

**SUBJECT:** Updating physician licensing regulations and creating physician profiles

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 6 ayes — Berlanga, Hirschi, Davila, Glaze, Janek, Maxey  
0 nays  
2 absent — Coleman, Delisi

**SENATE VOTE:** On final passage, Local and Uncontested Calendar, April 28 — 31-0

**WITNESSES:** For — None  
Against — None  
On — Bruce Levy, Texas State Board of Medical Examiners

**DIGEST:** CSSB 1699 would update and consolidate regulations governing physician licensing by the State Board of Medical Examiners. The bill also would consolidate and in some cases raise the ceiling for licensing fees but would not authorize specific fee increases.

The bill would require the board to create professional profiles of licensed physicians and make that information available to the public. The profile would include information about each physician's education, experience, specialty certifications, Medicaid participation, descriptions of any convictions or offenses that reflected adversely on competence or patient safety, descriptions of any final disciplinary actions against the physician by the board or revocations of hospital privileges. Physicians could obtain a copy of their profile upon request and could correct factual errors in their profiles. The board would be required to update the profiles annually.

To cover the cost of developing the physician profiles, the board could increase licensing fees by up to \$15 in each fiscal year in the 1998-99 biennium and up to \$10 in the following two fiscal years. Within two years of the date the profiles were made available to the public, the board would

have to reduce fees if the cost of producing the profiles was lower than fee income. Profiles would have to be available to the public by June 1, 1999.

The bill would require other agencies that license or regulate certain health-related providers to submit to the Legislature by January 1, 1998, a cost estimate for creating a similar profile program for the practitioners they regulate. This provisions would apply to chiropractors, dentists, occupational therapists, optometrists, pharmacists, physical therapists, podiatrists, and psychologists.

CSSB 1699 would require courts to send a written report to the board when a physician was found guilty of any offense not punishable by a fine only. This information would also have to be provided to the Department of Public Safety for use in its computerized criminal history system.

CSSB 1699 would take effect September 1, 1997.

**SUPPORTERS  
SAY:**

CSSB 1699 would streamline physician licensing requirements and other statutes governing the State Board of Medical Examiners. Many of these provisions have been added piecemeal over the years to respond to individual issues regarding physician licensing. CSSB 1699 will consolidate these statutes to make them easier to understand and enforce.

CSSB 1699 also would help consumers by creating a computerized physician profile system that consumers could use to find out about a particular physician's background, experience, and specialty area. The profiles would also allow consumers to determine whether physicians had been convicted of criminal activities that could affect their practice or had been the subject of disciplinary actions by the board or a hospital.

Using its current computer resources, the board should be able to establish the profile system for \$256,367, as estimated by the Legislative Budget Board.

**OPPONENTS  
SAY:**

CSSB 1699 would require the Board of Medical Examiners to establish a physician profile system, but the board may not have sufficient funding to pay for it. Authorizing the board to raise fees by up to \$15 would only generate approximately \$750,000. According to the board's own estimates,

getting the physician profile system up and running would cost approximately \$1 million in the first year and more than \$500,000 per year in the following years. The LBB, however, has estimated a cost of half that amount. The board could not fulfill the requirements of the bill if the Legislature authorizes spending at only the level the LBB estimated. Under CSSB 1699, the board would have the authority to raise fees to cover the real cost of creating this system; it should be allowed to spend this amount.

NOTES: The committee substitute incorporated HB 935 by Maxey, Hirschi, requiring the board to create physician profiles.