

## **BILL ANALYSIS**

C.S.H.B. 1096  
By: Orr  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Convenient care clinics are a new and exciting entrant to the healthcare market. These clinics are located in high-volume retail outlets and provide affordable and accessible non-emergency health care. They are open late and on weekends, require no appointments, and can usually see a patient within 15 minutes of checking in. In addition, the prices for services are clearly posted and transparent. In response to consumers' desire for more affordable and accessible health care, convenient care clinics are expanding rapidly throughout the nation. However, in Texas, growth has been slower despite the state's demonstrated need for affordable and accessible healthcare. One of the biggest obstacles facing the growth and viability of convenient care clinics in Texas is the state's heavy over-regulation of the various healthcare personnel involved in the clinics. The clinics are usually staffed by nurse practitioners or physician assistants with oversight by doctors. However, the oversight requirements under Texas law are inconsistent, arbitrary, and drain the time and resources of both the clinics and the licensed physicians. CSHB 1096 makes changes to the requirements placed on doctors who choose to delegate authority to advanced practice nurses or physician's assistants.

### **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**

CSHB 1096 changes the requirement that the delegating physician be on-site with the advanced practice nurse or physician assistant at the alternate site from 20% of the time to at least once every 10 business days.

### **EFFECTIVE DATE**

Upon passage, or, if the Act does not receive the necessary vote, the Act takes effect September 1, 2007.

### **COMPARISON OF ORIGINAL TO SUBSTITUTE**

The substitute deletes the original bill provisions that amended the definition of "alternate site," changed the chart review standard from 10% "at" the site to "from" the site; increased the number of advanced practice nurses or physician assistants (or their full-time equivalents) to whom a physician may delegate to, and deleted the requirement that the delegating physician be on-site with the advanced practice nurse or physician assistant at the alternate site 20% of the time. The substitute requires that a delegating physician be at the alternate site at least once every 10 business days, rather than 20% of the time.