

## **BILL ANALYSIS**

S.B. 1001  
By: Madla  
Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Residents of medically underserved communities lack access to adequate healthcare. Lack of appropriate healthcare leads to increased severity of medical conditions and increased costs for medical treatment.

S.B. 1001 requires the Statewide Health Coordinating Council at the Department of State Health Services (DSHS), in conjunction with Area Health Education Centers (AHECs) to examine five willing and diverse communities. This effort is a one time project that requires DSHS to report potential legislation that will improve access to healthcare services in underserved communities.

### **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 defines "medically underserved community" and requires the Statewide Health Coordinating Council in conjunction with area health education centers to study the health care delivery system in five geographically diverse medically underserved communities of the state who request to be part of the study. Requires four of the communities to be located in a county with a population of 50,000 or fewer. Requires one of the communities to be an urban area. Sets forth certain requirements for the Department of State Health Services (department) as a part of the study regarding services provided by nonphysician health care providers, reasons communities are medically underserved as well as those that have successfully retained physicians. In addition, the department's study is required to identify nonphysician health care providers who could supplement health care services in medically underserved communities, examine if delivery of services by nonphysician health care providers in nontraditional settings would benefit medically underserved communities, and evaluate measures medically underserved communities have taken to resolve the health professional shortage.

The bill requires the department, in performing the study, to consult with a variety of health care practitioners in medically underserved communities, including emergency medical service providers, physicians, non-physician health care providers, rural hospitals, rural health clinics, and family planning clinics.

The bill requires the department to seek the participation of, and consult with, representatives of each medically underserved community in the study to develop ways the community can improve the delivery of health care services.

The bill requires, not later than January 1, 2007, the department to report the results of the study conducted under this section in writing to the lieutenant governor, the speaker of the house of representatives, and the members and members-elect of the 80th Legislature. Requires the report to include any proposed legislation the department, through this study, determines will facilitate the improvement of the delivery of health care in medically underserved communities.

### **EFFECTIVE DATE**

September 1, 2005.

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