By: Hardcastle, Christian, Hughes

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A BILL TO BE ENTITLED 1 AN ACT 2 relating to creating the rural physician relief program. 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: SECTION 1. Chapter 487, Government Code, is amended by 4 5 adding Subchapter N to read as follows: SUBCHAPTER N. RURAL PHYSICIAN RELIEF PROGRAM 6 Sec. 487.601. DEFINITIONS. In this subchapter: 7 (1) "Physician" means a person licensed to practice 8 9 medicine in this state under Subtitle B, Title 3, Occupations Code. (2) "Relief services" means the temporary coverage of 10 11 a physician's practice by another physician for a predetermined 12 time during the physician's absence and before the physician's 13 return. (3) "Rural" means: 14 (A) a community located in a county with a 15 16 population not greater than 50,000; (B) an area designated under state or federal law 17 18 as: (i) a health professional shortage area; or 19 20 (ii) a medically underserved area; or 21 (C) a medically underserved community designated by the office. 22 23 Sec. 487.602. RURAL PHYSICIAN RELIEF PROGRAM. The office shall create a program to provide affordable relief services to 24

1	rural physicians practicing in the fields of general family
2	medicine, general internal medicine, and general pediatrics to
3	facilitate the ability of those physicians to take time away from
4	their practice.
5	Sec. 487.603. FEES. (a) The office shall charge a fee for
6	rural physicians to participate in the program.
7	(b) The fees collected under this section shall be deposited
8	in a special account in the general revenue fund that may be
9	appropriated only to the office for administration of this
10	subchapter.
11	Sec. 487.604. FUNDING. The office may solicit and accept
12	gifts, grants, donations, and contributions to support the program.
13	Sec. 487.605. RELIEF PHYSICIAN'S EXPENSES. The office
14	shall pay a physician providing relief under the program using fees
15	collected by the center.
16	Sec. 487.606. PRIORITY ASSIGNMENT OF RELIEF PHYSICIANS.
17	(a) The office shall assign physicians to provide relief to a rural
18	area in accordance with the following priorities:
19	(1) solo practitioners;
20	(2) counties that have fewer than seven residents per
21	square mile;
22	(3) counties that have been designated under federal
23	law as a health professional shortage area;
24	(4) counties that do not have a hospital; and
25	(5) counties that have a hospital but do not have a
26	continuously staffed hospital emergency room.
27	(b) In determining where to assign relief physicians, the

office shall consider the number of physicians in the area 1 2 available to provide relief services and the distance in that area 3 to the nearest physician who practices in the same specialty. 4 (c) At the request of the office, residency program 5 directors may assist the office in coordinating the assignment of 6 relief physicians. Sec. 487.607. RELIEF PHYSICIAN RECRUITMENT. The office 7 shall actively recruit physicians to participate in the program as 8 9 relief physicians. The office shall concentrate on recruiting physicians involved in an accredited residency program in general 10 pediatrics, general internal medicine, and general family 11 12 medicine, physicians registered on the office's locum tenens registry, physicians employed at a medical school, and physicians 13 14 working for private locum tenens groups. 15 Sec. 487.608. ADVISORY COMMITTEE. (a) The rural physician relief advisory committee is composed of the following members 16 17 appointed by the executive committee: 18 (1) a physician who practices in the area of general 19 family medicine in a rural county; 20 (2) a physician who practices in the area of general 21 internal medicine in a rural county; 22 (3) a physician who practices in the area of general 23 pediatrics in a rural county; 24 (4) a representative from an accredited Texas medical 25 school;

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26 (5) a program director from an accredited primary care 27 residency program;

