

BILL ANALYSIS

C.S.H.B. 2448

By: Chavez

Border and International Affairs
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The border currently has an acute shortage of nurses and physicians who perform primary and preventive care. The state and federal government has designated most counties along the border as medically underserved areas and health professional shortage areas due to this lack of health care professionals. This shortage is in addition to the fact that border counties experience rates of infectious diseases, and diabetes that are higher than the state and national average. For example, death from diabetes is 55 percent more frequent along the border than in the rest state. Currently, over one third of the citizens along the Texas-Mexico border are uninsured.

A possible solution would be to access the skills of medical students and encourage their voluntary involvement in community clinics providing primary and preventive care. C.S.H.B. 2448 would establish an advisory committee to oversee a Border Health and Education Partnership (BHEP). The BHEP, through professional and educational partnerships, would create programs that would allow students to work as health care providers. C.S.H.B. 2448 would also require the advisory committee to apply for existing state, local, and federal government grants, as well as private grants in order to fund these programs.

RULEMAKING AUTHORITY

This bill does not expressly delegate any additional rulemaking authority to a state officer, department, agency or institution.

ANALYSIS

SECTION 1. C.S.H.B. 2448 amends the Health and Safety Code by requiring the Texas Department of Health (TDH) to establish the Border Health and Education Partnership. The bill requires the TDH to determine which areas of the Texas-Mexico Border region are medically underserved areas for purposes of this chapter based on the medical needs and access to medical care for the area's residents.

The bill provides for the appointment and composition of an advisory committee (committee). The bill requires the committee to develop recommendations to TDH to coordinate public and private resources to promote community service and to develop studies and pilot projects to improve access to primary care services for populations along the Texas-Mexico Border by using health care practitioners and students of the health care professions as volunteers for these programs. C.S.H.B. 2448 requires the committee to partner institutions of higher education with community health clinics for the purpose of establishing these recommendations. The bill provides that the TDH, after considering the recommendations of the committee, must have certain duties and responsibilities.

SECTION 2. Effective Date.

EFFECTIVE DATE

Upon passage, or, if the Act does not receive the necessary vote, the Act takes effect September 1, 2003.

COMPARISON OF ORIGINAL TO SUBSTITUTE

C.S.H.B. 2448 amends the original by requiring the advisory committee to recommend pilot programs to TDH, rather than enacting pilot programs, for the Border Health and Education Partnership. The substitute amends the original by providing duties and responsibilities to the Department of Health after consideration of the recommendations of the committee, rather than providing those duties and responsibilities to the advisory committee. The substitute also makes non-substantive technical changes.