

## **BILL ANALYSIS**

Senate Research Center

S.B. 1500  
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International Relations and Trade  
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As Filed

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

Currently, due to a lack of residency positions, the area along the Texas/Mexico border is unable to develop and maintain programs that will provide access for patients and reduce costs associated with the lack of access to care.

As proposed, S.B. 1500 addresses this problem by amending Section 32.0315, Human Resources Code, to require the development of a separate formula for Graduate Medical Education reimbursement to support the training of resident physicians in an accredited residency program with a primary field of allopathic or osteopathic medicine meeting certain criteria, including being sponsored by or affiliated with a public university, providing clinical training in federally-qualified health centers and in hospitals near the Mexico border serving patients in a rural area.

S.B. 1500 allows teaching hospitals along the border to sustain and expand their training programs. Ultimately, this provides for more physicians to receive training and set up their practices along the border, which are critical steps toward creating a sustained supply of physicians along the border.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 32.0315, Human Resources Code, by amending Subsection (b) and adding Subsections (a-1) and (a-2), as follows:

(a-1) Requires the Health and Human Services Commission or an agency operating part of the medical assistance program (department), for purposes of allocating funds to a teaching hospital under this section, to establish a separate formula for funds used to support the training of resident physicians in an accredited residency program for a primary care field of allopathic or osteopathic medicine that has certain features.

(a-2) Prohibits the department, in establishing the formula required by Subsection (a-1) from placing a limit on the number of physician residency slots and requires the department to recognize direct and indirect medical expenditures of the residency program eligible for reimbursement under the medical assistance program to the same extent those direct and indirect medical expenditures are recognized under the Medicare program.

(b) Requires the department, in determining the needs of this state for graduate medical education, to give primary emphasis, rather than emphasis, to graduate medical education in primary care specialties. Requires the department to also give emphasis to graduate medical education in a residency program described by Subsection (a-1).

SECTION 2. Authorizes delay of implementation until any necessary federal waivers or authorizations are obtained.

SECTION [No section number given in bill as drafted.]. Effective date: September 1, 2005.