1	(6) a representative from the Texas Higher Education
2	Coordinating Board; and
3	(7) a representative from the Texas State Board of
4	Medical Examiners.
5	(b) The advisory committee shall assist the office in
6	administering the program.
7	SECTION 2. Section 487.051, Government Code, is amended to
8	read as follows:
9	Sec. 487.051. POWERS AND DUTIES. The office shall:
10	(1) develop a rural policy for the state in
11	consultation with local leaders representing all facets of rural
12	community life, academic and industry experts, and state elected
13	and appointed officials with interests in rural communities;
14	(2) work with other state agencies and officials to
15	improve the results and the cost-effectiveness of state programs
16	affecting rural communities through coordination of efforts;
17	(3) develop programs to improve the leadership
18	capacity of rural community leaders;
19	(4) monitor developments that have a substantial
20	effect on rural Texas communities, especially actions of state
21	government, and compile an annual report describing and evaluating
22	the condition of rural communities;
23	(5) administer the federal community development
24	<pre>block grant nonentitlement program;</pre>
25	(6) administer programs supporting rural health care
26	as provided by <u>this chapter</u> [Subchapters D-H];
27	(7) perform research to determine the most beneficial

H.B. No. 1877 1 and cost-effective ways to improve the welfare of rural 2 communities;

3 (8) ensure that the office qualifies as the state's 4 office of rural health for the purpose of receiving grants from the 5 Office of Rural Health Policy of the United States Department of 6 Health and Human Services under 42 U.S.C. Section 254r; [and]

7 (9) manage the state's Medicare rural hospital
8 flexibility program under 42 U.S.C. Section 1395i-4; and

9 <u>(10) seek state and federal money available for</u> 10 <u>economic development in rural areas for programs under this</u> 11 <u>chapter</u>.

SECTION 3. Section 106.026(b), Health and Safety Code, as added by Section 2, Chapter 1221, Acts of the 77th Legislature, Regular Session, 2001, is redesignated as Section 487.056(b), Government Code, and Section 487.056, Government Code, is amended to read as follows:

Sec. 487.056. REPORT TO LEGISLATURE. (a) Not later than January 1 of each odd-numbered year, the office shall submit a biennial report to the legislature regarding the activities of the office, the activities of the Rural Foundation, and any findings and recommendations relating to rural issues.

(b) The <u>office</u> [center] shall obtain information from each county about indigent health care provided in the county and information from each university, medical school, rural community, or rural health care provider that has performed a study relating to rural health care during the biennium. The <u>office</u> [center] shall include the information obtained under this subsection in the

H.B. No. 1877 office's [center's] report to the legislature. 1 2 SECTION 4. Subchapter H, Chapter 106, Health and Safety Code, as added by Section 1, Chapter 831, Acts of the 77th 3 Legislature, Regular Session, 2001, is redesignated as Subchapter 4 K, Chapter 487, Government Code, and amended to read as follows: 5 6 SUBCHAPTER K [H]. COMMUNITY HEALTHCARE AWARENESS AND MENTORING 7 PROGRAM FOR STUDENTS Sec. 487.451 [106.251]. DEFINITIONS. In this subchapter: 8 9 (1)"Health care professional" means: 10 (A) an advanced nurse practitioner; (B) a dentist; 11 a dental hygienist; 12 (C) a laboratory technician; 13 (D) a licensed vocational nurse; 14 (E) 15 (F) a licensed professional counselor; 16 (G) a medical radiological technologist; 17 (H) an occupational therapist; a pharmacist; 18 (I)19 (J) a physical therapist; 20 (K) a physician; 21 (L) a physician assistant; 22 a psychologist; (M) 23 (N) a registered nurse; 24 (0) a social worker; 25 (P) a speech-language pathologist; 26 (Q) a veterinarian; 27 (R) a chiropractor; and

(S) another appropriate health care professional
 identified by the executive committee.

3 (2) "Program" means the community healthcare
4 awareness and mentoring program for students established under this
5 subchapter.

6 (3) "Underserved urban area" means an urban area of 7 this state with a medically underserved population, as determined 8 in accordance with criteria adopted by the board by rule, 9 considering relevant demographic, geographic, and environmental 10 factors.

