

1-1 By: Madla S.B. No. 1001
1-2 (In the Senate - Filed March 4, 2005; March 14, 2005, read
1-3 first time and referred to Committee on Health and Human Services;
1-4 April 6, 2005, reported adversely, with favorable Committee
1-5 Substitute by the following vote: Yeas 9, Nays 0; April 6, 2005,
1-6 sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 1001 By: Armbrister

1-8 A BILL TO BE ENTITLED
1-9 AN ACT

1-10 relating to the provision of health care in medically underserved
1-11 communities.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. (a) In this Act, "medically underserved
1-14 community" means a community that has been designated under state
1-15 or federal law as a health professional shortage area.

1-16 (b) The statewide health coordinating council in
1-17 conjunction with area health education centers shall study the
1-18 health care delivery system in five geographically diverse
1-19 medically underserved communities of the state who request to be
1-20 part of the study. Four of the communities must be located in a
1-21 county with a population of 50,000 or less. One of the communities
1-22 must be located in an urban county. As part of the study the
1-23 Department of State Health Services shall:

1-24 (1) identify the ways in which nonphysician health
1-25 care providers are being used to supplement the provision of health
1-26 care services in medically underserved communities;

1-27 (2) determine which medically underserved communities
1-28 of the state have been successful and unsuccessful in recruiting
1-29 and retaining physicians to practice in the community;

1-30 (3) identify the nonphysician health care providers
1-31 who could, within the scope of the health care providers' license,
1-32 certification, or registration, supplement the provision of health
1-33 care services in medically underserved communities;

1-34 (4) examine whether alternative supervision of
1-35 nonphysician health care providers or delivery of services by
1-36 nonphysician health care providers in nontraditional settings
1-37 would provide a benefit in the delivery of health care services in
1-38 medically underserved communities;

1-39 (5) examine whether each community is medically
1-40 underserved as a result of a shortage of providers, a shortage of
1-41 appropriate health care facilities, or both; and

1-42 (6) evaluate the measures each medically underserved
1-43 community has taken to resolve the health professional shortage in
1-44 the community, determine whether those measures have been
1-45 successful in reducing the shortage, and identify innovative
1-46 solutions that should be replicated.

1-47 (c) In performing the study under Subsection (b) of this
1-48 section, the Department of State Health Services shall consult with
1-49 a variety of the health care practitioners in medically underserved
1-50 communities, including emergency medical service providers,
1-51 physicians, nonphysician health care providers, rural hospitals,
1-52 rural health clinics, and family planning clinics.

1-53 (d) The Department of State Health Services shall seek the
1-54 participation of, and consult with, representatives of each
1-55 medically underserved community in the study to develop ways the
1-56 community can improve the delivery of health care services.

1-57 (e) Not later than January 1, 2007, the Department of State
1-58 Health Services shall report the results of the study conducted
1-59 under this section in writing to the lieutenant governor, the
1-60 speaker of the house of representatives, and the members and
1-61 members-elect of the 80th Legislature. The report must include any
1-62 proposed legislation the department, through this study,
1-63 determines will facilitate the improvement of the delivery of

2-1 health care in medically underserved communities.

2-2 (f) This Act expires September 1, 2007.

2-3 SECTION 2. This Act takes effect September 1, 2005.

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