

SUBJECT: Statewide public health preceptorship

COMMITTEE: Higher Education — favorable, without amendment

VOTE: 8 ayes — Rangel, Solis, Bailey, Cuellar, Dunnam, Kamel, Rabuck, E. Reyna
0 nays
1 absent — Rodriguez

WITNESSES: For — Nick Curry, Texas Medical Association
Against — None

BACKGROUND : Since 1983, Texas 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. Last session, the Legislature approved additional preceptorship programs in general internal medicine and pediatrics.

DIGEST: HB 2626 would allow the coordinating board to contract for a statewide preceptorship program in a public health setting for students enrolled in Texas medical schools. The contracting organization would have to qualify for federal tax exemption under the Internal Revenue Code or be operated by a state accredited medical school. Students would have to indicate an interest in a career providing primary care in order to participate in the program.

The board could create and appoint an advisory committee to assist in program operation.

HB 2626 would take immediate effect if finally approved by a two-thirds record vote of the membership of each house.

**SUPPORTERS
SAY:**

HB 2626 would address the growing need for medical professionals to pursue public health careers. Public health is among the most important, yet least commonly chosen, of medical specialties. Public health physicians focus on prevention, studying the causes of widespread health problems. About 90 to 95 percent of disease control advances in the last hundred years have been the result of public health initiatives.

Increased reliance on managed care has prompted a system-wide shift in the financing and delivery of the Texas health care system. Managed care emphasizes the integration of disease prevention and health promotion services into the delivery of health care. Public health's emphasis on prevention, lower health care costs, and long-term progress toward ameliorating public health problems makes it an essential part of achieving this goal.

Data show that providing students with first-hand experience in various fields of practice is an effective way to influence their choice of career path and location. HB 2626 would provide medical students with valuable public health experience and help provide Texas with the public health professionals needed to meet rising demand.

HB 2626 would not only increase the number of public health specialists, but also improve the level of cooperation and understanding among various medical specialties. More interaction among public health and other medical disciplines is essential to integrating the benefits of public health throughout the health care field, and preceptorships could provide students from a wide variety of specialties with the necessary experience to work effectively with the public health sector.

HB 1 by Junell, the House version of the appropriations bill, would provide a contingency appropriation for public health preceptorship program of \$150,000 for each year of the 1998-1999 biennium. This would allow the program to be phased in slowly, avoiding any undue financial burden on the state.

The successes of the public health field have improved the quality of life as well as life expectancy. In addition, better preventative health care could save the state large sums now reserved for treatment and hospitalization.

The benefits of emphasizing public health far outweigh any future costs that could be associated with a preceptorship program, and HB 2626 would be an important step in securing such benefits for Texas.

**OPPONENTS
SAY:**

HB 2626 would create a basis for future state appropriations, which could place increased pressure on already scarce higher education funding resources. At a time when all higher education institutions and programs are struggling to maintain adequate funding levels, creating a new program at an undisclosed future cost may be imprudent.