Sec. <u>487.452</u> [106.252]. COMMUNITY HEALTHCARE AWARENESS AND MENTORING PROGRAM FOR STUDENTS. (a) The executive committee, in collaboration with Area Health Education Center Programs, shall establish a community healthcare awareness and mentoring program for students to:

16 (1) identify high school students in rural and 17 underserved urban areas who are interested in serving those areas 18 as health care professionals;

19 (2) identify health care professionals in rural and
 20 underserved urban areas to act as positive role models, mentors, or
 21 reference resources for the interested high school students;

(3) introduce interested high school students to the
spectrum of professional health care careers through activities
such as health care camps and shadowing of health care
professionals;

26 (4) encourage a continued interest in service as27 health care professionals in rural and underserved urban areas by

1 providing mentors and community resources for students 2 participating in training or educational programs to become health 3 care professionals; and

4 (5) provide continuing community-based support for
5 students during the period the students are attending training or
6 educational programs to become health care professionals,
7 including summer job opportunities and opportunities to mentor high
8 school students in the community.

9 (b) In connection with the program, the <u>office</u> [center] 10 shall establish and maintain an updated medical resource library 11 that contains information relating to medical careers. The <u>office</u> 12 [center] shall make the library available to school counselors, 13 students, and parents of students.

Sec. <u>487.453</u> [106.253]. ADMINISTRATION. (a) The <u>office</u> [center] shall administer or contract for the administration of the program.

17 (b) The <u>office</u> [center] may solicit and accept gifts,
18 grants, donations, and contributions to support the program.

(c) The <u>office</u> [center] may administer the program in
 cooperation with other public and private entities.

(d) The <u>office, in consultation with Area Health Education</u> <u>Center Programs, [center] shall coordinate the program with similar</u> programs, including programs relating to workforce development, scholarships for education, and employment of students, that are administered by other agencies, such as the Texas Workforce Commission and local workforce development boards.

27 Sec. <u>487.454</u> [106.254]. GRANTS; ELIGIBILITY. (a) Subject

to available funds, the executive committee shall develop and implement, as a component of the program, a grant program to support employment opportunities in rural and underserved urban areas in

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4 this state for students participating in training or educational
5 programs to become health care professionals.
6 (b) In awarding grants under the program, the executive

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7 committee shall give first priority to grants to training or 8 educational programs that provide internships to students.

9 (c) To be eligible to receive a grant under the grant 10 program, a person must:

11 (1) apply for the grant on a form adopted by the 12 executive committee;

13 (2) be enrolled or intend to be enrolled in a training
14 or educational program to become a health care professional;

(3) commit to practice or work, after licensure as a
health care professional, for at least one year as a health care
professional in a rural or underserved urban area in this state; and

18 (4) comply fully with any practice or requirements 19 associated with any scholarship, loan, or other similar benefit 20 received by the student.

(d) As a condition of receiving a grant under the program the student must agree to repay the amount of the grant, plus a penalty in an amount established by rule of the executive committee not to exceed two times the amount of the grant, if the student becomes licensed as a health care professional and fails to practice or work for at least one year as a health care professional in a rural or underserved urban area in this state.

SECTION 5. Subchapter H, Chapter 106, Health and Safety

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2 Code, as added by Section 1, Chapter 1112, Acts of the 77th Legislature, Regular Session, 2001, is redesignated as Subchapter 3 L, Chapter 487, Government Code, and amended to read as follows: 4

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Sec. 487.501 [106.251]. DEFINITIONS. In this subchapter:

SUBCHAPTER L [H]. RURAL PHYSICIAN RECRUITMENT PROGRAM

7 (1)"Rural community" means a rural area as defined by 8 the office [center].

