SUBJECT: Creating a rural physician relief program

COMMITTEE: Public Health — favorable, with amendment

VOTE: 9 ayes — Gray, Coleman, Capelo, Delisi, Glaze, Longoria, Maxey, Uresti, Wohlgemuth

0 nays

0 absent

SENATE VOTE: On final passage, February 26 — voice vote

WITNESSES: For — *Registered but did not testify:* Tom Banning, Texas Academy of Family Physicians; Terry Boucher, Texas Osteopathic Medical Association; Richard Branson, Texas Association of Physician Assistants; Joe A. Da Silva, Texas Hospital Association; Gregg Knaupe, Texas Organization of Rural and Community Hospitals; Jill Turner, Texas Farm Bureau; Candie Phipps, Texas Pediatric Society

Against — None

On — Mike Easley, Center for Rural Health Initiatives

DIGEST: SB 516 would amend the Health and Safety Code, ch. 106, to establish the rural physician relief program, authorize a fee for participation in the program, create a priority assignment system, and form an eight-member advisory committee.

The Center for Rural Health Initiatives (CRHI) would have to create a program to provide affordable physician relief services in counties with populations of less than 50,000 or in areas that had been designated by state or federal law as health professional shortage areas or medically underserved areas. SB 516 would grant priority to physicians practicing general family medicine, general internal medicine, and general pediatrics. The CRHI also would have to grant higher priority to assigning relief physicians to solo practitioners, sparsely populated counties, counties without hospitals, or

those counties with hospitals that did not have a continuously staffed emergency room. CRHI also would have to recruit physicians, including residents, to participate in the program.

CRHI would have to charge a fee for physicians to participate in the program and also could solicit and accept gifts, grants, donations, and contributions to fund the program.

The bill would create an eight-member advisory panel appointed by the CRHI executive committee, to include:

- a physician who practiced general family medicine in a rural county;
- a physician who practiced general internal medicine in a rural county;
- a physician who practiced general pediatrics in a rural county;
- a representative from an accredited Texas medical school;
- a program director from an accredited primary care residency program;
- a representative of the Texas Higher Education Coordinating Board;
- a representative of the Texas State Board of Medical Examiners; and
- an administrator or chief executive of a rural county hospital.

SB 516 would take effect on September 1, 2001.

SUPPORTERS SAY:

SB 516 is needed to provide affordable relief to rural physicians who need to take time away from their practices. An interim study by CRHI showed that 54 percent of solo practitioners were unable to leave their practice for any length of time due to a lack of backup physicians in rural and underserved practice areas. A relief physician program would permit rural physicians to take advantage of additional training opportunities to update their skills or to prevent burnout by being away from their practices temporarily. The CRHI estimates that 81 practitioners would be eligible to participate in the program.

Offering opportunities for residents to practice briefly in rural settings may encourage more of them to practice in these counties when they complete their medical training. Also, bringing new physicians into existing practices, albeit temporarily, introduces new perspectives and helps rural area practitioners learn more about the latest medical techniques and research.

SB 516 would be self-funded through fees charged to participating physicians and would not require general revenue funding.

A separate advisory board is needed to help recruit physicians and residents to participate in the program and to serve as an advocate for rural physicians. Placing this function under another advisory board would dilute the intent of the legislation.

OPPONENTS SAY:

SB 516 would provide only a temporary fix to the problems associated with the shortage of physicians and other trained medical personnel in rural counties. It may be difficult to find enough physicians to provide a meaningful relief program for rural practitioners.

OTHER OPPONENTS SAY:

Creation of a new advisory panel would mean more bureaucracy and expense to state government. Several other committees already oversee rural medical programs, and the board proposed under SB 516 would be unnecessary.

NOTES:

The committee amendment would expand the advisory panel to include a rural hospital administrator or chief executive officer.