

BILL ANALYSIS

Senate Research Center
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S.B. 256
By: Deuell
Higher Education
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As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Ensuring an adequate primary care physician workforce for Texas requires the ability to track specialty choices made by graduates of academic health centers that receive state funding.

Primary care is crucial to achieving better health among the population, improving health care outcomes, and lowering overall health care costs. Yet flaws in the way health care services are funded and in the way physicians are recruited, educated, and trained have led to an inexorable problem: fewer and fewer medical school graduates choose careers in primary care medicine. Today, only slightly more than one-fifth of U.S. medical school students say they are interested in pursuing careers in primary care.

In the current fiscal biennium, Texas will spend more than \$2 billion on its 10 health-related institutions to educate and train physicians, yet the state currently does not measure whether the investment is returning an appropriate mix of physicians to meet the needs of the population.

In order to implement effective policies that help the state get a better return on this investment, like rewarding medical schools that boost their production of primary care physicians, it is necessary to have good data on which to base those policies. An accurate measurement of the portion of any set of medical school graduates who eventually practice primary care medicine must be made at least two years following the completion of residency training or fellowship. Simply counting the number of medical school graduates who accept first-year residency positions in primary care training programs—family medicine, pediatrics, and internal medicine—is not sufficient because the majority of internal medicine residents and a growing number of pediatric residents choose to subspecialize.

By tracking Texas medical school graduates for at least two years after the completion of their residency training or fellowship, the Texas Higher Education Coordinating Board can determine what specialties those graduates are practicing, and therefore how successful the state's medical schools are at producing the primary care physician workforce Texans need.

As proposed, S.B. 256 amends current law relating to tracking career information for graduates of Texas medical schools.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the Texas Higher Education Coordinating Board in SECTION 1 (Section 61.0906, Education Code) and SECTION 2 of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter C, Chapter 61, Education Code, by adding Section 61.0906, as follows:

Sec. 61.0906. MEDICAL SCHOOL GRADUATE TRACKING SYSTEM. (a) Requires the Texas Higher Education Coordinating Board (THECB) by rule to establish a system under which THECB acquires and maintains data regarding the initial medical career choices made by graduates of medical schools in this state. Requires that the tracking system use any data reasonably available to THECB, including data maintained by or

accessible to medical schools in this state, and collect relevant information regarding the career paths of medical school graduates during the two-year period following completion of their residency or fellowship.

(b) Provides that, for purposes of Subsection (a), relevant information includes:

(1) whether and for how long graduates work in primary care in this state and which medical specialties they choose; and

(2) the location of the practices established by graduates, including whether and for how long they work in a health professional shortage area designated by the Department of State Health Services or in a community-based setting such as a federally qualified health center, community health clinic, or rural hospital.

SECTION 2. (a) Requires THECB, as soon as practicable after the effective date of this Act, to adopt rules for the implementation and administration of the tracking system established under Section 61.0906, Education Code, as added by this Act. Authorizes THECB to adopt the initial rules in the manner provided by law for emergency rules.

(b) Requires THECB, not later than January 1, 2014, to establish the tracking system required by Section 61.0906, Education Code, as added by this Act.

SECTION 3. Effective date: September 1, 2013.