

**SUBJECT:** Expediting applications for out-of-state practitioners moving to rural areas

**COMMITTEE:** Public Health — favorable, without amendment

**VOTE:** 8 ayes — Gray, Coleman, Capelo, Glaze, Longoria, Maxey, Uresti, Wohlgemuth

0 nays

1 absent — Delisi

**WITNESSES:** For — Blake Kretz, Graham Regional Medical Center; *Registered but did not testify:* Greg Herzog, Texas Academy of Family Physicians; Patricia Kolodzey, Texas Hospital Association; Terry Boucher, Texas Osteopathic Medical Association; Helen Kent Davis, Texas Medical Association

Against — None

On — Mike Easley, Center for Rural Health Initiatives; Ivan Horowitz, Texas State Board of Medical Examiners

**BACKGROUND:** Occupations Code, ch. 155 sets forth licensure requirements for the practice of medicine in Texas. Sec. 155.101 directs practitioners (physicians and osteopaths) to make license applications through the Texas State Board of Medical Examiners (BME).

The granting of a medical license largely is at the discretion of the BME. An applicant must have graduated from an accredited medical school and completed three years of graduate medical training. A license may not be granted to any practitioner whose license is encumbered by a disciplinary action or who is being prosecuted for an offense involving moral turpitude. Additional requirements exist for practitioners who were educated outside of the United States. The executive director must review each application and make a recommendation to the BME, which then votes on each application.

The issuance and duration of a temporary license is not subject to state law but instead is granted at the board's discretion. A temporary license generally remains in effect until the board votes on the application.

**DIGEST:**

HB 1018 would add sec. 155.1025 to the Occupations Code, which would instruct the BME to adopt rules for expediting out-of-state applications for practitioners who sign an affidavit expressing intent to practice in a rural community. A rural community would be defined by the Center for Rural Health Initiatives.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2001.

**SUPPORTERS  
SAY:**

HB 1018 would help the state address current and projected shortages of physicians in rural areas. Hospitals and medical centers in rural areas face real challenges recruiting qualified doctors and generally draw from a much smaller pool of applicants than do urban areas. Creating incentives for medical practitioners to relocate to rural communities should be a high priority for the state.

Rules for expedited review of applications would be a good first step toward helping rural Texas communities recruit qualified medical practitioners. HB 1018 also would help ensure that the BME continues to give rural applications a high priority. Even though BME makes efforts to review applications quickly for practitioners moving into rural areas, this is at the discretion of the board, and future priorities could change with the membership of the board.

According to the Center for Rural Health Initiatives, 54 rural counties have only one family practitioner. With 30 percent of the physicians in Texas over age 54, retirement could place some rural communities at risk for having no physician during the 180 days it takes to process the average application. An expedited application process would help rural communities provide uninterrupted medical care.

**OPPONENTS  
SAY:**

The BME already works with rural communities to expedite applications. Even though the current priority is by date filed, the BME recognizes the

unique situation of rural communities and works with the community and the practitioner to process the application as quickly as possible.

Directing BME to adopt rules to expedite the process would not reduce the average wait for a license. The review process already is as streamlined as possible without compromising the quality and thoroughness of the review. It takes time to verify academic records and check references, which are vital to ensuring that practitioners in Texas are qualified to treat the public.

OTHER  
OPPONENTS  
SAY:

An expedited process for out-of-*state* applications would do little to help rural communities because the majority of applications are from out-of-*country*. Around 50 percent of the applications received by TSBME last year were from physicians educated in other countries.