

SUBJECT: Creation of statewide medical preceptorship, residency programs

COMMITTEE: Higher Education — favorable, without amendment

VOTE: 7 ayes — Rangel, Ogden, Gallego, Harris, Kamel, Reyna, Rodriguez
0 nays
2 absent — Goolsby, Moreno

SENATE VOTE: On final passage, April 4 — 30-0

WITNESSES: (*On House companion, HB 2392*):

For — Deborah L. Greene, Ph.d., Texas Medical Association; Joseph Cunningham, M.D., Texas Medical Association and the Texas Society of Internal Medicine; Isabel Hoverman, M.D., Texas Society of Internal Medicine; Don Warden, M.D., Texas Medical Association and the Texas Society of Internal Medicine.

Against — None

BACKGROUND: Since 1983 the state has funded a statewide family practice preceptorship program that assigns medical students to observe community-based family physicians for four weeks. The program is administered by the Texas Higher Education Coordinating Board (THECB).

In 1993 the Legislature created family practice residency training pilot programs in rural communities to help expand family practice training opportunities, increase services in medically underserved communities and coordinate medical higher education with medical needs.

DIGEST: SB 1280 would authorize THECB to contract to operate statewide preceptorship programs in general medicine and pediatrics and also would expand primary care residency programs.

Preceptorship program. THECB could contract with one or more organizations to operate a statewide preceptorship program in general

internal medicine and one in general pediatrics for medical students enrolled in Texas medical schools.

An organization would be eligible to operate a preceptorship program if the organization was not-for-profit, as defined by the Internal Revenue Code, or operated by a state-accredited medical school.

Students eligible to participate in the preceptorship program would be required to indicate an interest in a primary care career.

Residency positions. SB 1280 would create a 12-member Primary Care Residency Advisory Committee, including seven members who would have to be licensed physicians. One additional member would have to be appointed by the Center for Rural Health Initiatives, one member would be appointed by the Bureau of Community Oriented Primary Care at the Texas Department of Health and the governor, lieutenant governor and the speaker of the House would appoint one member each. Members would serve three-year terms, except that the initial terms would be designated in a way that would establish a staggered-term schedule.

Committee members would not be compensated for their services and would be required to meet at least annually or as often as required by THECB. The committee would elect a chair to a term of one year.

The committee would be required to:

- review for THECB applications for approval and funding of primary care residency training program expansion and related support programs and make recommendations to the board relating to the standards and criteria for approval of residency training and related support programs, and perform the duties as directed by the board; and
- recommend to THECB an allocation of new primary care residency positions that are to receive state support.

Only primary residency positions in family practice, general internal medicine, general pediatrics and obstetrics and gynecology would be eligible for these funds.

The committee would be required to consider in recommending an allocation among the four primary care specialties designed for expansion the following factors: the current primary care specialties mix of Texas physicians in direct practice; projections for primary care specialties mix of Texas physicians in direct practice; the current state-supported primary care positions, the geographic shortages of primary care physicians and the demographics of the Texas population.

SB 1280 would require that once funds are awarded to support a resident position in a particular residency program, the board would be required to continue to award funds to support that particular residency position for all three or four postgraduate years of the residency training curriculum until the resident physician appointed to that position has completed or left the program. The position could then be reallocated by the committee.

The bill stipulates that it would not diminish or abolish the activities of the Family Practice Residency Advisory Committee.

The bill would take effect immediately if approved by a two-thirds vote of the membership of each house.

**SUPPORTERS
SAY:**

The two programs proposed by the bill would make a positive impact on Texas health care needs. Texas already has a successful state-supported preceptorship program in family practice with clearly demonstrated effectiveness. Preceptorship programs in internal medicine and pediatrics would benefit the state and an estimated 800 students a year in the two programs.

SB 1280 would add 150 primary care community-based residency positions over the next five years. Texas medical students now leave the state because Texas does not have enough residency positions in community-based programs. Data shows that early exposure to these types of community-based primary care residencies increases the likelihood of medical students choosing a career in primary care in the within 90 miles of their residency training.

OPPONENTS
SAY:

The costs for implementing an expanded primary care residency program could be high at a time of tight budget constraints. The state should consider more fully utilizing existing health and higher education programs and resources or shift funds from sub-specialty physician education to primary care programs and physician education.

NOTES:

The fiscal note estimates that the preceptorship program would include an estimated 800 students, 400 per program. Costs are estimated at \$600,000 per year for recipient stipends, travel expenses, program administration and provider expenses.

The Primary Care Residency Program Expansion would create approximately 150 new positions over a five-year period at a rate of 30 new first-year positions per year. Continued postgraduate positions for the second and third year of training (as well as postgraduate year four for obstetrics and gynecology residents) would be funded.

The probable fiscal implication of the bill during each of the first five years following passage would be \$1,050,000 in 1996, \$1,950,000 in 1997, \$2,625,000 in 1998, \$3,300,000 in 1999 and 3,323,000 in the year 2000, according to the LBB.

Also on today's calendar is SB 979 by Sibley et al., which would establish a community-state matching grant program in medically underserved communities, expand the family practice residency training pilot program and make other changes affecting certain physicians.