"Medical school" has the meaning assigned by 9 (2) Section 61.501, Education Code. 10

Sec. 487.502 [106.252]. GIFTS AND GRANTS. 11 The office [center] may accept gifts, grants, and donations to support the 12 rural physician recruitment program. 13

Sec. 487.503 [106.253]. RURAL PHYSICIAN 14 RECRUITMENT 15 PROGRAM. (a) The office [center] shall establish a process in consultation with the Texas Higher Education Coordinating Board for 16 selecting [a] Texas medical schools [school] to recruit students 17 from rural communities and encourage them to return to rural 18 communities to practice medicine. 19

The Texas medical <u>schools</u> [school] selected [by the 20 (b) center] shall: 21

encourage high school and college students from 22 (1)rural communities to pursue a career in medicine; 23

24 (2) develop a screening process to identify rural 25 students most likely to pursue a career in medicine;

26 (3) establish a rural medicine curriculum; 27 (4) establish a mentoring program for rural students;

H.B. No. 1877 provide rural students with information about 1 (5) financial aid resources available for postsecondary education; and 2 (6) establish a rural practice incentive program. 3 4 SECTION 6. Subchapter H, Chapter 106, Health and Safety Code, as added by Section 2, Chapter 435, Acts of the 77th 5 Legislature, Regular Session, 2001, is redesignated as Subchapter 6 M, Chapter 487, Government Code, and amended to read as follows: 7 SUBCHAPTER M [H]. RURAL COMMUNITIES HEALTH CARE INVESTMENT 8 9 PROGRAM Sec. <u>487.551</u> [106.301]. DEFINITIONS. In this subchapter: 10 "Health professional" means a person other than a 11 (1)physician who holds a license, certificate, registration, permit, 12 or other form of authorization required by law or a state agency 13 rule that must be obtained by an individual to practice in a health 14 15 care profession. (2) "Medically underserved community" 16 means а 17 community that: (A) is located in a county with a population of 18 50,000 or less; 19 has been designated under state or federal 20 (B) 21 law as: (i) a health professional shortage area; or 22 a medically underserved area; or 23 (ii) 24 (C) has been designated as medically а 25 underserved community by the office [center]. Sec. 487.552 [106.302]. ADVISORY PANEL. 26 The office [center] shall appoint an advisory panel to assist in the office's 27

H.B. No. 1877 1 [center's] duties under this subchapter. The advisory panel must consist of at least: 2 3 (1) one representative from the Texas Higher Education 4 Coordinating Board; 5 (2) one representative from the institutions of higher 6 education having degree programs for the health professions participating in the programs under this subchapter; 7 8 (3) one representative from a hospital in a medically 9 underserved community; 10 (4) one physician practicing in а medically underserved community; 11 one health professional, other than a physician, 12 (5) practicing in a medically underserved community; and 13 14 (6) one public representative who resides in а 15 medically underserved community. Sec. <u>487.553</u> [106.303]. LOAN REIMBURSEMENT PROGRAM. 16 The 17 executive committee shall establish a program in the office [center] to assist communities in recruiting health professionals 18 to practice in medically underserved communities by providing loan 19 reimbursement for health professionals who serve in those 20 21 communities. Sec. 487.554 [106.304]. STIPEND PROGRAM. (a) The 22 executive committee shall establish a program in the 23 office 24 [center] to assist communities in recruiting health professionals to practice in medically underserved communities by providing a 25 26 stipend to health professionals who agree to serve in those

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communities.

(b) A stipend awarded under this section shall be paid in
 periodic installments.

3 (c) A health professional who participates in the program 4 established under this section must establish an office and 5 residency in the medically underserved area before receiving any 6 portion of the stipend.

Sec. <u>487.555</u> [106.305]. CONTRACT REQUIRED. (a) A health
professional may receive assistance under this subchapter only if
the health professional signs a contract agreeing to provide health
care services in a medically underserved community.

(b) A student in a degree program preparing to become a health professional may contract with the <u>office</u> [center] for the loan reimbursement program under Section <u>487.553</u> [106.303] before obtaining the license required to become a health professional.

15 (c) The <u>office</u> [center] may contract with a health 16 professional for part-time services under the stipend program 17 established under Section <u>487.554</u> [106.304].

(d) A health professional who participates in any loan
 reimbursement program is not eligible for a stipend under Section
 <u>487.554</u> [106.304].

