, all of whom may be cured with cord tissue derived MSCs.

(10) Non-Formula Support Needed on Permanent Basis/Discontinuu

Permanent Basis

(11) Non-Formula Support Associated with Time Frame:

N/A

(12) Benchmarks:

N/A

(13) Performance Reviews:

The MD Anderson Cord Blood Bank is accredited by the Foundation for the Accreditation of Cellular Therapy (FACT), accepted into the networks of the National Marrow Donor Program (NMDP) and Health Resources and Services Administration (HRSA) and has recently received their FDA Biological license (one of 8 cord banks in the world who have received this license) which moving forward will be required to release clinical cords for transplant in the United States.

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Inflammatory Breast Cancer (IBC) Research Program

(1) Year Non-Formula Support Item First Funded:	2008
Year Non-Formula Support Item Established:	2008
Original Appropriation:	\$2,000,000

(2) Mission:

The Breast Cancer Research Program strategy funds programmatic research for Inflammatory Breast Cancer (IBC), a rare and often lethal type of breast cancer, which represents 10% of breast cancer mortality. Our mission is to eliminate IBC from Texas, USA, and the world. We want Texas to continue to be recognized as the preeminent worldwide leader of fighting this rare but deadly disease.

Since it was established in 2007, the "Morgan Welch Inflammatory Breast Cancer (IBC) Research Program and Clinic" at MD Anderson Cancer Center continues to lead the way in diagnosis, treatment, translational research, collaboration, and community education for this aggressive disease.

(3) (a) Major Accomplishments to Date:

1. Our program created the IBC multi-team clinic, wherein our team of specialists meet each IBC patient together in a rapid coordinated visit, to provide IBC-specific trimodal care (chemotherapy/targeted therapy/immunotherapy, surgery, and radiation therapy), leading to improved local control and survival outcomes in patients with IBC at the State of Texas and National Level.
2. Clinical trials specifically addressing the challenges we identified in IBC are essential to improve our patient outcomes. Our program currently has ten (10) IBC trials, seventeen (17) translational research, and four (4) new IBC clinical trials (under development).
3. Our dedicated IBC experts developed a standardized, multi-team consensus based, comprehensive 'Inflammatory Breast Cancer' clinical practice algorithm.
4. In 2019, we started IBC Connect, an initiative to collaborate with equally passionate, institutional teams, including Harris County and University of Texas (UT), to pioneer a network-based approach to bring high-quality, standardized IBC care to patients, expand research access, and community education opportunities for patients with this rare disease.
5. Our multidisciplinary team engages with IBC Connect partners via virtual sessions to provide the world's largest clinical network in an endeavor to standardize IBC clinical care. We introduced 'IBC clinical case discussions' and 'IBC webinars' to collaborate and enhance community outreach.

(3) (b) Major Accomplishments Expected During the Next 2 Years:

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1. Improve IBC local disease control and survival outcomes, with clinic patient volume increasing from 17 (2016) to 70 patients (2019).
2. Specialized, multidisciplinary care customized to IBC patient, to be further enhanced by increasing clinic frequency to bi-weekly IBC Clinic, in 2020-21.
3. We expect to open three new immunotherapy clinical trials based on our fundamental research discovery, with potential to prolong survival of Metastatic IBC patients without available therapies. We will develop treatments that will be effective but also reduces side effects.
5. We plan to further develop the IBC Registry database, creating an opportunity to expand and capture data across collaborating institutions, allowing access to data collected for over 720 IBC patient's biospecimens and support cross-collaboration, innovation and discovery of novel solutions for IBC.
6. Develop engagement with patient advocates in Houston and across partner institutions to raise IBC awareness, education, and outreach.
7. Continue to improve community outreach efforts, patient and physician education regarding IBC by providing educational information at the state, national, and international scale via IBC Connect, social media, and patient advocacy.
8. Continue to develop a pioneering roadmap to connect IBC expertise throughout the MDA and UT System across the State of Texas to enhance trial access and accelerate discovery.

