

## **BILL ANALYSIS**

Senate Research Center

H.B. 2192  
By: Rangel (Zaffirini)  
Health & Human Services  
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Engrossed

### **DIGEST**

Texas is composed of 58 urban counties and 196 rural counties, and nearly 80 percent of Texas residents live in these urban areas, compared to the 20 percent residing in rural settings. As of December 1996, Texas had 228 federally designated medically underserved areas (MUAs) and 193 federally designated health professional shortage areas (HPSAs), which includes 12 prison sites. Currently, Texas has two incentive programs to encourage physicians to practice in underserved areas of the state. The first one is known as the Physician Education Loan Repayment Program and is administered by the Texas Higher Education Coordinating Board. The second is the recently created Underserved Community-State Matching Incentive Program for Primary Care Physicians, and is under the Center for Rural Health Initiatives. These initiatives act as a "marriage broker" for small communities seeking physicians and physicians seeking to locate their practices in underserved areas of the state. H.B. 2192 creates the Texas Health Service Corps Program for medically underserved areas, an incentive program to encourage physicians to practice in medically underserved areas of the state.

### **PURPOSE**

As proposed, H.B. 2192 provides for the establishment of a physician recruitment program for medically underserved areas.

### **RULEMAKING AUTHORITY**

Rulemaking authority is granted to the executive committee of the Center for Rural Health Initiatives in SECTION 1 (Sections 106.102(b) and 106.103(a), Health and Safety Code) of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Chapter 106, Health and Safety Code, by adding Subchapter E, as follows:

#### **SUBCHAPTER E. TEXAS HEALTH SERVICE CORPS PROGRAM FOR MEDICALLY UNDERSERVED AREAS**

Sec. 106.101. DEFINITIONS. Defines "medically underserved area" and "physician."

Sec. 106.102. TEXAS HEALTH SERVICE CORPS PROGRAM. Requires the executive committee of the Center for Rural Health Initiatives (executive committee) to establish a program in the Center for Rural Health Initiatives (center) to assist communities in recruiting and retaining physicians to practice in medically underserved areas. Requires the executive committee, by rule, to establish eligibility criteria for applicants; stipend application procedures; guidelines relating to stipend amounts; procedures for evaluating stipend applications; and a system of priorities relating to certain issues.

Sec. 106.103. ADMINISTRATION. Requires the executive committee to adopt rules necessary to administer this subchapter, and requires the center to administer the program in accordance with those rules. Requires the center to conduct field research, collect information, and prepare statistical and other reports relating to the need for the program. Prohibits the center from spending more than a certain amount for administrative costs.

Sec. 106.104. REQUIRED CONTRACT. Authorizes the center to award a stipend to a physician if the physician enters into a written contract to provide services in a medically underserved area for at least one year for each year that the physician receives the stipend. Requires the contract to provide that if the physician does not provide the required services or provides them for less than the required term, the physician is personally liable to the state for a certain amount.

Sec. 106.105. STIPENDS. Requires the center to award stipends to physicians for one-year periods, and prohibits a stipend from exceeding \$15,000 each year. Sets forth other provisions regarding stipends.

Sec. 106.106. FUNDING. Authorizes the center to seek, receive, and spend money received through an appropriation, grant, donation, or reimbursement from any public or private source to administer this subchapter.

SECTION 2. Emergency clause.

Effective date: upon passage.