BILL ANALYSIS

C.S.H.B. 1877 By: Hardcastle Public Health Committee Report (Substituted)

BACKGROUND AND PURPOSE

Currently, studies show that physicians in rural areas are unable to leave their practices because of the lack of other physicians to provide coverage. Additionally, studies indicate that rural physicians work longer hours, see more patients, treat a higher percentage of indigent care patients, and receive less compensation than their urban colleagues. As proposed, C.S.H.B. 1877 requires the Office of Rural and Community Affairs to instigate a state-supported rural physician relief program to help rural areas retain physicians.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

The Bill requires the Office of Rural and Community Affairs (ORCA) to create a program to provide affordable relief services to rural physicians practicing in the fields of general family medicine, general internal medicine, and general pediatrics to facilitate the ability of those physicians to take time away from their practice. The Rural Physician Relief Advisory committee shall be composed of members as provided in the bill.

ORCA is required to charge a fee for rural physicians to participate in the program. The fees collected under this section shall be deposited in a special account in the general revenue fund that may be appropriated only to ORCA for administration of this subchapter.

Authorizes ORCA to solicit and accept gifts, grants, donations, and contributions to support the program. Requires ORCA to pay a physician providing relief under the program using fees collected by the center.

ORCA shall assign physicians to provide relief to a rural area in accordance with certain priorities. ORCA shall, in determining where to assign relief physicians, consider the number of physicians in the area available to provide relief services and the distance in that area to the nearest physician who practices in the same speciality. At the request of ORCA, residency program directors may assist ORCA in coordinating the assignment of relief physicians.

ORCA shall actively recruit physicians to participate in the program as relief physicians. ORCA shall concentrate on recruiting physicians involved in an accredited residency program in general pediatrics, general internal medicine, and general family medicine, physicians registered on ORCA's locum tenens registry, physicians employed at a medical school, and physicians working for private locum tenens groups.

ORCA is to seek state and federal money available for economic development in rural areas for programs under this chapter. The activities of the Rural Foundation are added to the reporting requirements of ORCA.

The Bill amends text found in the Health and Safety Code which is to be placed in the Government Code by replacing the word "center" with "office." The Bill amends text found in the Health and Safety Code, the Education Code, and the Government Code by replacing "Center for Rural Health Initiatives" with the "Office of Rural Community Affairs."

The following sections are repealed: (1) Section 106.025(a), Health and Safety Code (Duties and Powers); (2) Section 106.029, Health and Safety Code (Designating Rural Hospitals); and (3) Section 106.043(b), Health and Safety Code (Advisory Committee).

EFFECTIVE DATE

September 1, 2003

COMPARISON OF ORIGINAL TO SUBSTITUTE.

The Substitute on adds an advisory committee and provides qualifications to serve on the committee. The Substitute has language that adds "in collaboration/consultation with Area Healthcare Education Centers." AHECs already administer the mentor program. The added language simply clarifies this. The Substitute adds provisions to the governing board of the Rural Foundation in that a person that is formally affiliated with an association that contracts with the foundation may not be a board member or employee of the foundation.