

Amend CSHB 2292 as follows:

SECTION 1. Subchapter C, Chapter 487, Government Code, is amended by adding Section 487.059 to read as follows:

Sec. 487.059. COMPREHENSIVE ACCESS POINTS FOR HEALTH CARE.

(a) In this section:

(1) "Primary health services provider" means:

(A) an allopathic or osteopathic primary care physician, which includes:

(i) a family practitioner;

(ii) an internist;

(iii) a pediatrician;

(iv) an obstetrician or gynecologist; and

(v) a general psychiatrist;

(B) a primary care nurse practitioner;

(C) a certified nurse midwife;

(D) a certified midwife;

(E) a primary care physician assistant;

(F) a general practice dentist;

(G) a registered clinical dental hygienist;

(H) a clinical or counseling psychologist;

(I) a clinical social worker;

(J) a psychiatric nurse specialist;

(K) a mental health counselor;

(L) a licensed professional counselor; and

(M) a marriage or family therapist.

(2) "Rural county" has the definition assigned by Section 487.301.

(3) "Rural community" means a community in a rural county.

(b) The office, with cooperation from the Texas Department of Health, the Health and Human Services Commission, the statewide rural health care system designated under Chapter 845, Insurance Code, public health departments in rural counties, and professional health care associations, shall assess the health care needs of each rural community and the pattern of use of health care services in each of those communities.

(c) The agencies shall use the information collected under

Subsection (b) to collaborate with the rural community to determine a comprehensive access point for health care to coordinate the delivery of health care, including delivery of services offered under the medical assistance program under Chapter 32, Human Resources Code, and the state child health plan under Chapter 62, Health and Safety Code, to residents of the rural community.

(d) Each agency listed in Subsection (b) shall provide services covered by programs of the agency to residents of rural communities from the comprehensive access points for health care. Each agency shall implement working arrangements with primary health services providers to work from or through each access point to provide services to residents of the rural communities served by the access point. Primary health services providers providing services at an access point must be eligible to serve residents who are enrolled in federal and agency programs, including:

(1) the federal special supplemental nutrition program for women, infants, and children under 42 U.S.C. Section 1786, as amended;

(2) the state child health plan under Chapter 62, Health and Safety Code;

(3) the medical assistance program under Chapter 32, Human Resources Code; and

(4) the Medicare program.

(e) The office shall report to the legislature regarding the efficacy of comprehensive access points for health care as part of the office's report to the legislature under Section 487.056.

SECTION 2. (a) Not later than January 1, 2004, the Office of Rural Community Affairs, after ensuring approval from local communities, shall choose three or four sites to serve as comprehensive access points for health care as required by Section 487.059, Government Code, as added by this Act.

(b) The Office of Rural Community Affairs may designate additional sites as comprehensive access points for health care if the office determines, as reported in its annual report delivered to the legislature on January 1, 2005, that the access points are effective in coordinating health care services to residents of rural counties.

SECTION 3. This Act takes effect September 1, 2003.