

SUBJECT: Collection of demographic and practice data on health care professionals

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Delisi, Laubenberg, Jackson, Cohen, Coleman, Gonzales,  
S. King, Olivo, Truitt

0 nays

WITNESSES: For — (*Registered, but did not testify*: Greg Herzon, Texas Medical Association; Elizabeth Sjoberg, Texas Hospital Association, James Willmann, Texas Nurses Association)

Against — None

On — Bruce A. Gunn, Debbie Peterson, Department of State Health Services

BACKGROUND: Under Health and Safety Code, sec. 105.002, the Texas Higher Education Coordinating Board and the Statewide Health Coordinating Council are required to jointly establish a comprehensive Health Professions Resource Center (HPRC) for the collection and analysis of educational and employment trends for health professions in Texas. At a minimum, the data collected by the council on health professionals must include:

- their number and geographic distribution;
- licensure or certification status;
- specialty areas, if applicable; and
- trends or changes in license holders according to number or geographic distribution.

DIGEST: CSHB 1056 would expand the data collected through the Statewide Health Coordinating Council on certain health professionals licensed in Texas. With regard to each health professional licensed by the State Board of Dental Examiners, the Texas Medical Board, the Board of Nurse Examiners, the Texas Optometry Board, the Texas State Board of Podiatric Medical Examiners, the Texas State Board of Pharmacy, or the

Texas State Board of Examiners of Psychologists, the data collected would have to include:

- full name and last four digits of social security number;
- information regarding certification, registration, or licensure including number, method, status, and issuance date;
- biographical information, including sex, race or ethnicity, date and place of birth, and full primary mailing address;
- education background and training, including high school location, highest professional degree obtained, professional school name and location, and graduation year; and
- practice information, including primary specialty practice, any additional practice with the percentage of professional time dedicated to primary specialty and percentage of professional time dedicated to additional practice, location of each practice, full mailing address of each practice, county federal information processing standards code, number of hours per week spent at each practice location, and description of practice settings.

Each of the state boards specified would have to collect the required minimum data on behalf of the council. The council and the boards could enter into an interagency contract regarding the data collection.

CSHB 1056 also would delete the four categories of data that the council collects under current law.

The bill would take effect September 1, 2007.

**SUPPORTERS  
SAY:**

CSHB 1056 would expand data collection on health professionals. The Health Professions Resource Center (HPRC), which is part of the Statewide Health Coordinating Council, is charged statutorily with aggregating data collected by nearly 30 medical professional licensing boards. With the benefit of this data, HPRC compiles reports on the composition of the state's medical workforce. Current law requires that the council gather a small, minimum data set, and most health-related licensing boards do not collect important data on ethnicity, gender, or age. Without such information, it is difficult to plan for Texas' future health care needs.

For example, the average age of nurses in Texas is in the mid-40s. Knowing this allows planning for a time when many of these nurses will

retire. On the other hand, very little is known about the workforce composition of mental health professionals. For this reason, the state cannot predict scarcities in this essential profession.

CSHB 1056 would prevent such a problem by mandating an increased data set for key health licensing boards. The information would include licensure, sex, race or ethnicity, education, specialties, and practice locations and hours from the seven boards that would offer the best insight into the Texas health profession. With this additional data, HPRC would be able to assess health professionals more effectively in Texas. The fiscal note for the committee substitute reports no cost to general revenue for fiscal 2008-09.

OPPONENTS  
SAY:

CSHB 1056 would include data collecting requirements for seven boards of health professionals that are self-regulated. The bill would not encompass about 20 state boards, agencies, or associations that certify, register, or license medical service personnel under the Department of State Health Services. In limiting data collection to the seven boards named in the bill, CSHB 1056 would not represent data from approximately 400,000 allied health providers also regulated by the state and, therefore, would have limited scope.

NOTES:

The committee substitute specified that the data collected by the Statewide Health Coordinating Council would have to include data on each professional licensed by the State Board of Dental Examiners, the Texas Medical Board, the Board of Nurse Examiners, the Texas Optometry Board, the Texas State Board of Podiatric Medical Examiners, the Texas State Board of Pharmacy, and the Texas State Board of Examiners of Psychologists. The substitute would limit data collection and interagency contracts to the above-named boards rather than to all boards, agencies, or associations that license health professionals, as in the original bill.

According to the fiscal note, CSHB 1056 would have no cost to general revenue for fiscal 2008-09. The cost in all funds would be \$115,271 in fiscal 2008 and \$400 each year from fiscal 2009 through 2012. The House-passed version of HB 1 by Chisum, the general appropriations bill, includes a contingency rider for HB 1056 in Art. 11 that would appropriate \$240,000 in general revenue for fiscal 2008-09.

A similar bill, SB 29 by Nelson, was reported favorably, as substituted, by the Senate Health and Human Services Committee on April 16 and recommended for the Local and Uncontested Calendar.