(4) Funding Source Prior to Receiving Non-Formula Support Funding:

None

(5) Formula Funding:

This item does not generate formula funding

(6) Category:

Research Support

(7) Transitional Funding:

N

(8) Non-General Revenue Sources of Funding:

No other sources of funding

(9) Impact of Not Funding:

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The consequence of not providing program funding would impact all patients affected by inflammatory breast cancer, the general public, state employees, and IBC Connect collaborators across ten(10) institutional sites. Without funding, we would not be able to support the infrastructure to continue to educate and engage with institutional teams across multiple locations.

IBC has a median overall survival of only 4.75 years compared to 13.4 years for non-IBC patients. The median age of patients diagnosed with IBC is 5.25 years younger than that of non-IBC patients. IBC is considered an orphan disease, where there is a significant lack of funding through industry or other grant mechanisms. Clinically, the program currently has ten (10) ongoing clinical trials with as many as 237 patients. These clinical studies are supported by an additional seventeen (17) laboratory studies with 811 patients and four (4) trials under development.

If funding were discontinued, these critical patient-based studies would be detrimentally affected because there will not be infrastructure to support the studies. Further, we would fail to capitalize on the strategic positioning we have achieved through diligent networking and relationship building across our regional and broader Texas network, missing the opportunity to have a dramatic impact on IBC patients.

(10) Non-Formula Support Needed on Permanent Basis/Discontinuation:

Permanent Basis

(11) Non-Formula Support Associated with Time Frame:

N/A

(12) Benchmarks:

N/A

(13) Performance Reviews:

1. Maintain the IBC database, and compare local/regional control rates, survival outcomes, and quality of life outcomes over time. Such a database is not possible elsewhere due to the relative rarity of this disease.
 2. Maintain and expand an IBC-specific clinic that is one of the largest in the world (seeing approx. 100/patients per year), and allows us to offer expertise and trial accrual not available elsewhere, as well as facilitate a gathering of vital research information to translate into improved cure rates.
 3. Expand IBC partnership with institutions, with a focus on UT system and local organizations, to expand clinical and research collaborations in two years.
 4. Gather data on the expansion of the IBC registry and patients enrolled at partner sites.
 5. Develop the first-ever IBC specific PROs and gather data on quality of life outcomes that will show improvement over the next two years.
 6. We plan to publish five clinically oriented papers based on ongoing clinical trials that will change current practice within two years.
 7. We expect to publish five paradigm shift papers that will lead to novel diagnostics and treatments for patients with IBC within two years.
 8. Enroll > 50 IBC cases per year on protocols to identify better treatments, including a national trial to assess the microbiome in IBC patients for the first time.
 9. Train a minimum of two trainees per year, developing clinical or research expertise to contribute to the future of this disease.
-

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Institutional Enhancement

(1) Year Non-Formula Support Item First Funded: 2000
Year Non-Formula Support Item Established: 2000
Original Appropriation: \$1,000,000

(2) Mission:

With approval from the LBB and Governor's office, non-formula item renamed from Research Support to Cord Blood & Cellular Therapy Research Program. General Revenue Funding from Institutional Enhancement will be consolidated into the Cord Blood & Cellular Therapy Research Program strategy for the 2022-2023 biennium. Funding in the Institutional Enhancement strategy beginning in FY 2022 will only include funds from the Texas Collegiate license plate trust fund.

(3) (a) Major Accomplishments to Date:

Texas Collegiate License Plate scholarships for MD Anderson School of Health Professions students

(3) (b) Major Accomplishments Expected During the Next 2 Years:

Texas Collegiate License Plate scholarships for MD Anderson School of Health Professions students

(4) Funding Source Prior to Receiving Non-Formula Support Funding:

None

(5) Formula Funding:

This item does not generate formula funding

(6) Category:

Institutional Enhancement

(7) Transitional Funding:

N

(8) Non-General Revenue Sources of Funding:

Texas Collegiate License Plate Trust Fund

(9) Impact of Not Funding:

Will impact scholarships for MD Anderson School of Health Profession students.

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(10) Non-Formula Support Needed on Permanent Basis/Discontin

Permanent Basis.

(11) Non-Formula Support Associated with Time Frame:

N/A

(12) Benchmarks:

N/A

(13) Performance Reviews:

N/A
