

BILL ANALYSIS

Senate Research Center
77R2495 MCK-D

S.B. 516
By: Madla
Intergovernmental Relations
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As Filed

DIGEST AND PURPOSE

Currently, studies show that physicians in rural areas are unable to leave their practices because of the lack of other physicians to provide coverage. Studies also show that rural physicians work longer hours, see more patients, treat a higher percentage of indigent care patients, and receive less compensation than their urban colleagues. As proposed, S.B. 516 requires the Center for Rural Health Initiatives to instigate a state-supported rural physician relief program to help rural areas retain physicians.

RULEMAKING AUTHORITY

This bill does not expressly 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 H, as follows:

SUBCHAPTER H. RURAL PHYSICIAN RELIEF PROGRAM

Sec. 106.251. DEFINITIONS. Defines “physician,” “relief services,” and “rural.”

Sec. 106.252. RURAL PHYSICIAN RELIEF PROGRAM. Requires the Center for Rural Health Initiatives (center) to create a program to provide affordable relief services to rural physicians practicing in the fields of general family medicine, general internal medicine, and general pediatrics to facilitate the ability of those physicians to take time away from their practices.

Sec. 106.253. FEES. Requires the center to charge a fee for rural physicians to participate in the program and requires those fees to be deposited in a special account in the general revenue fund authorized to be appropriated only to the center for administration of this subchapter.

Sec. 106.254. FUNDING. Authorizes the center to solicit and accept gifts, grants, donations, and contributions to support the program.

Sec. 106.255. RELIEF PHYSICIAN’S EXPENSES. Requires the center to pay a physician providing relief under the program using fees collected by the center.

Sec. 106.256. PRIORITY ASSIGNMENT OF RELIEF PHYSICIANS. Requires the center to assign physicians to provide relief to a rural area in accordance with certain priorities. Requires the center to consider certain factors in determining where to assign relief physicians. Authorizes residency program directors, at the request of the center, to assist the center in coordinating the assignment of relief physicians.

Sec. 106.257. RELIEF PHYSICIAN RECRUITMENT. Requires the center to actively

recruit physicians to participate in the program as relief physicians. Requires the center to concentrate on recruiting physicians who are: involved in accredited residency programs in certain fields, registered on the center's locum tenens registry, employed at a medical school, and working for private locum tenens groups.

Sec. 106.258. ADVISORY COMMITTEE. Provides that the rural physician relief advisory committee is composed of certain stated members appointed by the center's executive committee. Requires the advisory committee to assist the center in administering the program.

SECTION 2. Effective date: September 1, 2001.