

SUBJECT: Faculty Enhancement Fund for Generalist Physicians

COMMITTEE: Higher Education— favorable, without amendment

VOTE: 5 ayes — Rangel, Solis, Cuellar, Dunnam, Kamel

0 nays

3 absent — Bailey, Rabuck, E. Reyna

SENATE VOTE: On final passage, April 25 — 27-0

WITNESSES: For — Deborah Greene, Texas Medical Association; Isabel Hoverman, Texas Society of Internal Medicine; Troy Alexander, Texas Academy of Family Practice

Against — None

DIGEST: SB 1241 would establish the Faculty Enhancement Fund for Generalist Physicians (FEFGP). The Primary Care Residency Advisory Committee would be required to recommend to the Texas Higher Education Coordinating Board the faculty positions that would receive state support through the FEFGP. Only certain accredited medical schools and full-time clinical faculty positions with a faculty rank of no greater than assistant professor in family practice, general internal medicine, and general pediatrics would be eligible for FEFGP funds.

The committee would review applications for funding of generalist physician positions and would make recommendations to the board concerning standards and criteria for approval of awards granted to faculty. The committee would also monitor compliance with the contractual conditions associated with faculty awards and would evaluate the success of the program in increasing the number of generalist physician faculty at Texas schools. In recommending positions to receive support, the committee would take into account:

- the faculty-student ratio in the generalist specialty at the school;
- the length of time a budgeted generalist faculty position had gone unfilled;
- whether the position was a new generalist faculty position.
- other factors determined by the committee.

Funds would be awarded for two years to support a generalist faculty position at a particular medical school. After that, the medical school would be required to provide the amount of the annual award in its operating budget to maintain compensation for the position after the grant period ended.

To administer the FEFGP, the coordinating board could not spend more than 10 percent of the amount appropriated for the program in fiscal 1998 and not more than five percent of the amounts appropriated in succeeding years. The board would be able to solicit, receive, and spend grants, gifts, and donations from public and private sources for the fund.

Medical schools that would be eligible for FGFEF funds would include the University of Texas Health Science Centers at Houston, Dallas and San Antonio; the University of Texas Medical Branch at Galveston; the Texas Tech University Health Sciences Center; Baylor College of Medicine; the College of Osteopathic Medicine at the University of North Texas Health Science Center at Fort Worth and the Texas A&M University Medical Program.

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

**SUPPORTERS  
SAY:**

HB 2626 would address the increasingly urgent need for primary care physicians in Texas by providing funding for additional primary care physician faculty positions at medical schools throughout the state. Specialists eligible for funding would include family practice, general internal medicine, and general pediatric physicians, all of whom are considered primary care physicians. Well-trained primary care physicians are critical to quality health care in the state because they are trained to see the patient as a whole and can suggest treatment that can prevent the onset of

disease before it has a chance to take hold, a measure that is not only cost effective but can improve the quality of life for a patient immeasurably. In a managed care system, primary care physicians are the gatekeepers making critical decisions about when and if a patient needs to see a specialist and should be trained by qualified, competent professors at the head of their fields.

In order to train more primary care doctors in these specialties and encourage medical students to choose primary care fields, SB 1241 would provide grants to bolster primary care faculty salaries at universities. The bill would allow the Higher Education Coordinating Board to grant funds for two years to medical schools during which time the medical schools could encumber additional faculty salary costs to continue the program.

The growth of managed care has created a high demand for primary care physicians, and currently salaries for primary care faculty positions in Texas medical schools are too low to be competitive with positions in the private sector or out-of-state medical schools. This is underlined by the fact that the average length of time to fill these positions is currently more than 12 months.

It is true that the state may provide money to help finance primary care resident education in other legislation; SB 1241 would complement this effort by encouraging more students to chose primary care fields and allow schools to recruit dynamic faculty who would in turn attract more students to primary care fields. It is estimated that a one-time appropriation of \$330,000 for each year of the current biennium would support recruitment of 20 or more primary care clinical faculty positions for the biennium.

**OPPONENTS  
SAY:**

There is not adequate justification for the state of Texas to appropriate \$660,000 from general revenue over the next biennium to medical schools for grant money for primary care faculty positions. If there is a problem attracting qualified primary care physicians to medical school faculties, then the medical schools should adjust their budgets to account for this and encumber more funds for the salaries of certain specialities. Engineering schools, for example, do not come to the Legislature asking for general revenue to fund various faculty potions due to recruitment problems. The 75th Legislature is already planning to appropriate \$24.8 million for

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graduate medical education, the primary focus of which would be primary care residents. Additional money from the state for faculty positions would be unnecessary.

OTHER  
OPPONENTS  
SAY:

The bill should specify that the \$666,000 would be a one-time appropriation and should abolish statutory provisions concerning the fund at the end of the biennium to ensure that the state would not end up subsidizing Texas medical schools indefinitely.

NOTES:

Both the Senate and House versions of the general appropriations bill would appropriate \$660,000 for the biennium to the FEFGP under the Art. 11 “wish list.”