

**SUBJECT:** Requiring tracking system for medical school graduates

**COMMITTEE:** Higher Education — favorable, without amendment

**VOTE:** 7 ayes — Zerwas, Howard, Alonzo, Crownover, Martinez, Morrison, C. Turner

0 nays

2 absent — Clardy, Raney

**SENATE VOTE:** On final passage, April 23 — 30-0

**WITNESSES:** (*On House companion, HB 99*)  
For — Blair Cushing, Texas Academy of Family Physicians; (*Registered, but did not testify*: Joel Ballew, Texas Health Resources; Jennifer Banda, Texas Hospital Association; Marshall Kenderdine, Texas Academy of Family Physicians; Nelson Salinas, Texas Association of Business; Justin Yancy, Texas Business Leadership Council)

Against — None

On — (*Registered, but did not testify*: Stacey Silverman, Texas Higher Education Coordinating Board)

**DIGEST:** SB 295 would require the Texas Higher Education Coordinating Board to establish and maintain a data system to track initial medical residency program choices made by Texas medical school graduates and the initial practice choices of those completing residency programs in the state.

The system established by the bill would track any data reasonably available to the coordinating board, including data maintained by or accessible to medical schools or residency programs in Texas. For doctors who completed a residency program in the state, the tracking system would be required to collect certain relevant information on these doctors for the two-year period following completion of their residency programs,

including:

- whether and for how long these doctors worked in primary care in Texas and which medical specialties they reported as their primary medical practice; and
- the locations of the practices established by these doctors.

The coordinating board would adopt rules to establish the tracking system by January 1, 2016.

The bill would take effect September 1, 2015.

**SUPPORTERS  
SAY:**

SB 295 would improve the state's ability to invest effectively in medical education and training. While medical schools and residency programs track their own data on residency and job placement outcomes, the state currently lacks such a system. Tracking this information could help inform the state as to whether its investments in medical education and training have been effective.

Some data indicate that the state's investments in medical education and training have not resulted in desired outcomes. Many Texas-educated medical students must leave the state to do their residencies. In addition, many who complete residencies in Texas either do not work in primary care or do not work in locations with a critical shortage of primary care doctors, such as in rural areas. Under SB 295, the Texas Higher Education Coordinating Board would collect and centralize that information, enabling the state to track the supply, demand, and distribution of physicians. The bill also could help the state study funding outcomes for medical education so that it could better craft policies to address certain physician shortages and better invest state funds.

**OPPONENTS  
SAY:**

While SB 295 would offer a helpful solution to inequities in physician distribution across the state, the bill should track outcomes for five years, rather than two, after a doctor completed residency to get a more accurate picture of medical and geographic practice areas. National data indicate that many initial job placements after residency are temporary. Doctors

may take their first jobs for certain reasons only to move on within a few years one they have repaid a loan or to practice a different type of medicine.

NOTES: The House companion, HB 99 by Guillen, was placed on the General State Calendar for May 13 but was not considered.