(e) A contract under this section must provide that a health professional who does not provide the required services to the community or provides those services for less than the required time is personally liable to the state for:

(1) the total amount of assistance the health professional received from the <u>office</u> [center] and the medically underserved community;

1 (2) interest on the amount under Subdivision (1) at a 2 rate set by the executive committee;

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3 (3) the state's reasonable expenses incurred in
4 obtaining payment, including reasonable attorney's fees; and

5 (4) a penalty as established by the executive 6 committee by rule to help ensure compliance with the contract.

7 (f) Amounts recovered under Subsection (e) shall be
8 deposited in the permanent endowment fund for the rural communities
9 health care investment program under Section 487.558 [106.308].

Sec. <u>487.556</u> [106.306]. POWERS AND DUTIES OF <u>OFFICE</u> [CENTER]. (a) The executive committee shall adopt rules necessary for the administration of this subchapter, including guidelines for:

14 (1) developing contracts under which loan 15 reimbursement or stipend recipients provide services to qualifying 16 communities;

17 (2) identifying the duties of the state, state agency,
18 loan reimbursement or stipend recipient, and medically underserved
19 community under the loan reimbursement or stipend contract;

20 (3) determining a rate of interest to be charged under
21 Section <u>487.555(e)(2)</u> [<u>106.305(e)(2)</u>];

(4) ensuring that a loan reimbursement or stipend recipient provides access to health services to participants in government-funded health benefits programs in qualifying communities;

(5) encouraging the use of telecommunications ortelemedicine, as appropriate;

1 (6) prioritizing the provision of loan reimbursements 2 and stipends to health professionals who are not eligible for any 3 other state loan forgiveness, loan repayment, or stipend program;

4 (7) prioritizing the provision of loan reimbursements
5 and stipends to health professionals who are graduates of health
6 professional degree programs in this state;

7 (8) encouraging a medically underserved community
8 served by a loan reimbursement or stipend recipient to contribute
9 to the cost of the loan reimbursement or stipend when making a
10 contribution is feasible; and

(9) requiring a medically underserved community served by a loan reimbursement or stipend recipient to assist the <u>office</u> [center] in contracting with the loan reimbursement or stipend recipient who will serve that community.

15 (b) The executive committee by rule may designate areas of 16 the state as medically underserved communities.

17 (c) The executive committee shall make reasonable efforts 18 to contract with health professionals from a variety of different 19 health professions.

Sec. 487.557 [106.307]. USE TELECOMMUNICATION 20 OF AND 21 TELEMEDICINE. A health professional who participates in a program under this subchapter may not use telecommunication technology, 22 including telemedicine, as the sole or primary method of providing 23 24 services and may not use telecommunication technology as a substitute for providing health care services in person. A health 25 26 professional who participates in a program under this subchapter 27 may use telecommunication technology only to supplement or enhance

1 the health care services provided by the health professional.

2 Sec. <u>487.558</u> [106.308]. PERMANENT ENDOWMENT FUND. (a) The 3 permanent endowment fund for the rural communities health care 4 investment program is a special fund in the treasury outside the 5 general revenue fund.

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(b) The fund is composed of:

7 (1) money transferred to the fund at the direction of 8 the legislature;

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(2) gifts and grants contributed to the fund;

10 (3) the returns received from investment of money in 11 the fund; and

12 (4) amounts recovered under Section <u>487.555(e)</u> 13 [106.305(e)].

Sec. <u>487.559</u> [106.309]. ADMINISTRATION AND USE OF FUND. (a) The <u>office</u> [center] may administer the permanent endowment fund for the rural communities health care investment program. If the <u>office</u> [center] elects not to administer the fund, the comptroller shall administer the fund.

The administrator of the fund shall invest the fund in a 19 (b) manner intended to preserve the purchasing power of the fund's 20 assets and the fund's annual distributions. The administrator may 21 acquire, exchange, sell, supervise, manage, or retain, through 22 procedures and subject to restrictions the administrator considers 23 24 appropriate, any kind of investment of the fund's assets that 25 prudent investors, exercising reasonable care, skill, and caution, 26 would acquire or retain in light of the purposes, terms, 27 distribution requirements, and other circumstances of the fund then

1 prevailing, taking into consideration the investment of all the 2 assets of the fund rather than a single investment.

