

## **BILL ANALYSIS**

Senate Research Center

C.S.S.B. 256  
By: Deuell; Schwertner  
Higher Education  
3/14/2013  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Ensuring an adequate primary care physician workforce for Texas requires the ability to track specialty choices made by graduates of academic health centers that receive state funding.

Primary care is crucial to achieving better health among the population, improving health care outcomes, and lowering overall health care costs. Yet flaws in the way health care services are funded and in the way physicians are recruited, educated, and trained have led to an inexorable problem: fewer and fewer medical school graduates choose careers in primary care medicine. Today, only slightly more than one-fifth of U.S. medical school students say they are interested in pursuing careers in primary care.

In the current fiscal biennium, Texas will spend more than \$2 billion on its 10 health-related institutions to educate and train physicians, yet the state currently does not measure whether the investment is returning an appropriate mix of physicians to meet the needs of the population.

In order to implement effective policies that help the state get a better return on this investment, like rewarding medical schools that boost their production of primary care physicians, it is necessary to have good data on which to base those policies. An accurate measurement of the portion of any set of medical school graduates who eventually practice primary care medicine must be made at least two years following the completion of residency training or fellowship. Simply counting the number of medical school graduates who accept first-year residency positions in primary care training programs—family medicine, pediatrics, and internal medicine—is not sufficient because the majority of internal medicine residents and a growing number of pediatric residents choose to subspecialize.

By tracking Texas medical school graduates for at least two years after the completion of their residency training or fellowship, the Texas Higher Education Coordinating Board can determine what specialties those graduates are practicing, and therefore how successful the state's medical schools are at producing the primary care physician workforce Texans need.

C.S.S.B. 256 amends current law relating to tracking career information for graduates of Texas medical schools and persons completing medical residency programs in Texas.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the Texas Higher Education Coordinating Board in SECTION 1 (Section 61.0906, Education Code) and SECTION 2 of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subchapter C, Chapter 61, Education Code, by adding Section 61.0906, as follows:

Sec. 61.0906. TRACKING SYSTEM FOR MEDICAL TRAINING AND PRACTICE CHOICES. (a) Requires the Texas Higher Education Coordinating Board (THECB) by rule to establish a system under which THECB acquires and maintains data regarding the initial residency program choices made by graduates of medical schools in this state and

the initial practice choices made by persons completing medical residency programs in this state. Requires that the tracking system:

(1) use any data reasonably available to THECB, including data maintained by or accessible to medical schools or residency programs in this state; and

(2) collect relevant information, with respect to a person who completes a medical residency program in this state, for the two-year period following completion of that program.

(b) Provides that, for purposes of Subsection (a)(2), relevant information includes:

(1) whether and for how long physicians who complete medical residency programs in this state work in primary care in this state and which medical specialties they report as their primary medical practice; and

(2) the locations of the practices established by those persons.

SECTION 2. (a) Requires THECB, as soon as practicable after the effective date of this Act, to adopt rules for the implementation and administration of the tracking system established under Section 61.0906, Education Code, as added by this Act. Authorizes THECB to adopt the initial rules in the manner provided by law for emergency rules.

(b) Requires THECB, not later than January 1, 2014, to establish the tracking system required by Section 61.0906, Education Code, as added by this Act.

SECTION 3. Effective date: September 1, 2013.