

BILL ANALYSIS

Senate Research Center
76R2225 JRD-D

S.B. 381
By: Madla
Health Services
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As Filed

DIGEST

As Texas approaches the new century an aging physician workforce, and a growing, rapidly aging rural patient population will put a strain on rural health care. This strain will be felt by the family medicine practitioners and emergency room physicians who provide the majority of the care in rural counties in Texas. S.B. 381 would establish a visiting physician program to provide temporary relief to physicians practicing in rural areas of the state.

PURPOSE

As proposed, S.B. 381 establishes a visiting physician program to provide temporary relief to physicians practicing in rural areas of the state.

RULEMAKING AUTHORITY

This bill does not grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

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

SUBCHAPTER G. VISITING PHYSICIAN PROGRAM

Sec. 106.201. DEFINITIONS. Defines "physician," "primary care," and "rural care."

Sec. 106.202. VISITING PHYSICIAN PROGRAM; CONTRACTS WITH PUBLIC MEDICAL SCHOOLS AND HEALTH SCIENCE CENTERS. Requires the Center for Rural Health Initiatives to establish a visiting physician program to provide temporary relief for certain physicians. Requires the center to implement the program through contracts with one or more health science centers or medical schools that are affiliated with an institution of higher education. Requires the health sciences center or medical school under contract to provide for furnishing a visiting physician. Requires a health sciences center or medical school that enters into a contract with the center under this section to agree to provide for furnishing a minimum of 1,600 hours of visiting primary care during a calendar year.

Sec. 106.203. PAYMENT FOR SERVICES PROVIDED BY VISITING PHYSICIAN. Establishes that a visiting physician is provided without cost to the rural physician. Requires payment by or behalf of patients for services provided by a visiting physician to be obtained through the usual billing and collection procedures used by the rural physician's office. Requires money received in payment for the services to be applied first toward the overhead expenses of operating the rural physician's practice during the time that the rural physician is away and the visiting physician is providing the services. Requires money received in payment for the visiting physician's services that exceeds the amount of the overhead expenses to be paid to the Center for Rural Health Initiatives to defray the cost of administering this chapter or to apply toward the cost of the contract under which the visiting physician was provided.

SECTION 2. Emergency clause.

Effective date: upon passage.