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3 (c) The comptroller or the <u>office</u> [center] may solicit and 4 accept gifts and grants to the fund.

(d) Annual distributions for the fund shall be determined by
the investment and distribution policy adopted by the administrator
of the fund for the fund's assets.

8 (e) Except as provided by Subsection (f), money in the fund9 may not be used for any purpose.

10 (f) The amount available for distribution from the fund, 11 including any gift or grant, may be appropriated only for providing 12 stipends and loan reimbursement under the programs authorized by 13 this subchapter and to pay the expenses of managing the fund. The 14 expenditure of a gift or grant is subject to any limitation or 15 requirement placed on the gift or grant by the donor or granting 16 entity.

17 (g) Sections 403.095 and 404.071, Government Code, do not 18 apply to the fund. Section 404.094(d), Government Code, applies to 19 the fund.

Sec. 487.560 [106.310]. REPORTING REQUIREMENT. The office 20 21 [center] shall provide a report on the permanent endowment fund for the rural communities health care investment program to the 22 23 Legislative Budget Board not later than November 1 of each year. The 24 report must include the total amount of money the office [center] 25 received from the fund, the purpose for which the money was used, 26 and any additional information that may be requested by the 27 Legislative Budget Board.

1 SECTION 7. Section 38.011(j), Education Code, as added by 2 Section 1, Chapter 1418, Acts of the 76th Legislature, Regular 3 Session, 1999, as amended by Section 4, Chapter 1424, Acts of the 4 77th Legislature, Regular Session, 2001, and as amended and 5 redesignated as Section 38.060(a), Education Code, by Section 6 4.005, Chapter 1420, Acts of the 77th Legislature, Regular Session, 7 2001, is reenacted to read as follows:

8 (a) This section applies only to a school-based health 9 center serving an area that:

10 (1) is located in a county with a population not 11 greater than 50,000; or

12 (2) has been designated under state or federal law as:

13 (A) a health professional shortage area;

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(B) a medically underserved area; or

15 (C) a medically underserved community by the16 Office of Rural Community Affairs.

SECTION 8. Section 61.0899, Education Code, is amended to read as follows:

Sec. 61.0899. ASSISTANCE IN CERTAIN RURAL HEALTH CARE LOAN 19 20 REIMBURSEMENT AND STIPEND PROGRAMS. The board shall, in cooperation with the Office of Rural Community Affairs [Center for 21 Rural Health Initiatives] and the office's [center's] advisory 22 panel established under Section <u>487.552</u> [106.302], <u>Government</u> 23 24 [Health and Safety] Code, ensure that the board seeks to obtain the 25 maximum amount of funds from any source, including federal funds, 26 to support programs to provide student loan reimbursement or 27 stipends for graduates of degree programs in this state who

practice or agree to practice in a medically underserved community.
SECTION 9. Section 110.001, Health and Safety Code, as
added by Chapter 1221, Acts of the 77th Legislature, Regular
Session, 2001, is amended to read as follows:

Sec. 110.001. CREATION OF FOUNDATION. (a) 5 The Office of 6 Rural Community Affairs [Center for Rural Health Initiatives] shall 7 establish the Rural Foundation as a nonprofit corporation that 8 complies with the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes), except as 9 10 otherwise provided by this chapter, and qualifies as an organization exempt from federal income tax under Section 11 501(c)(3), Internal Revenue Code of 1986, as amended. 12

13 (b) The <u>Office of Rural Community Affairs</u> [Center for Rural 14 <u>Health Initiatives</u>] shall ensure that the Rural Foundation operates 15 independently of any state agency or political subdivision of the 16 state.

