

By: Zaffirini S.B. No. 56
(In the Senate - Filed November 12, 2002; January 27, 2003,
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COMMITTEE SUBSTITUTE FOR S.B. No. 56 By: Zaffirini

A BILL TO BE ENTITLED
AN ACT

relating to the creation of comprehensive access points for health
care.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

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.

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