

BILL ANALYSIS

H.B. 1065
By: Ashby
Higher Education
Committee Report (Unamended)

BACKGROUND AND PURPOSE

It has been noted that rural communities continue to experience a shortage of physicians and that rural areas may offer fewer incentives for prospective physicians to complete their graduate medical education for reasons including caseloads, diversity of cases, and residency staffing requirements. H.B. 1065 seeks to address these challenges by creating a state grant program for graduate medical education through rural training tracks as an additional incentive for the development of rural residency training opportunities.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the Texas Higher Education Coordinating Board in SECTION 1 of this bill.

ANALYSIS

H.B. 1065 amends the Education Code to require the Texas Higher Education Coordinating Board to administer the rural resident physician grant program as a competitive grant program to encourage the creation of new graduate medical education positions in rural and nonmetropolitan areas, with particular emphasis on the creation of rural training tracks. The bill requires the coordinating board to award grants to new or expanded physician residency programs at teaching hospitals and other appropriate health care entities according to the grant program criteria established under the bill's provisions and to establish those criteria in consultation with one or more physicians, including a physician who practices in a rural area of Texas, teaching hospitals, medical schools, and independent physician residency programs and with other persons considered appropriate by the coordinating board. The bill requires the grant program criteria to take into account whether a rural or nonmetropolitan area has the resources sufficient to support a physician residency program in a manner that would satisfy applicable residency program accreditation requirements.

H.B. 1065 authorizes the coordinating board to provide grants only to support a physician residency program that provides the level of medical care that is most needed in a rural or nonmetropolitan area and only until the residency program becomes eligible for federal grant funding. The bill restricts the use of awarded grant funds to the payment of direct costs associated with creating or maintaining a residency position, including the salary of the resident physician. The bill sets out the required contents of a grant application.

H.B. 1065 requires the coordinating board to award grants for all residency positions awarded a program grant in the preceding year before awarding a grant for a residency position that did not

receive a grant in the preceding year, provided that the applicable grant recipient from the preceding year complies with all conditions of the grant and satisfies the grant eligibility requirements. The bill requires the coordinating board to monitor residency programs receiving grants as necessary to ensure compliance with the grant program and to require the return of any unused grant money by, or to decline to award additional grants to, a residency program that receives a grant but fails to create and fill, within a reasonable period, the number of residency positions proposed in the program's grant application or fails to satisfy any other conditions of the grant imposed by the coordinating board. The bill requires the coordinating board to use money forfeited by a residency program that fails to satisfy applicable conditions to award grants to other eligible applicants and authorizes the coordinating board, with respect to the residency program forfeiting the grant, to restore grant money or award additional grants, as applicable, to the program as soon as practicable after the program satisfies all conditions of the grant.

H.B. 1065 requires the coordinating board to adopt rules for the administration of the grant program that include certain administrative provisions, methods for tracking the effectiveness of grants, and any conditions relating to the receipt and use of a grant as considered appropriate by the coordinating board. The bill authorizes the coordinating board to adopt the initial rules in the manner provided by law for emergency rules. The bill requires the coordinating board to establish the rural resident physician grant program not later than October 1, 2019, and to begin to award grants under that program not later than January 1, 2020.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2019.