SECTION 10. Section 110.002(c), Health and Safety Code, as added by Chapter 1221, Acts of the 77th Legislature, Regular Session, 2001, is amended to read as follows:

(c) The Rural Foundation shall develop and implement
policies and procedures that clearly separate the responsibilities
and activities of the foundation from the <u>Office of Rural Community</u>
<u>Affairs</u> [Center for Rural Health Initiatives].

SECTION 11. Section 110.003(a), Health and Safety Code, as added by Chapter 1221, Acts of the 77th Legislature, Regular Session, 2001, is amended to read as follows:

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(a) The Rural Foundation is governed by a board of five

directors appointed by the executive committee of the <u>Office of</u> <u>Rural Community Affairs</u> [Center for Rural Health Initiatives] from individuals recommended by the executive director of the <u>Office of</u> <u>Rural Community Affairs</u> [Center for Rural Health Initiatives].

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5 SECTION 12. Section 110.004(b), Health and Safety Code, as 6 added by Chapter 1221, Acts of the 77th Legislature, Regular 7 Session, 2001, is amended to read as follows:

8 (b) A person may not be a member of the board of directors of 9 the Rural Foundation and may not be a foundation employee employed 10 in a "bona fide executive, administrative, or professional 11 capacity," as that phrase is used for purposes of establishing an 12 exemption to the overtime provisions of the federal Fair Labor 13 Standards Act of 1938 (29 U.S.C. Section 201 et seq.), as amended, 14 if:

(1) the person is an officer, employee, or paid consultant of a Texas trade association <u>that is</u> in the field of health care <u>or that contracts with the foundation</u>; or

18 (2) the person's spouse is an officer, manager, or paid
19 consultant of a Texas trade association <u>that is</u> in the field of
20 health care <u>or that contracts with the foundation</u>.

21 SECTION 13. Section 110.005(c), Health and Safety Code, as 22 added by Chapter 1221, Acts of the 77th Legislature, Regular 23 Session, 2001, is amended to read as follows:

(c) If the executive director of the <u>Office of Rural</u>
 <u>Community Affairs</u> [Center for Rural Health Initiatives] has
 knowledge that a potential ground for removal exists, the executive
 director shall notify the presiding officer of the board of

directors of the Rural Foundation of the potential ground. 1 The presiding officer shall then notify the governor and the attorney 2 general that a potential ground for removal exists. 3 If the potential ground for removal involves the presiding officer, the 4 5 executive director shall notify the next highest ranking officer of 6 the board of directors, who shall then notify the governor and the attorney general that a potential ground for removal exists. 7

8 SECTION 14. Section 110.010, Health and Safety Code, as 9 added by Chapter 1221, Acts of the 77th Legislature, Regular 10 Session, 2001, is amended to read as follows:

Sec. 110.010. MEMORANDUM OF UNDERSTANDING. The Rural Foundation and the <u>Office of Rural Community Affairs</u> [Center for Rural Health Initiatives] shall enter into a memorandum of understanding that:

(1) requires the board of directors and staff of the foundation to report to the executive director and executive committee of the <u>Office of Rural Community Affairs</u> [Center for Rural Health Initiatives];

(2) allows the <u>Office of Rural Community Affairs</u>
 [Center for Rural Health Initiatives] to provide staff functions to
 the foundation;

(3) allows the <u>Office of Rural Community Affairs</u>
[Center for Rural Health Initiatives] to expend funds on the
foundation; and

(4) outlines the financial contributions to be made to
 the foundation from funds obtained from grants and other sources.
 SECTION 15. Section 110.011(a), Health and Safety Code, as

1 added by Chapter 1221, Acts of the 77th Legislature, Regular 2 Session, 2001, is amended to read as follows:

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3 (a) The Rural Foundation shall maintain financial records
4 and reports independently from those of the <u>Office of Rural</u>
5 <u>Community Affairs</u> [Center for Rural Health Initiatives].

6 SECTION 16. Section 110.012, Health and Safety Code, as 7 added by Chapter 1221, Acts of the 77th Legislature, Regular 8 Session, 2001, is amended to read as follows:

9 Sec. 110.012. REPORT ТО OFFICE OF RURAL COMMUNITY <u>AFFAIRS</u> [CENTER FOR RURAL HEALTH INITIATIVES]. Not later than the 10 60th day after the last day of the fiscal year, the Rural Foundation 11 shall submit to the Office of Rural Community Affairs [Center for 12 Rural Health Initiatives] a report itemizing all income and 13 expenditures and describing all activities of the foundation during 14 15 the preceding fiscal year.

SECTION 17. Section 155.1025(a), Occupations Code, is amended to read as follows:

(a) The board shall adopt rules for expediting any
application for a license under this subtitle made by a person who
is licensed to practice medicine in another state or country and who
submits an affidavit with the application stating that:

(1) the applicant intends to practice in a rural
community, as determined by the <u>Office of Rural Community Affairs</u>
[Center for Rural Health Initiatives]; or

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(2) the applicant intends to:

(A) accept employment with an entity located in a
 medically underserved area or health professional shortage area,

1 designated by the United States Department of Health and Human 2 Services, and affiliated with or participating in a public 3 university-sponsored graduate medical education program;

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4 (B) serve on the faculty of the public
5 university-sponsored graduate medical education program; and

6 (C) engage in the practice of medicine and teaching in a specialty field of medicine that is necessary to 7 8 obtain or maintain the accreditation of the public university-sponsored graduate medical education program by the 9 Accreditation Council for Graduate Medical Education. 10

SECTION 18. Section 531.02172, Government Code, as amended by Chapters 661 and 959, Acts of the 77th Legislature, Regular Session, 2001, is reenacted and amended to read as follows:

14 Sec. 531.02172. TELEMEDICINE ADVISORY COMMITTEE. (a) The 15 commissioner shall establish an advisory committee to assist the 16 commission in:

17 (1) evaluating policies for telemedical consultations18 under Section 531.0217;

(2) evaluating policies for telemedicine medical
 services or telehealth services pilot programs established under
 Section 531.02171;

(3) ensuring the efficient and consistent development and use of telecommunication technology for telemedical consultations and telemedicine medical services or telehealth services reimbursed under government-funded health programs;

(4) monitoring the type of programs receiving
reimbursement under Sections 531.0217 and 531.02171; and

H.B. No. 1877 (5) coordinating the activities of state agencies 1 use of telemedical consultations 2 concerned with the and telemedicine medical services or telehealth services. 3 4 The advisory committee must include: (b) (1) representatives of health and human services 5 agencies and other state agencies concerned with the use of 6 7 telemedical consultations in the Medicaid program and the state 8 child health plan program, including representatives of: 9 (A) the commission; 10 (B) the Texas Department of Health; the Office of Rural Community Affairs [Center 11 (C) for Rural Health Initiatives]; 12 (D) the Telecommunications Infrastructure Fund 13 14 Board; 15 (E) the Texas Department of Insurance; 16 (F) the Texas State Board of Medical Examiners; 17 (G) the Board of Nurse Examiners; and (H) the Texas State Board of Pharmacy; 18 representatives of health science centers in this 19 (2) 20 state; 21 (3) experts telemedicine, telemedical on consultation, and telemedicine medical services or telehealth 22 23 services; and 24 (4) representatives of consumers of health services 25 provided through telemedical consultations and telemedicine medical services or telehealth services. 26 A member of the advisory committee serves at the will of 27 (c)

1 the commissioner. 2 SECTION 19. The following provisions are repealed: (1) Section 106.025(a), Health and Safety Code, as 3 4 amended by Section 1, Chapter 435, Acts of the 77th Legislature, Regular Session, 2001; 5 (2) Section 106.029, Health and Safety Code, as added 6 7 by Section 1, Chapter 1113, Acts of the 77th Legislature, Regular Session, 2001; and 8 (3) Section 106.043(b), Health and Safety Code, as 9 amended by Section 10, Chapter 874, Acts of the 77th Legislature, 10 11 Regular Session, 2001. SECTION 20. This Act takes effect September 1, 2003. 12